Emergency Management Program Guidebook

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Introduction

This 2011 Veterans Health Administration (VHA) Emergency Management Program Guidebook provides updated information and direction to assist VHA facilities in their continuing efforts to meet and maintain optimal readiness for emergencies caused by natural, technological or human-caused hazards.

Since the 2002 edition of the Guidebook, there have been many changes in the external standards and internal requirements that affect VHA's Comprehensive Emergency Management Program (CEMP) at the VA Medical Center (VAMC), Veterans Integrated Service Network (VISN), and VHA Central Office (VHACO) levels. Additionally, data from customer service surveys reflected a need to make the content more user-friendly. In response, the 2011 Guidebook continues to align the content with the nine-step program development process, which provides the basis for compliance, readiness, standardization, and continuing quality improvement.

This Guidebook provides tools that users can apply to develop a comprehensive, effective, and compliant Emergency Management Program. Users will find it contains extensive examples of plans, policies, contingencies and potential solutions for problems that any facility may face. In addition to the updated emergency management standards crosswalk, sample readiness plans and pre-plans have been updated to address the changes in the various standards.

The entire Guidebook and samples are provided on the accompanying CD-ROM for ease of modifying and adapting the Guidebook to the unique circumstances of each VAMC and VISN Office. Also included in this issue are enclosures, pre-plans and in their original format (Excel and Word) for modification as needed by the facility.

Additional copies of the Guidebook on CD-ROM may be obtained from the VHA Center for Engineering & Occupational Safety and Health (CEOSH) at 314-894-6100, and can be downloaded from the Web site (http://vaww.ceosh.med.va.gov).

Acknowledgements

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How to Use This Guidebook

This Guidebook explains how to develop, maintain, implement, and evaluate a comprehensive Emergency Management Program for a VA Facility, including Outpatient Clinics, Consolidated Mail Outpatient Pharmacies (CMOPs), VISN offices and VHACO based on the ethical values of the VHA. This Guidebook provides a balance between the concepts that guide all-hazards programs and practical step-by-step procedures and examples. This guidance is consistent with the requirements of The Joint Commission, the Occupational Safety and Health Administration (OSHA), National Fire Protection Association (NFPA), and the Department of Homeland Security (DHS).

This Guidebook is divided into 14 chapters:

Chapter Title	**Overview**
Chapter 1, Overview of the 2011 Emergency Management Program Guidebook	This chapter highlights changes to the various external emergency management standards and regulations, and explains the direction and focus of VHA's Comprehensive Emergency Management Program in 2010.
Chapter 2, Emergency Management Program Development Process	This chapter provides an overview of the nine-step process and the various standards that relate to those steps.
Chapter 3, Step One: Emergency Management Committee	This chapter focuses on the role and responsibilities of the Emergency Management Committee including establishing policy, defining the role of the facility in the community-wide program, assigning responsibilities, monitoring progress, and approving and funding recommendations for corrective actions.
Chapter 4, Step Two Emergency Operations Planning (EOP)	This chapter explains how to develop an EOP that incorporates the Incident Command System (ICS) and meets requirements from The Joint Commission, NIMS and DHS.
Chapter 5, Step Three: Hazard Vulnerability Analysis (HVA)	This chapter discusses the HVA process and the importance of identifying mission critical systems that support the ability of the health care organization to deliver services.
Chapter 6, Step Four: Incident-Specific Plans	This chapter contains sample pre-plans that describe the initial response actions to particular hazards, threats, or events.

Chapter Title	Overview
Chapter 7, Step Five: Mitigation and Preparedness Activities	This chapter presents activities that are designed to eliminate or reduce the impact of hazards, threats, and events, and to strengthen the capacity and capability of the organization to respond to emergencies.
Chapter 8, Step Six: External Coordination and Mutual Support	Because VA Medical Centers and VISN offices may be called upon to support a variety of requirements from federal, state, and local governments during emergencies, this chapter explains the background and processes for these activities.
Chapter 9, Step Seven: Education and Training	This chapter provides the necessary knowledge and resources to those responsible for developing emergency management training.
Chapter 10, Step Eight: Application of Emergency Operations	This chapter is designed to be an overview of the VHA Emergency Operations Procedures, explaining how VA Medical Centers, VISN Offices, and VHA Central Office will coordinate information to support internal and external requirements.
Chapter 11, Step Nine: Evaluation	This chapter provides processes and tools that will assist VA Medical Centers and VISN Offices with program-level and EOP-level evaluation activities, corrective action, and organizational learning.
Chapter 12, Joint Commission Update	This chapter provides a detailed overview of The Joint Commission changes for 2009.
Chapter 13, VISN Guidance	This chapter provides guidance for developing and improving components of the VISN Office Emergency Management Program (EMP).
Chapter 14, Supplemental Information	This chapter contains the glossary of terms, a directory of acronyms, and important additional reading.

References and web sites links within each chapter were current at the time of publication. Reference and web site links within each enclosure/attachment were current at the time of the enclosure/attachment publication.

For a record of online updates made since the publication of this edition, refer to the Update Listing section.

Questions regarding Guidebook use and application can be addressed to:

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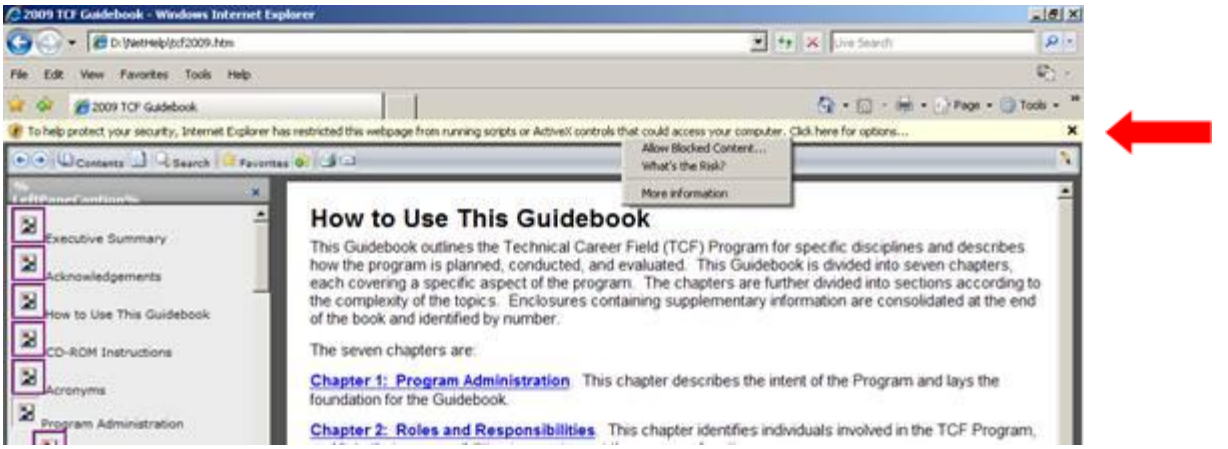
CD-ROM Instructions

The CD-ROM included with this Guidebook contains an electronic version of the Emergency Management Program Guidebook. You can view these files directly from the CD-ROM with no installation, or copy them to your hard drive. The complete Guidebook can also be found on the CEOSH web site (http://vaww.ceosh.med.va.gov). The CD-ROM contains the following files:

CD File Name	Description
2011 EMP Guidebook	This folder of the EMP Guidebook contains links to all of the chapters in the book including viewable documents, spreadsheets, charts, and checklists. (Note: Copyrighted information is annotated, and permission has been granted for VA use only.)
Enclosures	Contains all enclosures used/referenced in this Guidebook in their original formats. These documents have been placed into this separate folder for ease of locating.
Sample Pre-Plans	Contains the sample pre-plans that appear in the Guidebook. These pre-plans can be modified to fit each VAMC's needs.
Sample Operating Unit Templates	Contains the operating unit templates that appear in the Guidebook. These templates can be modified to fit each VAMC's needs.
Printer-Friendly Version	Contains all Guidebook chapter information as it appears in printed form. This option can be used to print full chapters or selected items. All Enclosures, Sample Pre-Plans, and Sample Operating Unit Templates can be printed from their respective options.
CEOSH Web Site	Links users to CEOSH web site.

The CD-ROM should start automatically when inserted into the CD Drive. If it does not start automatically, right-click on Start, select Explore, select CD Drive, select Autorun.exe to activate the CD options.

If your internet explorer options automatically block active content, you will need to temporarily allow blocked content by right clicking on the information bar and selecting "Allow Blocked Content". At the security warning dialog box, select "Yes" to allow content. (See graphic on next page.)



Internet Explorer screen shot enabling ActiveX controls.

Update Listing

The following listing identifies online updates since the initial publication of the March 2011 edition of this Guidebook. It is designed to assist the reader in verifying the most current information available.

Update Number	Date Updated	Remarks	Chapter
1	March 22,2011	Updated Chapter 9 title in Preface and Chapter 1, Section 1.1; Revised Chapter 6, Section 6.3, Incident-specific Planning; Updated Reference sections in Enclosures 6 and 62.	Preface, 1, 4, 6, and 13

Overview of 2011 EMP Guidebook

1.1. What's New?

The 2011 VHA Emergency Management Program Guidebook (EMPG) revision incorporates a number of changes, enhancements, improvements and additions to provide guidance to Emergency Management Program (EMP) Managers at various levels in the organization. Several chapters have been modified as described in subsequent paragraphs. Chapter 5 - Conducting the Hazard Vulnerability Analysis - has been rewritten, and Chapter 13 - VISN Guidance - is a newly added chapter to provide VISN EMP Managers guidance to the emergency management process and to the development and improvement of the VISN-level EMP. An example of a comprehensive VISN-level Emergency Operations Plan (EOP) is included as Enclosure 62 to the chapter. In addition, several enclosures and examples are added as reference material to clarify program guidance and compliance interpretation; and tools are added to enhance program development, and pre-emergency planning to simplify crisis decision making and improve efficiency of emergency operations.

1. Chapter 1 - Overview of the 2011 Emergency Management Program Guidebook, Section 1.2., paragraph 5, addresses the TJC interpretation of the 96-hour operations contingency when the facility cannot be supported by the community. Enclosure 3 - Crosswalk of VHA Emergency Management Program Guidebook Steps to Relevant Standards, residing on CD-ROM - has been updated to include the extensive changes and improvements to the NFPA 1600, 2010 revision. These changes are also reflected in each of the Chapters referencing related NFPA Standards as they apply to the steps of the Nine-Step process of EMP development. Changes in the 2010 TJC standards were relatively minor. Standard EM.02.02.06-6 adds “pet care” to the examples of when the EOP addresses managing the family support needs of the staff.

2. Chapter 2 - Program Development Process has relatively minor changes. Section 2.1. - Introduction to the Nine-Step Process - is rewritten but the content is basically the same.

3. Chapter 3 - Step 1: Emergency Management Committee, Section 3.4., paragraph 4.e., addresses the issue of permitting the use of government vehicles to transport Federal employees to and from their home of record and their permanent duty station. The subject is introduced as an ethics issue in the form of a suggested scenario for consideration and open discussion. Section 3.3., Enclosure 4 - Key Personnel Resource Matrix (sample completed form), is replaced with an enhanced version.

4. Chapter 4 - Step 2: Emergency Operations Planning, Section 4.4. - How is the EOP used during Emergencies? - has two tools added to assist in documenting

the emergency operations planning process. The Essential Functions and Interdependency Matrix Tool (Enclosure 16) can assist the Medical Center Senior Leadership in allocating resources once the EOP has been activated. The Disaster Sustainability Tool (Enclosure 17) can, likewise, assist in determining and tracking resource and asset sustainability during an emergency. Instructions on how to make use of these tools are included.

5. Chapter 5 - Step 3: Conducting the Hazard Vulnerability Analysis - is reworked to reflect lessons learned, improve the process of conducting a Hazard Vulnerability Analysis (HVA), align with current regulations and standards, and provide improved and additional tools in the Enclosures. Updated references to TJC 2009; NFPA 2010; Federal Continuity Directive 1, 2008; and VHA Comprehensive Emergency Management Program (CEMP) Capability Descriptors 2009 are delineated under Section 5.2. The two enclosures offer examples of the use of tools to present the HVA regarding Naturally Occurring Events, Human Related Events, Technological Related Events, a HVA Summary Chart for the facility, and a Hazard Vulnerability Analysis Infrastructure and Utilities Ranking Tool. Enclosures are 19 through 20, respectively.

6. Chapter 6 - Step 4: Incident-Specific Plans - has updated content in Section 6.4., paragraph 3 to reflect the 2010 changes to the NFPA 1600 Standard for Disaster/Emergency management and Business Continuity Programs. In this version, the term “Standard Operating Procedure (SOP)” has been replaced with the term, “Pre-Plan.” This was done to convey greater flexibility in the application of the guidance. All the pre-plans listed in Enclosure 23 have been reviewed and enhanced. References to pertinent VHA CEMP Capability Descriptors from the VHA Capability Assessment Program are included in the paragraph - References and Further Assistance. In lieu of renumbering many of the pre-plans at this time, new ones were added to the end of the Listing Index and are included on the CD-ROM that accompanies this Guidebook. The new pre-plans are:

- Pre-Plan 6-62: Ice Storms
- Pre-Plan 6-63: Shelter-in-Place
- Pre-Plan 6-64: Water Conservation

Pre-Plan 6-15: Terrorist Threat, Attachment 6-15-D - Security Alert Levels and Taskings - is enhanced and attached.

A new attachment Pre-Plan 6-58-A - Security Augmentation Teams has been added Pre-Plan 6-58 - Facility Access Control.

Pre-Plan 6-51, formerly titled VHA Pharmaceutical Cache, is now titled VHA All-Hazards Emergency Cache.

7. Chapter 7 - Step 5: Mitigation and Preparedness Activities, Section 7.5., Enclosure 24 - Sample Health Care First Receiver Decontamination Readiness Plan - is rewritten and replaces the previous plan.

8. Chapter 8 - Step 6: External Coordination and Mutual Support – Section 8.4. provides guidance for participation in the Assistant Secretary for Preparedness and Response (ASPR) sponsored Hospital Preparedness Program (HPP) which provides guidance to hospitals and health care systems for all-hazards preparedness. VAMC participation in the HPP is explained. Enclosure 35 provides further information regarding the program. Section 8.5., paragraph 3., General Counsel Review, references Enclosure 36, which contains the 2010 Office of the General Counsel's Regional Counsel List.

9. Chapter 9 - Step 7: Education and Training - This chapter was revised to reflect current efforts to develop basic certification programs for Emergency Program Managers and other job groups.

10. Chapter 10 - Step 8: Applications of Emergency Operations - Remains intact with the exception of the 2010 revision updates of the National Fire Protection Association Standard 1600, Section 10.4., paragraph 3. Additional material has been added describing the Disaster Emergency Medical Personnel System (DEMPS) program, including a pre-plan for DEMPS at the VISN and Facility Levels (Enclosure 42).

11. Chapter 11 - Step 9: Chapter 11 - Step 9: Evaluation - This chapter has received a significant update that reflects the VHA CEMP Performance Improvement Program to be rolled out in second quarter of FY11. Further, the exercise content previously located in Chapter 9 was updated and moved into this chapter.

12. Chapter 12 - Joint Commission Update - Has relatively few changes of significance since the TJC standard content is basically the same as the 2009 revision. Enclosure 59 - The Joint Commission Standard EM.02.01.01 and EM 03.01.03. Catastrophes and Escalating Emergencies 96-Hour Capability Tool/Exercise - Provides additional interpretive information regarding the 96-Hour self sustainment period following an emergency when the facility cannot be supported by the local community. A written plan is a requirement. Attachment A to Enclosure 59 calls attention to the restriction of use of government vehicles to transport federal employees between duty station and home of record.

13. Chapter 13 - VISN Guidance - Provides guidance for developing and improving components of the VISN Office Emergency Management Program (EMP). Best practices noted across VHA during Comprehensive Emergency Management Program assessments from 2008 through 2010 are incorporated into the guidance and are complimentary and consistent with VA policies and standards and those of relevant governing bodies. The chapter also provides guidance for applying the principles of the Nine-Step Process delineated in Chapters 3 through 11. For Emergency Management Program (EMP) development, Enclosure 62 - Sample VISN EOP - is an example of a comprehensive VISN - Level Emergency Operations Plan included on the CD-ROM accompanying the Guidebook.

14. Chapter 14 - Supplemental Information - Includes an updated glossary, a listing of acronyms, and important additional reading.

1.2. Compliance Tips

The VHA cannot predict the nature of a future emergency, nor can it predict the date of its arrival. However, all of our medical centers can plan for supporting key areas that might be affected by emergencies of different causes. Key areas of Emergency Management are:

- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities

1. **Communication (EM.02.02.01).**

a. As leaders in health care in any community, the public expects hospitals to be informed of the risks and aware if and when an emergency occurs. Hospitals conduct ongoing active surveillance within the organization. When an emergency is detected, there are provisions for communicating with the patient, families, and staff as well as communication and collaboration with outside facilities and other health care organizations and support. In an emergency that extends into a mass casualty incident (MCI), it is particularly essential that hospitals work with public health officials, other government officials, neighboring health care facilities, the lay public, and the press to ensure rapid and ongoing communications (information-sharing) occurs.

b. The organization's plans for notifying staff when emergency response measures are initiated should include:

- Assign responsibility for staff notification when an emergency occurs and response measures are initiated.
- Consider investment in most reliable communications systems, ensure good maintenance and repair, and have several back-ups.
- Establish redundant systems for communication.
- Consider Mass Notification System (system that sends an alert e-mail, cell phone, and landline notification at one time).
- Evaluate the use of Clinical Warnings, Alerts and Directives (CWAD) system for staff notification.

- Identify points of contact among local media (e.g., newspaper, radio, television) representatives to report alert information and actions for hospital staff to take.

c. External Communication:

- Assign responsibility for external communication; identify persons responsible for updating public health reporting (e.g., infection control), a clinical spokesperson (e.g., Medical Director or Nurse Executive), and a media spokesperson (e.g., Public Information's Officer).
- With guidance from VHA, VISN, state or local health departments, determine the methods, frequency, and scope of external communications.
- Identify points of contact among local media (e.g., newspaper, radio, television) representatives, public officials, and community leaders.
- Develop and test a ring-down system between facilities in the community.
- Develop and test operating unit templates for communication systems failure.
- Develop plan for monitoring and reporting of outages, consequences, and interim communication methods.
- Consider use of cell phones, e-mail, couriers, satellite phones, blackberries, and radios.

d. Things to consider:

- *Within VA*: If the VHA facility is made aware of a threat/event or if one occurs, who within VA should be notified?
- *Other Federal Agencies*: Depending on the threat/event, certain federal agencies (FEMA, HHS, OSHA, Centers for Disease Control, EPA) may need to be notified. For example, OSHA is to be notified within eight hours of one employee fatality, or three employee hospitalizations resulting from a single incident.
- *Community* Entities: Because of the VA Medical Center's relationship to the community, it is likely that there are specific entities within the community that should be notified that a threat/event has occurred. In many cases, this notification will trigger a community response to the threat/event.

2. **Resources and Assets (EM.02.02.03).**

a. Medical, pharmaceutical, and non-medical supplies that will be required at the onset of an emergency response should be available to support operations for up to 96 hours without replenishment from outside sources.

- Plans should be developed for replenishing medical and non-medical supplies and equipment, including personal protective equipment (PPE),

for the duration of the response and recovery period. Plans should take into account that the circumstances of the emergency situation may be such that local replenishment options might not be available for an extended period of time.

- Plans should be developed for *replenishing* pharmaceutical supplies needed for the response and recovery period. Sources may include cache stockpiles, either VA-owned or available through local, state, or other federal sources.
- Plans should be developed for *supporting* direct staff needs, such as housing, transportation, and incident stress debriefings. Indirect staff support needs, such as child/elder care, should also be addressed.
- Other potential sources of *resources* and assets, such as local and regional health care organizations, should be explored and included in plans as appropriate.
- Plans should be developed for *facility* evacuation. These plans should address transportation of patients, patient information, staff, and equipment to an alternative care site in the event that a total evacuation is required.

b. Additional information on potential sources for resources and assets during an emergency situation may be found in Chapter 8, *Step 6: External Coordination and Mutual Support*.

3. **Safety and Security (EM.02.02.05).**

- The first source of additional security personnel would be other VA facilities in the VISN, due to familiarity with VA police procedures. The same principle applies to Occupational Safety and Health professionals. If travel difficulties prevent the use of outside VA employees, extended hours for local VA employees is a viable alternative.
- Extended emergencies could require community support from local law enforcement, contract security agencies, or the National Guard.
- There is a need for heightened awareness concerning facility access control, as the circumstances that cause extended emergencies present opportunities for malefactors to take advantage of the disturbances in normal operations.
- At the beginning of each workday during an extended emergency, as well as other regular and frequent intervals, inspect the interior and exterior of buildings for suspicious packages. Staff should check their own work areas, as they will be most familiar with something that is out-of-place or suspicious in nature. VA Police, Environmental Management Service, and Facilities Engineering should concentrate on public/common areas.

- Review security alert levels and taskings with the police forces responsible for security at the local facility.
- Ensure operational testing of building security plans and alarms, particularly the lockdown procedure. The heightened perils of extended emergencies call for assurances that alarms (such as panic alarms and fire alarms) and doors that automatically lock are acting as they should. These should be checked during each shift of the extended emergency. If deficiencies are encountered, repairs should be made. If repairs cannot be made immediately, increased patrols or permanently placing a person in the area of the malfunctioning piece of equipment should be considered. Such a person must be capable of monitoring the piece of equipment and summoning aid as required. There is no need to place a uniformed officer in the role of a watchman.
- The Chief of Police Service must be familiar with law enforcement officials in the community at every level of government, in case there is a need for outside assistance during an extended emergency.
- The Chief of Occupational Health and Safety must also be involved in the community in case the skill set of a safety professional is needed during an extended emergency to keep the medical center open and functioning in a satisfactory manner.
- The Hazardous Materials Management Plan should be reviewed to establish the manpower requirements to keep the collection process for hazardous waste on schedule and not allow a collection of waste to accumulate.
- The Medical Center's policy on wandering patients should be reviewed to ensure alarms and door locks are operating properly in areas where patients who are wandering risks are concentrated.
- Vehicular traffic into the medical center should be controlled on a vehicle-by-vehicle basis for the duration of the extended emergency. Vehicles not readily identifiable as one operated by VA employee should be stopped and questioned.

4. **Managing Staff Responsibilities (EM.02.02.07).**

a. Surge Capacity. Health care facilities should plan ahead to address emergency staffing needs and possible increased demands for isolation wards, Intensive Care Units, assisted ventilation services, and consumable and durable medical equipment/supply needs.

b. Staff Planning for Extended MCI (96 hours).

- Assign responsibility for the assessment and coordination of staffing during an emergency.

- Estimate the number and categories of personnel needed to care for a patient or group of patients with injuries or illness (depending on the type of MCI and care needed) for a given day.
- Plan to provide local support within the facility or at the community level for up to 96 hours, without outside assistance.
- Determine how the facility will meet staffing needs as the number of patients increase and/or as health care workers become ill or stay home with ill family members. Consider:
  - Assigning patient care responsibilities to clinical administrators.
  - Recruiting retired health care personnel.
  - Using training staff (e.g., medical and nursing students).
  - Using patients' families or other volunteers in an ancillary health care capacity (e.g., pass water, change linens, visit with patients).
- Collaborate with local and regional health care planning groups in an attempt to achieve adequate staffing of the hospital during an MCI (e.g., decide if and how staff-sharing will occur between health care facilities, determine how salary issues will be addressed for shared employees, consider ways to increase the number of home health care staff to reduce the number of admissions during the emergency).
- State and local health departments can help assess the feasibility of recruiting staff from different hospitals and/or regions, working in coordination with federal facilities, including the Veterans Administration and Department of Defense hospitals. Health care facilities may implement these arrangements through Mutual Aid Agreements (MAA) or Memorandum of Understanding/Agreements (MOU/A).
- Increase cross training of personnel to provide support for essential patient care areas at times of severe staffing shortages (e.g., Emergency Departments, ICUs, or medical units).
- Identify essential support personnel critical in an MCI.

c. Staff is trained for their assigned roles and responsibilities in an MCI.

- Identify roles and responsibilities of staff positions that are deemed critical in an MCI.
- Provide ongoing education and training for specific job requirements.
- Consider all facility health care personnel for awareness level training.
- Personnel whose role would include donning PPE above the level D rating must complete operations level training in accordance with OSHA directives.

- Identify specific job action sheets, checklist or flow charts for specific roles, to be used at the time of an MCI. (Reference Enclosure 9, VHA Incident Management System Position Descriptions.)
- Provide just-in-time training for specific roles when an MCI occurs and as additional staff fill roles during the MCI event.

d. The organization communicates to the Licensed Independent Practitioners (LIP) their roles in emergency response, and to whom they report during an emergent situation.

- Develop a plan for communication with LIPs regarding their role in the facility and/or community, and who they report to during an MCI.
- Consider all health care personnel for awareness level training.
- Personnel whose role would include donning PPE above the level D rating must complete operations level training IAW OSHA directives.
- Identify job action sheets, checklist and/or flow charts for LIP specific roles, to be used at the time of an MCI.
- Provide just-in-time training for specific roles when an MCI occurs, and as additional staff change shifts to fill roles during the MCI event.
- Provide on-going education and updates regarding the facility's and community's Emergency Operations Plan.
- Consult with the state health department on plans for rapidly credentialing health care professionals during an MCI. This might include defining when an "emergency staffing crisis" can be declared, and identifying emergency laws that allow employment of health care personnel with out-of-state licenses.
- Identify insurance and liability issues related to the use of non-facility staff.
- Explore opportunities for recruiting health care personnel from other health care settings (e.g., medical offices, psychiatric hospitals or clinics, and day-surgery centers). Consult public health partners about existing state or local personnel.

e. The organization establishes a process for identifying health care providers and other personnel assigned to particular areas during an emergency.

- Consult with the state and local health departments, police departments, etc., on plans for developing standardized facility/community identification for critical personnel in an MCI, such as identification cards, wristbands, vests, hats, badges, computer or computer printouts. This might include defining when an "emergency staffing crisis" can be declared, and identifying emergency laws that would require staff to use such an identifier to get through traffic, a barricade or an otherwise restricted area.

5. **Utilities (EM.02.02.09).**

The elements of performance associated with EM.02.02.09 require that organizations identify an alternate means of providing for the following utilities in the event that their supply is compromised or disrupted:

- Electricity.
- Water needed for consumption and essential care activities.
- Water needed for equipment and sanitary purposes.
- Fuel required for building operations or essential transport activities.
- Other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

These requirements can be viewed as an extension of Joint Commission standards EC.01.01.01 and EC.02.05.01 requiring hospitals to manage utility risks. As part of this standard, facilities will have previously conducted assessments of every utility system at their facility and determined which of those utility systems are *"essential"*. In addition, facilities will have already identified alternate sources for hospital-defined essential utilities in meeting the elements of performance for EC.01.01.01 and EC.02.05.01. Organizations should thoroughly review the elements of performance of EC.01.01.01 and EC.02.05.01, and the work already completed to comply with that standard as a basis for developing the strategies required by EM.02.02.09. The additional requirements demand that a health care organization communicates with its community about facility needs, and the community can help meet those needs.

Additionally, the following Joint Commission standards also address Utility Management, and should be reviewed by the organization to identify plans, pre-plans and policies developed that may help to meet EM.02.02.09:

Organizations should determine how long they expect to remain open to care for patients and plan for their utilities accordingly. In addition, TJC standards require facilities to develop plans as to how they will operate during a contingency or disaster without community support for up to 96-hours. TJC does not require facilities to stockpile 96-hours of supplies, but to develop a concept of operations. It is important to realize that an appropriate response may involve closing or evacuating the health care organization after a certain period. For example, an organization may determine that it can be self-sufficient during an emergency for 48 hours after which point it will initiate evacuation procedures. However, the organization must also make sure that its evacuation plan can be supported 48 hours after the start of an emergency.

6. **Patient Clinical and Support Activities during an Emergency (EM.02.02.11)**

- The VHA All-Hazards Emergency Cache can only be used with the permission of the Medical Center Director.
- Patient scheduling is built around several variables that are quantifiable only when the extent of the disaster is known. In general, any elective or non-emergency procedure should be postponed until the emergency is over.
- Clinical personnel freed up by cancelling elective or non-emergency procedures should be reassigned to areas where their talents could be used in other clinical situations.
- Altered standards of care, once approved by clinical superiors, should be implemented as required by either the large number of patients or the reduced number of clinicians. The type of altered standards and when the standard should be implemented are to be decided by the Chief of Staff of the medical center. Altered standards of care are defined as steps to reduce the amount of time spent with an individual patient, use of clinically trained support personnel in non-traditional roles, and increased use of palliative care only for the most severely injured. Visitors and family could be pressed into service under the supervision/guidance of the clinical staff. Employees can be reassigned from areas where the workload has changed to more direct support roles such as nutrition or environmental management. No employee should be forced to take part in a new position, but rewards can be extended to employees who volunteer during extended emergencies.
- Hygiene needs of employees should be addressed by issuing small containers of anti- bacterial cleaners and identifying expanded employee shower areas.
- If required by the conditions of the emergency, employees should be offered PPE when around patients.
- Counselors should be upgraded to a level of knowledge about the conditions of the emergency as soon as the conditions are known. Counselors might be put into unfamiliar roles, depending on the number of patients, families, and employees in need of some form of counseling, to be of service to the hospital community. Any resident clergy should also be offered training.
- The medical center should coordinate with the local coroner/medical examiner office to address how the coroner/medical examiner office will handle the increased patient load and how mortuary affairs will be handled with the potential increase of deceased.
- Palliative care of victims of the emergency will require tracking of the patients' condition, disposition, and custody of personal effects.

1.3. Enclosures

1. Emergency Management Crosswalk 2008-2009.
2. The Joint Commission Crosswalk 2008-2009.
3. Crosswalk of VHA Emergency Management Program Guidebook Steps to Relevant Standards.

Program Development Process

2.1. Introduction to the Nine-Step Process

The nine-step process represents a systematic approach for the development, maintenance, and evaluation of an Emergency Management Program (EMP). This process is equally appropriate for Veterans Integrated Service Network (VISN) offices, as it is for VA treatment facilities. The readiness plans primarily deal with mitigation and preparedness phases of emergency management, while the pre-plans are primarily designed for response and recovery effort. The all-hazards planning (Emergency Operations Plan) describes this response procedures to follow when emergencies occur which includes managing communications, resources and assets, occupant safety, staffing, utilities and clinical activities. The graphical representation of the nine-step process signifies and Emergency Management Program that is committee- centered, with inter-locked steps and a continuous improvement process. Utilizing this approach provides the basis for compliance, readiness, and standardization while promoting continuous quality improvement principles in the following ways:

- Ensuring compliance with Presidential directives, agency guidance, and relevant standards, including those from accreditation bodies (see Crosswalk of Veterans Health Administration (VHA) Emergency Management Program Guidebook Steps to Relevant Standards, Enclosure 3).

- Providing hazard, threat, and adverse event readiness through mitigation and preparedness activities, including response and recovery strategies for each emergency identified.

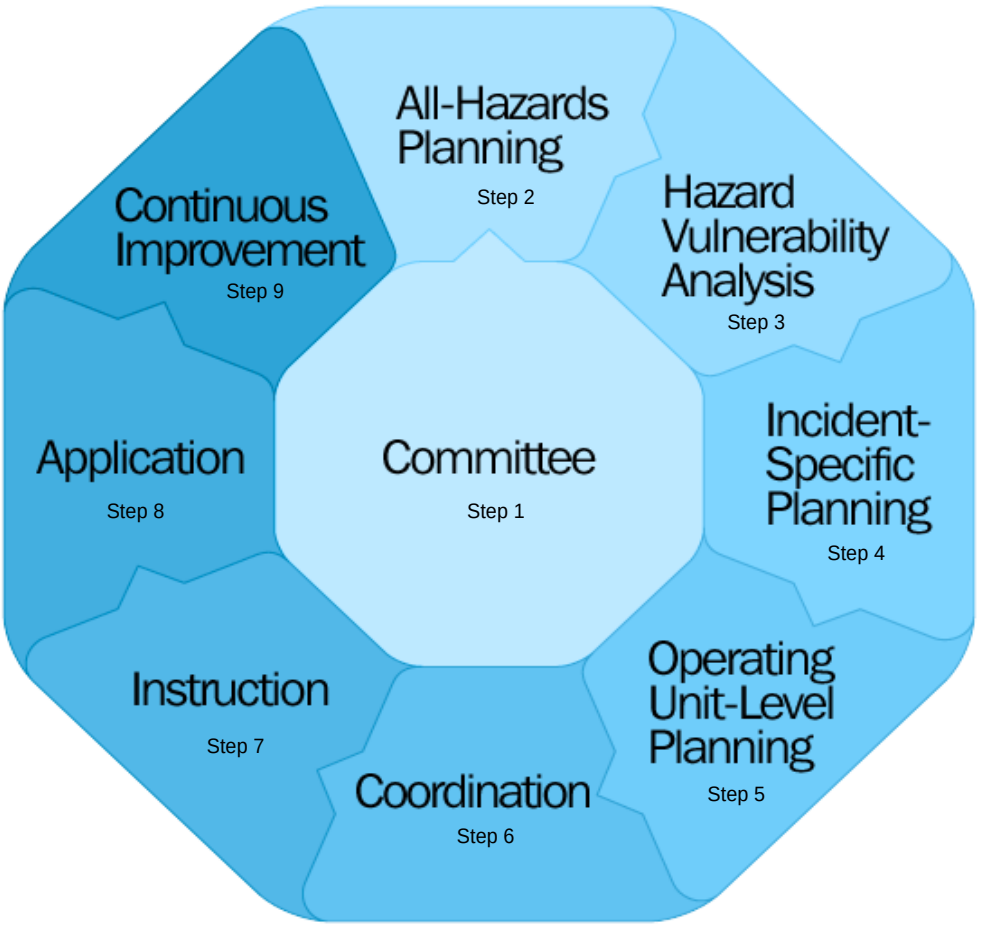
- Providing a mechanism for standardization of the structure of Emergency Management Programs across the VHA, while at the same time encouraging flexibility in content by individual facilities.

- Promoting the application of continuous quality improvement principles. The nine-step process is not designed solely as a linear progression, but a continuous loop of activities after the initial establishment. A fully established program requires continuous activities, improvements and revisions.

Each step in the nine-step process has a dedicated chapter in the guidebook. (See Guidebook Chapters 3 through 11.)

2.2. Nine-Step Comprehensive EMP Development Process

Figure 2-1: Nine-Step Program Development Process Diagram



STEP 1: Emergency Management Committee. The role of the Emergency Management Committee (EMC) is:

- Organizational learning.
- Establishes the policy, procedures, and standardized process.
- Assigns responsibilities to a task group.
- Monitors progress; reviews, approves, and funds recommendations.
- Define the role of the organization in the community Metropolitan Medical Response System-wide emergency management program.
- Ethical considerations.

(See Chapter 3, *Step1: Emergency Management Committee*.)

STEP 2: Emergency Operations Planning. An Emergency Operations Plan (EOP) provides operational documents for responding to and recovering from any hazard, threat, or event. Components of an EOP include a basic plan, functional annexes [that link to the Incident Command System (ICS) functions], support annexes, incident-specific guidance, and job aids/checklists.

It is important that the design of the EOP incorporate the ICS, as described in the National Incident Management System (NIMS). The Hospital Incident Command System (HICS) is a popular adaptation of ICS. The Veterans Health Administration's adaptation of ICS to its health care system is described in Chapters 4 and 10.

The 2010 Joint Commission standards call for the development of an EOP that is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities management and patient clinical and support activities. Figure 4-4 in Chapter 4 illustrates how the sample EOP Template incorporates these aspects.

(See Chapter 4, *Step 2: Emergency Operations Planning*; and Chapter 6, *Step 4: Incident-Specific Plans*.)

STEP 3: Hazard Vulnerability Analysis (HVA); Identify Priority Hazards, Threats and Events. HVA is a systematic approach to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. This work is completed and communicated with our community partners.

Input to identify critical operations and infrastructure by Operating Unit Managers is very important. Some threats to individual Operating Units are so severe that they may interrupt the continuity of critical operations in the VAMC.

The EMC oversees the HVA process to ensure that all major threats to the VAMC are accounted for and assessed. Using the input from the facility and the community, the EMC should create a prioritized list of hazards, threats and events that require incident-specific guidance. This process is reviewed, at a minimum, annually.

(See Chapter 5, Step *3: Hazard Vulnerability Analysis*.)

STEP 4: Incident-Specific Plans. Incident-specific guidance is short, concise protocols that describe the initial response actions to particular hazards, threats or events. There are three types of incident-specific guidance as follows:

- Hazard-Focused Guidance - guidance that explains strategies for each priority hazard identified through the HVA (earthquake, hurricane, snowstorm, etc.).

- Operational Event-Focused - guidance that explains strategies for carrying out certain activities (evacuation, mass casualty incident, etc.).

- Mission Critical System-Focused - guidance that explains strategies for loss of a mission critical system (staff shortages, loss of water, power, medical, gas, etc.).

(See Chapter 6, *Step 4: Incident-Specific Plans*.)

STEP 5: Mitigation and Preparedness Activities. Mitigation activities are designed to eliminate or reduce the impact of hazards, threats and events on the ability to provide continuity of patient care operations. Mitigation activities are beyond the scope of most hazard surveillance activities, and are of two basic types:

- Structural - efforts to retrofit or reinforce structures.

- Non-structural - efforts to safeguard the contents of structures.

Preparedness activities in this Step are resource identification and inventory to support resiliency/continuity of patient care operations.

(See Chapter 7, *Step 5: Mitigation and Preparedness Activities*.)

STEP 6: External Coordination and Mutual Support. Creating linkages between the facility's Emergency Management Program and area hospitals, community agencies, and state and federal government agencies improve response and recovery effectiveness, and is an essential compliance element. Area Emergency Managers (AEMs) can be instrumental in assisting VAMC staff involvement in these and other emergency preparedness programs.

Resource management activities in this step are focused on creating surge capacity and capability. Cooperative planning with other VA facilities and community entities is a key part of preparedness.

(See Chapter 8, *Step 6: External Coordination and Mutual Support*.)

STEP 7: Education, Training and Exercises. All employees must receive education and training consistent with their roles and responsibilities in emergencies. Education and training must be designed to enable employees to perform the procedures in the EOP and incidents-specific plans.

Exercises are designed to test knowledge, skills, abilities and the overall response system. Emergency exercises, at a minimum, shall be executed at intervals recommended by the VHA and compliant with accreditation agency standards. Exercises should be based on existing plans and procedures, and designed to reflect actual events that could likely occur in the community or at the VAMC.

(See Chapter 9, *Step 7: Education, Training and Exercises*.)

STEP 8: Application of Emergency Operations. During emergencies, VA treatment facilities and VISN offices use the Emergency Operations Plan/incident-specific guidance to initiate the response, then transition to the Incident Action Planning process. VHA has published Emergency Operations procedures that are covered in Chapter 10.

(See Chapter 10, *Step 8: Application of Emergency Operations*.)

STEP 9: Evaluation. Evaluation occurs during actual events, "proxy" events, and exercises. Exercise evaluation forms and After-Action Reports are valuable tools that serve as documentation to identify performance successes and weaknesses and analyze and develop recommendations for corrective action.

The role of the Emergency Management Committee in evaluation is to review, prioritize, staff, budget, and monitor recommendations for corrective action.

A comprehensive Annual Review must be conducted by the EMC, and approved by the Medical Center Director and Chief of Staff.

(See Chapter 11, *Step 9: Evaluation*.)

EOSH

Emergency Management Committee

3.1. Overview

This step is concerned with establishing leadership, direction, and administration of the Emergency Management Program (EMP). Components of this step include creation of an Emergency Management Committee (EMC); designation of staff to manage the EMP on a day-to-day basis; defining the role of the health care organization in the community-wide EMP, and setting goals and objectives, and developing an annual schedule of activities that fulfill these objectives. These goals and objectives are in part based upon the Improvement Plans/recommendations for corrective action for issues identified in past exercises or from actual emergencies (from Step Nine).

3.2. Important Additional Reading

Please review the content on pages 1-97 through 1-148 and Module 4.4 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosures 63 and 66.

Ethics in Emergency Management

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k. Public Health Ethics. Ethics In Medicine. University of Washington School of Medicine. Available at: http://depts.washington.edu/bioethx/topics/public.html.

l. Public Health Leadership Society. *Principles of the Ethical Practice of Public Health*, Version 2.2. 2002. Available at: http://phls.org/CMSuploads/Principles-of-the-Ethical-Practice-of-PH-Version-2.2-68496.pdf.

m. *Stand on Guard for Thee Ethical Considerations in Preparedness Planning for* Pandemic *Influenza* - Report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group - Ten substantive values to guide ethical decision-making for a pandemic influenza outbreak. Available at:
http://www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf#search="pandemic".

n. Verweij, Marcel. *Equitable access to therapeutic and prophylactic measures.* WHO Working Paper, Working Group One: Project on Addressing Ethical Issues in Pandemic Influenza Planning. October 20, 2006. Available at:
http://www.who.int/ethics/influenza_project/en/index.html.

o. Winslow, Gerald R. *Triage and Justice: The Ethics of Rationing Life-Saving* Medical *Resources.* Berkeley: University of California Press, 1982.

p. *World Medical Association Statement on Medical Ethics in the Event of Disasters.* Adopted by the 46th WMA General Assembly Stockholm, Sweden, September 1994 and Revised by the WMA General Assembly, Pilanesberg, South Africa. October, 2006. Available at: http://www.wma.net/en/30publications/10policies/d7/index.html.

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3.3. Roles and Responsibilities in Developing the CEMP

The roles and responsibilities of VHA organizations and key staff are described in VHA Directive 0320, Comprehensive Emergency Management Programs (7/2007). At the VISN and Facility levels, the Directors are charged with the responsibilities (below) that are largely accomplished through the Emergency management Committee(s) at the Network and VA Medical Center levels. The Emergency Preparedness Coordinator at the VISN or VAMC levels are supported by EMSHG Area Emergency Managers.

VISN Director. Each VISN Director is responsible for:

(1) Ensuring that each VHA facility has a CEMP that addresses VA Medical Center contingencies, VA-DoD contingencies, and state, local, tribal contingencies to include inter-agency response and recovery efforts.

(2) Providing oversight to ensure VISN compliance with all identified requirements.

(3) Providing command, control, communications, and coordination between facilities within the VISN, across VISNs, and with VHA Central Office during emergencies.

(4) Coordinating, in support of the NRP and VA-DoD contingency plan, with EMSHG.

Facility Director. The Facility Director is responsible for:

(1) Developing CEMP plans to address facility contingencies, VA-DoD contingencies, state, local, tribal contingencies, to include inter-agency disaster response and recovery efforts as necessary.

(2) Providing oversight to ensure that the facility and associated Community-based Outpatient Clinics (CBOCs) are in compliance with all identified requirements

(3) Providing command, control, communications, and coordination between all departments and/or services within the facility during emergencies.

(4) Designating an Emergency Preparedness Coordinator (EPC) to coordinate facility emergency preparedness activities.

(5) Serving, when so designated, as NDMS Federal Coordinating Center Director.

(6) Developing and maintaining an all hazards EOP compliant with relevant standards and regulations.

(7) Managing response to local emergencies and providing humanitarian assistance to the public as required.

Other Staff with responsibilities at the VA Medical Center level:

Associate Director or Equivalent. The Associate Director or other top management operation official shall serve as Chairperson of the EMC.

Chief of Staff. The VA Medical Center (VAMC) Chief of Staff (COS) is responsible for the development, endorsement, training, and implementation of clinical guideline protocols for the EMP. The Chief of Staff must:

- Establish a workgroup of health care providers to review and edit, as appropriate, medical treatment and triage procedures contained in this guidance to meet the needs of the VAMC.
- Endorse all clinical treatment protocols distributed to VAMC health care providers, addressing the delivery of patient care during an emergency.
- Ensure that health care providers receive the required educational training specific to various types of emergency situations; such as, blast injuries, crush injuries, human events, nuclear/biological/chemical injuries, and mass casualty triage.
- Ensure that the Emergency Operations Plan (EOP) addresses the medical chain-of-command to use during the emergency situation.
- Ensure appropriate safety measures are utilized to protect employees, staff and visitors within the VAMC.
- Review, approve, and endorse the mass-distribution of materials (e-mail, brochures, etc.) within the VAMC related to medical management of an emergency event.
- Maintain coordination of emergency medical activities with the Network Director or Medical Director, other VISN COS, and the VISN Health Care Advisory Committee.
- Review and endorse Memorandum of Understanding (MOUs)/sharing agreements for medical resources, supplies, medical care, and alternate treatment sites.

- Ensure compliance with all medical treatment-related regulatory requirements [e.g., Emergency Medical Treatment for Active Labor Act (EMTALA) and Consolidated Omnibus Budget Reconciliation Act (COBRA)].

Key Operations Managers. Key Operations Managers have responsibilities for broad control of systems and operations of the facility (i.e., Chief of Engineering, Chief of Acquisition and Materiel Management, Chief of Security, etc.).

Committee Membership: The membership of the Facility EMC should be specified in the EMP, and should include:

a. Chairperson (Associate Director)

b. Emergency Program Coordinator (EPC)

c. Representative from:

- Physicians
- Nursing
- Infection Control
- Facilities Engineering
- Safety/Industrial Hygiene
- Acquisition and Materiel Management
- Fiscal
- Police
- AEM (if available)
- Critical Operating Unit Managers

Committee Functions: The EMC should report to, or have a very close liaison with, the Facility Safety Committee. The functions of the EMC include:

a. Define the role of the VAMC in the community-wide emergency management program.

b. Conduct Hazard Vulnerability Analyses (HVA) to address all hazards that could threaten the facility.

c. Develop pre-plans that address hazards identified in the HVA.

d. Develop Continuity of Operations (COOP) procedures.

e. Develop the hospital-wide Emergency Operations Plan, and coordinate it with other health care organizations in the community-wide emergency management program.

f. Assign roles and responsibilities of Operating Unit Managers and Key Operators/Managers included in the EMP.

g. Oversee the development and maintenance of the EMP.

h. Ensure that all employees have received appropriate training as required by the EMP.

i. Conduct an annual evaluation of the effectiveness of the EMP.

j. Keep an updated Key Personnel Resource Matrix. The matrix should contain the names and telephone numbers of contacts for Operating Units/Critical Activities, back-up contacts and location of information sources. An example of the Key Personnel Resource Matrix is included in this section as Enclosure 4.

k. A timeline can be used to track progress toward completion of EMC responsibilities. A sample Timeline for the Development of an Emergency Management Program is included as Enclosure 5.

National-level Emergency Management Committee

At the national level, the Chief Consultant, EMSHG is responsible for the overall coordination of the VHA CEMP. He/she coordinates policy issues with the Emergency Management Coordination Group (EMCG), a national Emergency management Committee.

Chief Consultant, EMSHG. The Chief Consultant, EMSHG is responsible for:

(1) Developing policy and direction for VHA's CEMP in coordination with the EMCG.

(2) Planning and implementing the VA-DoD Contingency Hospital System and VA support of DoD during war and national security emergencies, and providing a liaison, to represent VA, to the United States (U.S.) Transportation Command's (TRANSCOM) Operations (J-3) as required.

(3) Planning VA support of NDMS through a field-based organization of Area Emergency Managers and support staff, and providing a VA liaison to the NDMS Operations Support Center, as required.

(4) Coordinating and planning VHA support of the NRP and other Federal emergency plans and activities.

(5) Developing and maintaining national interagency working relationships to facilitate VHA's participation in coordinated Federal planning and response to disasters and emergencies.

(6) Providing a liaison to represent VA to the Department of Health and Human Services (DHHS) Secretary's Operations Center (SOC).

(7) Coordinating VHA personnel deployments and logistics requirements to meet requests from Federal partner agencies and/or from VA field locations during actual activations or major exercises.

(8) Supporting VISN CEMP by providing field-based Area Emergency Manager Liaisons functioning as technical CEMP experts and consultants to assist VISN and VA medical center Directors in CEMP development, initiation, and maintenance.

(9) Providing staffing for the VHA IMT and responsible for the day-to-day administrative activities, support, and maintenance of the VHA JOC to ensure operational readiness.

(10) Ensuring the development, exercise and maintenance of the VHA Central Office EOP.

(11) Maintaining the VHA Central Office COOP and alternate Central Office relocation sites.

(12) Serving as a member of the Secretary's ERC for COOP (Team B).

Emergency Management Coordination Group (EMCG)

(1) **Function.** The EMCG has two primary functions, to serve:

(a) On a day-to-day basis for the provision of guidance and oversight to ensure the development and maintenance of a CEMP within VHA; and

(b) As the emergency policy coordinating entity, in an internal or external disaster or emergency that requires an integrated and coordinated VHA response, as part of the VHA Incident Management System (IMS) structure, and to advise the Under Secretary of Health as a member of the Secretary's CRT.

(2) **Membership.** The standing membership of the EMCG consists of the:

(a) Principal Deputy Under Secretary for Health (Chairperson) (10A).

(b) Deputy Under Secretary for Health for Operations and Management (10N).

(c) Chief Public Health and Environmental Hazards Officer (13).

(d) Chief Patient Care Services Officer (11).

(e) Chief Nursing Officer (108).

NOTE: *Other VHA Chief Officers and senior staff may be added in an advisory capacity, as needed.*

3.4. Health Care Ethics and the Emergency Management Program

*(**Note:** This section contains information on health care ethics. For additional information or clarification, you may contact Linda H. Williams, M.D. via the VA Global Address in Outlook, or your local Integrated Ethics Program. The VHA*

National Center for Ethics in Health Care contributed to this document and may be contacted at vhaethics@va.gov.

1. *General*. Emergency preparedness for all hazards is now widely recognized as "the right thing to do" following September 11, 2001. Past editions of the VHA Emergency Management Program Guidebook (EMPG) have laid a firm foundation for this preparedness. This 2011 VHA Emergency Management Program Guidebook update includes this inaugural section on Health Care Ethics and the Emergency Management Program. It is anticipated that future editions will expand on this beginning discussion.

In disaster guidelines, policies and laws form planning, drills and education to minimize damage and loss of both persons and property. However, such pre-event exercises and written documents are not always a sufficient basis for the difficult decisions that must be quickly confronted when the worst occurs. What do you do when the rules and regulations do not cover the situation or appear to conflict, and you must make a crucial decision that will impact the outcome for patients, the Medical Center, and perhaps the community and your job? How do you respond when you must make a choice that will determine which patient lives or dies? What do you do when the rules and regulations are clear, but violate your basic and strongly held moral beliefs? Do you go to work when a pandemic influenza with an exceptionally high fatality rate invades your community; your family is staying home; but your absence from work will strain hospital resources and possibly compromise patient care delivery? What compensation is planned for employees who continue to work in hazardous situations and suffer illness or death in spite of the use of available protective measures? How are resources allotted to emergency planning for "what if" scenarios when daily health care needs are competing? In what circumstances can a person refuse decontamination?

In anticipation of such challenges, disaster preparedness must also include ethical processes and frameworks that can assist in resolving value conflicts that arise within the context of the Emergency Management Program. Thus, a brief discussion of some basic ethics has been included in this edition. This section will begin to address the values, principles and processes that can help guide ethical decision making. This section is **not** legal guidance, and does **not** supersede local policies or authorities. It also does not abrogate individual responsibility in making decisions. This section is intended to guide VHA planners in consideration and discussion of ethically troubling situations ahead of time, so that one may begin to examine relevant ethical values before an actual emergent situation occurs.

For assistance with specific decisions, or for further discussion of these issues, please contact the ethics consultation service or the Integrated Ethics Program at your facility. An additional resource for the Medical Center Integrated Ethics Program is the VISN Integrated Ethics Advisory Board. For issues that need to

be addressed still further, the Ethics Consultation Service of National Center for Ethics in Health Care may be contacted.

Please note that the terms disaster and emergency are used interchangeably in this section.

2. *Ethical Leadership in Emergency Planning and Response.* VHA leaders serve as public servants, health care providers, and managers. The ethical values and practices inherent within each of these roles must be maintained to the fullest extent possible throughout emergency planning and response.

- VHA leaders as public servants are responsible for maintaining the public trust, placing duty before self-interest, and managing resources responsibly.
- VHA leaders as health care providers, have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and caring health care delivery system.
- VHA leaders as managers are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect. They must ensure that staff throughout the organization is supported in their adherence to high ethical standards.

The leadership decision-making process should be:

- Informed and Participatory: Collect the full range of facts that bear on a given decision and understand the perspectives of those involved in the decision and those who will be affected by it.
- Values-based: Weigh options carefully in relation to important organizational and social values, such as fidelity to mission, fairness, stewardship, proportionality, and reciprocity.
- Beneficial: Weigh the short- and long-term consequences, both positive and negative, and make sure that the benefits of the decision outweigh potential harms.
- Systems-focused: Examine and address underlying systems issues that may cause or contribute to ethical concerns.
- Reasonable: Ensure that decisions rest on a defensible decision-making process and sound reasoning.
- Transparent: When communicating final decisions, explain how the decision was made, who was involved in making it and the reasoning behind it.

3. *Basic Ethical Values and Principles in Public Health and Clinical Medicine.* An Emergency Preparedness Program must consider events of all magnitudes. A small event that can be managed within the scope of usual care and emergency

response is not, in most cases, anticipated to produce major ethical dilemmas (e.g., determining how to allocate scarce life-saving resources; determining how to achieve public health goals in a way that will minimize restrictions on individual liberty). However, when the emergency becomes a Mass Casualty Incident (MCI), or results in an overwhelming surge of patients and a shortage of resources, clinical providers, and hospital leadership may confront daunting decisions involving difficult choices not encountered in the usual provision of medical care. In such circumstances, conflicts of value may arise. Anticipating and understanding the moral values that may come into conflict or tension and establishing clear protocols where possible, will help to ensure that difficult decisions are made transparently and equitably, and in a rational and calm manner.

One potential point of conflict that must be recognized in any public health emergency occurs when leadership determines that it is necessary to shift the goal of medicine from a focus on the health of individuals to a focus on the overall health of the public (that is, the utilitarian principle of the greatest good for the greatest number). In such cases when public health standards of care supersede normal standards of care, public health ethics will supersede the standard priorities of clinical ethics that providers follow on a daily basis. Most providers have not practiced in such a situation, and the transition may be difficult for many. In such a time of crises, it will be essential for providers and leadership to work together for the good of the patients, staff, institution, and country. An examination of the foundational principles of clinical and public health ethics in advance of a crisis can help create solidarity and mitigate value conflict. Pre-event education for hospital personnel regarding these values and the potential shift during an event is indicated as a mitigation strategy and an important aspect of preventive ethics.

In public health ethics, it is generally recognized that the health of the community should be achieved in a way that respects the rights of individuals in the community. Strategies for maximizing overall health and survivability, in other words, should be based on decision and implementation processes that are:

- Transparent: Commitment to ensuring that there is openness and stakeholder participation in decision processes.
- Fair: Commitment to ensuring that decisions are consistent, unbiased, and based on reasons that stakeholders can agree are relevant.
- Proportional: Commitment to ensuring that actions are proportionate to the situation and do not exceed what is necessary to achieve a defined objective.

In clinical ethics, four basic principles are recognized as foundational:

- Do no harm, also known as Non-Malfeasance.
- Do good, also known as Beneficence.

- The right of the capable patient to make decisions for himself, also known as Autonomy.

- Justice, as fairness or equity. [In circumstances of disaster, the concepts of distributive justice (fair, equitable and appropriate distribution of resources according to accepted standards) and participatory justice (meaningful involvement of stakeholders and stakeholder values in standard setting) are especially relevant.]

In disaster situations, health care leaders and providers will be confronted with challenges to these principles. A brief and by no means complete list of challenges is identified in Figure 3-1. In meeting the challenge of emergency management, an overarching principle of procedural ethics is the principle of veracity or truth-telling. As emphasized in all guidance for emergency communication, leaders should provide honest and frank education on potential situations and response plans, avoiding extremes of excessive pessimism or optimism. During an emergency event, leaders should maintain open and honest discussions and information-sharing to the fullest extent circumstances allow. When information-sharing must be limited, leaders should disclose the reason for the limitation, and when and how the information will be made available.

Figure 3-1: Ethically-Informed Disaster Planning and Response

Principle	**Ethical Challenges**	**Strategies to Plan for and Respond to these Ethical Challenges**
Non-malfeasance (Do no harm)	Threat of personal safety or inadequate institutional support may challenge a provider's duty to care and the obligation of non-abandonment. (How should I meet my competing obligations to family and to my patients?) Limited resources (time, personnel, and supplies) may mean that patients cannot get the care that they want or need. (Is it justifiable to give patients expired medicines when no others are available? How can we make sure that dying patients receive adequate palliative care?)	<u>Pre-event</u>: • Plan, prepare, and drill realistically. • Initiate educational discussion groups to review hard ethical choices that may arise in various scenarios. • Identify institutional support mechanisms that will enable staff to come to work and educate staff about them. (Encourage or provide preventive health measures, educate re. appropriate personal protective equipment develop supportive communication

Principle	Ethical Challenges	Strategies to Plan for and Respond to these Ethical Challenges
Beneficence (Do good)	Limited resources (time, personnel, supplies) may mean that patients cannot get the care that they want or need. (What do I do if a patient demands access to a ventilator that is not available?)	pathways for information flow during times of restricted movement, encourage/ develop alternative family care facilities (child and elder care), define and develop appropriate indemnification mechanisms.) • Develop alternate supply and staffing plans. • Develop altered standards of care. • Develop liaison and dialogue with facility Ethics Committee. <u>Event</u>: • Activate alternative supply pathways and staffing plans. • Implement altered standards of care. • Activate support mechanisms.
Autonomy (Personal liberty)	Public health and safety issues or national security may require limits on liberty. Privacy may be limited. Options for care may be severely limited. (How can I be sure that quarantine is appropriate? Am I justified in reporting a patient's illness status to Public Health authorities over his objection? Must I obtain informed consent when doing so will limit the care	<u>Pre-event</u>: • Public/patient education to let people know that they may lose some normal medical liberties/privacy as part of the medical response to a disaster. • Training of all providers and other specified personnel on: 1) Definition, assessment, and documentation of decision-making capacity, and 2) Respect for autonomy in normal and

Principle	Ethical Challenges	Strategies to Plan for and Respond to these Ethical Challenges
	I am able to provide to another patient?)	disaster situations, with recognition of limitations in certain situations. Event: • Interact with persons professionally with respect and allow choices to the extent possible, and explain limitations that must be imposed for public safety. • Use least restrictive means to implement public health, safety or national security measures. • Restrictive measures must be based on reasonable scientific evidence of effectiveness.
Justice (As fairness or equity in allocation and participation)	• Limited resources (time, personnel, supplies) may mean that patients cannot get the care that they want or need. • Staff is faced with hard choices about allocation of limited resources. • Resistance and other barriers to community involvement in the development of guidelines and protocols may be encountered. • Inclusion of a sufficiently broad representation of stakeholders to avoid unrecognized bias (personal or institutional) is needed.	Pre-event: • Develop resource allocation protocols based on standards of reasonableness, equity, and transparency. This will allow for consistent, unbiased decision-making. • Involve employees and the community in development or discussion of protocols. • Educate employees and the community on standards used for allocating resources in disasters. • Establish scare resource allocation and triage teams. Event: • Activate scare resource allocation and triage teams.

Principle	Ethical Challenges	Strategies to Plan for and Respond to these Ethical Challenges
		• Apply pre-established and publicized allocation guidelines or protocols to promote uniformity. If this is not possible, disclose the change with a justification and explanation.

The goal of this section is to promote explicit integration of ethical principles into practices related to hospital emergency preparedness programs.

Pandemic influenza planning provides an example of how ethical issues may be incorporated into decision-making. Such an approach may be adapted for discussion of health care ethics in other emergency preparedness scenarios. Select resources on this and related topics include:

a. Joint Centre for Bioethics. Pandemic Influenza Working Group. *Stand on Guard for Thee. Joint Centre for Bioethics*. University of Toronto. 2005. Available at: http://www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf#search="pandemic".

b. National Center for Ethics in Health Care and the Office of Public Health and Environmental Hazards of the Veterans Health Administration. VA Staff Discussion Forums on Ethics Issues in Pandemic Influenza Preparedness. Available at: http://www.ethics.va.gov/ETHICS/activities/pandemic_influenza_preparedness.asp.

c. Verweij, Marcel. Equitable access to therapeutic and prophylactic measures. WHO Working Paper, Working Group One: Project on Addressing Ethical Issues in Pandemic Influenza Planning. October 20, 2006. Available at: http://www.who.int/ethics/influenza_project/en/index.html.

d. Wynia MK. Ethics and public health emergencies: Encouraging responsibility. Am J Bioeth. 2007; 7(4):1-4.

4. *Suggested Scenarios for Consideration and Open Discussion*.

a. Your hospital can safely decontaminate 20 persons, and 100 suddenly arrive severely contaminated with a deadly toxin. Who do you decontaminate first, assuming that many or most of the others will sustain irreversible injury or death?

b. A pandemic influenza outbreak in your community has filled all the community hospital beds with very ill patients, and resulted in infection of 200 of the 600 employees in your Medical Center. Of these infected personnel, 100 have died, a

number of who were your friends. Your children and wife are at home because schools are closed. Additional workers are unavailable in the community, and you are asked to remain on duty to help with hospital operations in this dire situation. Do you remain on duty?

c. A radiological dispersal device ("dirty bomb") has detonated in the community, and 500 victims present to your Emergency Department. How does your Medical Center respond to those who are not Veterans?

d. Your Emergency Department has been notified of a chemical event in the community, and is locked down until the Decontamination Team can set up to receive casualties. Five people suddenly appear banging on the Emergency Department door and screaming in pain. You can see bloody and blistered skin covering their faces. Although the Decontamination Team is on site, they have not yet fully donned their Personal Protective Equipment. Two people in the Emergency Department begin yelling for someone to help the people outside and start toward the door. What do you do?

e. Blizzard conditions and/or local flooding prevent staff from reporting to hospital. Patient care is being threatened by the shortage of staff. Numerous requests have been made to use government four-wheel drive (4x4) utility vehicles to pick up staff from their homes. However, your Chief of Engineering reminds you that the Code of Federal Regulations prohibits the use of government vehicles to transport Federal employees between their home of record and their permanent duty stations. What do you do?

3.5. Related Standards

1. **The Joint Commission.**

EM.01.01.01: The [organization] engages in planning activities prior to developing its written Emergency Operations Plan.

EP 1) The hospital's leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.

EM.03.01.03: The [organization] evaluates the effectiveness of its Emergency Operations Plan.

EP 15) The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, is communicated to the improvement team responsible for monitoring environment of care issues. (See also EC.04.01.05, EP 3.)

2. **Department of Homeland Security, National Incident Management System (NIMS).**

- Adopt NIMS throughout the health care organization including all appropriate departments and business units. There are fourteen health care objectives

intended for all hospitals regardless of size, location, or financial support (Fiscal Year 2008 and 2009 NIMS Implementation Objective for Health Care Organizations compliance due date is August 8, 2009).

- Ensure Federal Preparedness awards support NIMS implementation (in accordance with the eligibility and allowable uses of the awards). (Established 2007, required 2008.)

- Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards. (Established 2007, required 2008).

3. **National Fire Protection Association Standard 1600.**

4.1 Leadership and Commitment.

4.1.1. The entity leadership shall demonstrate commitment to the program to prevent, mitigate the consequences of, prepare for, respond to, maintain continuity during, and recover from incidents.

4.1.2. The leadership commitment shall include the following:

(1) Policies, plans, and procedures to develop, implement, and maintain the program.

(2) Resources to support the program.

(3) Reviews and evaluations to ensure program effectiveness.

(4) Correction of deficiencies.

4.1.3. The entity shall adhere to policies, execute plans, and follow procedures developed to support the program.

***4.2 Program Coordinator*.** The program coordinator shall be appointed by the entity and authorized to develop, implement, administer, evaluate, and maintain the program.

4.3 Program Committee.

4.3.1 A program committee shall be established by the entity in accordance with its policy.

4.3.2 The program committee shall provide input for, and/or assist in, the coordination of the preparation, development, implementation, evaluation, and maintenance of the program.

4.3.3 The program committee shall include the program coordinator and others who have the expertise, the knowledge of the entity, and the capability to identity

resources from all key functional areas within the entity shall solicit applicable external representation.

4.4 Program Administration. The entity shall have a documented program that includes the following:

(1) Executive policy, including vision, mission statement, roles and responsibilities, and enabling authority.

(2) Program scope, goals, objectives, and method of program evaluation.

(3) Program plans and procedures that include following:

(a) Anticipated cost

(b) Priority

(c) Time Schedule

(d) Resources required

(4) Applicable authorities, legislation, regulations, and industry codes of practices as required by Section 4.5.

(5) Program budget and schedule, including milestones.

(6) Records management practices as required by Section 4.8.

4.5 Laws and Authorities.

4.5.1 The program shall comply with the applicable legislation, policies, regulatory requirements, and directives.

4.5.2 The entity shall establish and maintain a procedure(s) to comply with applicable legislation, policies, regulatory requirements, and directives.

4.5.3 The entity shall implement a strategy for addressing the need for revisions to legislation, regulations, directives, policies, and industry codes of practice.

4.6 Performance Objectives.

4.6.1 The entity shall establish performance objectives for program requirements in accordance with Chapter 4 and program elements in accordance with Chapters 4 through 8.

4.6.2 The performance objective shall depend on the results of the hazard identification, risk assessment, and business impact analysis.

4.6.3 Performance objectives shall be developed by the entity to address both short-term and long-term needs.

4.6.4 The entity shall define the terms short term and long term.

4.7 Finance and Administration.

4.7.1 The entity shall develop financial and administrative procedures to support the program before, during, and after an incident.

4.7.2 There shall be a responsive financial management and administrative framework that complies with the entity's program requirements and is uniquely linked to response, continuity, and recovery operations.

4.7.3 There shall be crisis management procedures to provide coordinated situation-specific authorization levels and appropriate control measures.

4.7.4 The framework shall provide for maximum flexibility to expeditiously request, receive, manage, and apply funds in a non-emergency environment and in emergency situations to ensure the timely delivery of assistance.

4.7.5 The administrative process shall be documented through written procedures.

4.7.6 The program shall be capable of capturing financial data for future cost recovery, as well as identifying and accessing alternative funding sources and managing budgeted and specially appropriated funds.

4.7.7 Procedures shall be created and maintained for expediting fiscal decisions in accordance with established authorization levels, accounting principles, and other fiscal policy.

4.7.8 The procedures specified in 4.7.7 shall include the following:

(1) Establishment and definition of responsibilities for the program finance authority, including its reporting relationships to the program coordinator

(2) Program procurement procedures

(3) Payroll

(4) Accounting systems to track and document costs

(5) Management of funding from external sources

5.3 Planning and Design.

5.3.1 The program shall include the requirements specified in Chapters 4 through 8, the scope of which shall be determined through an "all-hazards" approach, and the risk assessment.

5.3.2 The program requirements shall be applicable to prevention, mitigation, preparedness, response, continuity, and recovery.

4. **Department of Homeland Security, Continuity of Operations Planning (COOP)**.

Delegations of Authority: To ensure rapid response to any emergency situation requiring COOP plan implementation, agencies should pre-delegate authorities for making policy determinations and decisions at headquarters, field levels, and other organizational locations, as appropriate. These delegations of authority should:

- Identify the programs and administrative authorities needed for effective operations at all organizational levels having emergency responsibilities.
- Identify the circumstances under which the authorities would be exercised.
- Document the necessary authorities at all points where emergency actions may be required, delineating the limits of authority and accountability.
- State explicitly the authority of designated successors, referred to in paragraph 10d, to exercise agency direction, including any exceptions, and the successor's authority to re-delegate functions and activities as appropriate.
- Indicate the circumstances under which delegated authorities would become effective and when they would terminate. Generally, pre-determined delegations of authority would take effect when normal channels of direction are disrupted and would terminate when these channels have resumed.
- Ensure that officials who may be expected to assume authorities in an emergency are trained to carry out their emergency duties.
- Specify responsibilities and authorities of individual agency representatives designated to participate as members of interagency emergency response teams.

Orders of Succession: Agencies are responsible for establishing, promulgating, and maintaining orders of succession to key positions. Such orders of succession are an essential part of an agency's COOP plan. Orders should be of sufficient depth to ensure the agency's ability to perform essential functions while remaining a viable part of the Federal Government through any emergency. Geographical dispersion is encouraged, consistent with the principle of providing succession to offices in emergencies of all types. Each agency should:

- Establish an order of succession to the position of Agency Head. A designated official serves as acting head of the agency until appointed by the President or relieved. Where a suitable field structure exists, appropriate personnel located outside the Washington, DC, area should be considered in the order of succession.

- Establish orders of succession to other key headquarters leadership positions.
- Establish, for agencies organized according to the standard Federal regional structure, an order of succession to the position of regional director or equivalent.
- Identify any limitation of authority based on delegations of authority to others.
- Describe orders of succession by positions or titles, rather than names of individuals.
- Include the orders of succession in the vital records of the agency.
- Revise orders of succession as necessary, and distribute revised versions promptly as changes occur.
- Establish the rules and procedures designated officials are to follow when facing the issues of succession to office in emergency situations.
- Include in succession procedures the conditions under which succession will take place; method of notification; and any temporal, geographical, or organizational limitations of authorities.
- Assign successors, to the extent possible, among the emergency teams established to perform essential functions, to ensure that each team has an equitable share of duly constituted leadership.
- Conduct orientation programs to prepare successors for their emergency duties.

3.6. Definition

The EMC is a committee established by an organization that has the responsibility for the Emergency Management Program 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.

3.7. Enclosures

4. Key Personnel Resource Matrix (Sample Completed Form).

5. Timeline for Developing and Implementing the Emergency Management Plan (Sample Completed Form).

Emergency Operations Planning

4.1. Overview

This step is focused on the development of "all hazards" planning. The Emergency Operations Plan (EOP) is a term used to refer to documentation that addresses all hazards through the "Basic Plan", "Functional Annexes", and "Incident Annexes."

The Incident Command System (ICS) is integrated throughout the EOP and the Annexes. The Functional Annexes are structured according to ICS functions. The Incident Annexes are "Pre-Plans" (formerly called Standard Operating Procedures or SOPs) for hazards, loss of mission critical systems or operational events. The need for this "incident-specific guidance" is identified through the next step, the Hazards Vulnerability Analysis.

4.2. Important Additional Reading

Please review the content on pages 1-227 through 1-267 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 63.

4.3. The EOP Format

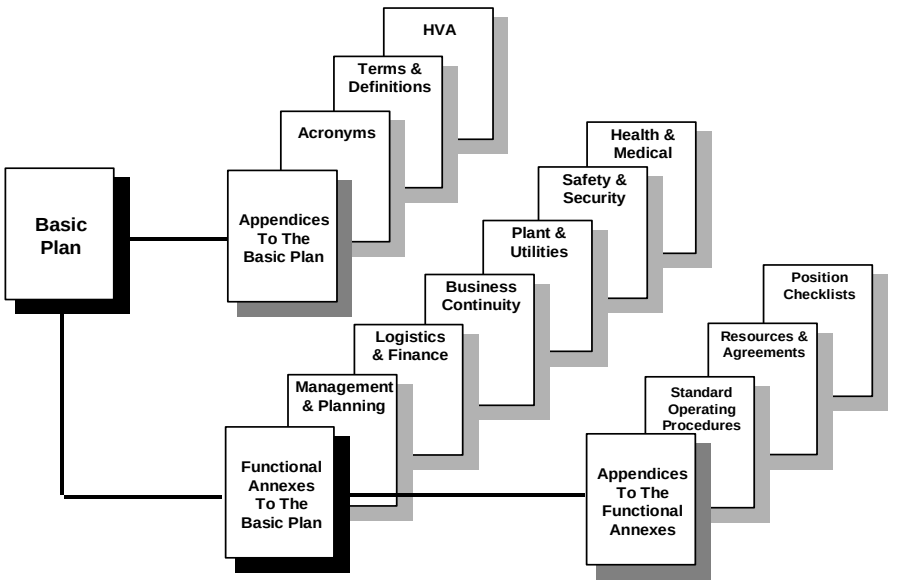
Now required by The Joint Commission for health care organizations, the EOP is a fundamentally different document from what many hospitals have developed in the past. The major difference between many current hospital "disaster plans" and an EOP is that the EOP is modular in design. Facilities and VISN Offices can accomplish this design through use of the Medical Center memorandum format, or develop an EOP using the format included in this section.

The direction of the emergency management discipline over the past 15 years has been towards standardization of EOPs. The Federal Response Plan, published in 1992, set the stage for the design of state and local EOPs. The current "National Response Framework" uses this standardized structure:

- Basic Plan - This part of the document provides the overall management structure and concept of operations for the EOP. This section explains the organization's strategy for managing response and recovery operations.
- Functional Annexes - The functional annexes explain the role, responsibilities and resources of function-specific groups, such as Command, Logistics, Business Continuity or Health and Medical. One, several or all functional annexes can be activated as required by the emergency (this is modularity discussed earlier).

- Incident Annexes - This component of the EOP includes the pre-plans for priority hazards, threats and events identified in the Hazards Vulnerability Analysis. These are organizational-level initial response guidelines.
- Attachments - The attachments include ICS position descriptions, checklists, equipment lists and other job aids. These are unit or individual level initial response guidelines.

Figure 4-1: Structure of an Emergency Operations Plan



Comparison Between the VHA Model EOP Structure and the Hospital Incident Command System (HICS)

Many hospitals, including VA Medical Centers, use the Hospital Incident Command System (HICS). The VHA Emergency Management Program Guidebook was used as a primary reference when the 2006 HICS Guidebook was written. The HICS structure mimics the VHA ICS structure with the exception of identifying “Hazardous Materials” as a separate group under the operations section.

Figure 4-2: Comparison Between VHA EOP/ICS Model and HICS

VHA ICS/EOP Structure	**HICS Structure**
Command	Command
Planning	Planning
Logistics	Logistics
Finance	Finance
Operations:	Operations:
Continuity	Business Continuity Infrastructure
Health Care Services	Medical Care
Protection and Security (Includes Hazmat)	Security Hazardous Materials
Support to External Requirements	n/a

4.4. How is the EOP used during Emergencies?

Preparedness - Pre-event. All parts of the EOP are the written record of the emergency planning process, and serve as the basis for inter-agency coordination, education, training and exercise development.

Initial Response. The Basic Plan and Functional Annexes are not used in the initial response phase. The Incident Annexes (pre-plans) and attachments are used to guide the initial response to an emergency.

Extended Response. The ICS Incident Action Planning process is used to guide extended response and recovery efforts. Incident-focused planning that consists of establishing objectives, priorities, staff assignments and resource requirements for each operational period.

4.5. Related Standards

1. **The Joint Commission.** The 2009 Joint Commission Emergency Management Standards were aligned to the functional areas of the ICS in the following section. These match the format of the Emergency Operations Plan template, also found in this section, which is consistent with the National Incident Management System (NIMS), and can support those facilities using the Hospital Incident Command System (HICS).

Basic Plan Section or Executive Summary

EM.01.01.01: The [organization] engages in planning activities prior to developing its written Emergency Operations Plan.

EP 7) The hospital's incident command structure is integrated into and consistent with its community's command structure.

Note: The incident command structure used by the hospital should provide for a scalable response to different types of emergencies.

Footnote: The National Incident Management System (NIMS) is one of many models for an incident command structure available to health care organizations. NIMS provides guidelines for common functions and terminology to support clear communications and effective collaboration in an emergency situation. NIMS is required of hospitals receiving certain federal funds for emergency preparedness.

EM.02.01.01: The [organization] has an Emergency Operations Plan.

EP 1) The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan.

EM.02.02.07: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage staff during an emergency.

EP 2) The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.

EP 3) The Emergency Operations Plan describes the following: The process for assigning staff to all essential staff functions.

EP 4) The Emergency Operations Plan identifies the individual(s) to whom staff report in the hospital's incident command structure.

EP 5) The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, and incident stress debriefing).

EP 6) The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care, and communication).

EP 9) The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3).

Note: This identification could include identification cards, wrist bands, vests, hats, or badges.

Command Section or Annex

EM.02.01.01: The [organization] has an Emergency Operations Plan.

EP 5) The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of the emergency, including under what circumstances these phases are activated.

Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occur before an emergency and response and recovery occur during and after the emergency.

EP 6) The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.

EM.02.02.01: As part of its Emergency Operations Plan, the [organization] prepares for how it will communicate during emergencies.

EP 1) The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.

EP 2) The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.

EP 3) The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.

EP 4) The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.

EP 5) The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.

EP 6) The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.

EM.02.02.07: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage staff during an emergency.

EP 2) The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.

EP 10) The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.

Planning Section or Annex

EM.02.02.01: As part of its Emergency Operations Plan, the [organization] prepares for how it will communicate during emergencies.

EP 8) The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.

EP 9) The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.

EP 10) The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.

EP 11) The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.

EP 12) The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the FBI).

Logistics Section or Annex

EM.02.02.01: As part of its Emergency Operations Plan, the [organization] prepares for how it will communicate during emergencies.

EP 7) The Emergency Operations Plan describes the following: How the hospital will communicate with purveyors of essential supplies, services, and equipment during an emergency.

EP 13) The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.

EP 14) The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1 -13.

EP 17) The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.

EM.02.02.03: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage resources and assets during emergencies.

EP 1) The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.

EP 2) The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.

EP 3) The Emergency Operations Plan describes the following: How the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.

EP 4) The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations within the community, if necessary.

Note: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies.

EP 5) The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations outside of the community, if necessary, in the event of a regional or prolonged disaster.

Note: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies.

EP 6) The Emergency Operations Plan describes the following: How the hospital will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8.)

EP 9) The Emergency Operations Plan describes the following: The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. (See also EM.02.02.11, EP 3.)

EP 12) The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.

Finance/Administration Section or Annex

EM.02.02.07: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage staff during an emergency.

EP 2) The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.

EP 8) The hospital communicates in writing with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.

EM.02.02.13: During disasters, the [organization] may grant disaster privileges to volunteer licensed independent practitioners.

EP 8) Primary source verification of licensure occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him-or herself to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following:

- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival.
- Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services.
- Evidence of the hospital's attempt to perform primary source verification as soon as possible.

EP 9) If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment, or services under the disaster privileges.

EM.02.02.15: During disasters, the [organization] may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.

EP 1) The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

EP 2) The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.

EP 3) The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9.)

EP 4) The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who are assigned disaster responsibilities (for example, by direct observation, mentoring, or medical record review).

EP 5) Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following:

- A current picture identification card from a hospital that clearly identifies professional designation.
- A current license, certification, or registration.
- Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice).
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response hospital or group.
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances.
- Confirmation by hospital staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster.

EP 8) Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer practitioner presents him-or herself to the hospital, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the hospital documents all of the following:

- Reason(s) why it could not be performed within 72 hours of the practitioner's arrival.
- Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services.

- Evidence of the hospital's attempt to perform primary source verification as soon as possible.

EP 9) If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.

Operations Section or Annex, Business Continuity Group

EM.02.01.01: The [organization] has an Emergency Operations Plan.

EP 3) The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.

Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation.

EP 4) The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.

Operations Section or Annex, Equipment, Plant and Utilities (Infrastructure) Group

EM.02.02.09: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage utilities during an emergency.

EP 8) The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

Operations Section or Annex, Safety and Security Group(s)

EM.02.02.05: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage security and safety during an emergency.

EP 1) The Emergency Operations Plan describes the following: The hospital's arrangements for internal security and safety.

EP 4) The Emergency Operations Plan describes the following: How the hospital will manage hazardous materials and waste.

EP 5) The Emergency Operations Plan describes the following: How the hospital will provide for radioactive, biological, and chemical isolation and decontamination.

EP 7) The Emergency Operations Plan describes the following: How the hospital will control entrance into and out of the health care facility during an emergency.

EP 8) The Emergency Operations Plan describes the following: How the hospital will control the movement of individuals within the health care facility during an emergency.

EP 9) The Emergency Operations Plan describes the following: The hospital's arrangements for controlling vehicles that access the health care facility during an emergency.

EP 10) The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

EM.02.02.11: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage [patient]s during emergencies.

EP 11) The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10.)

Operations Section or Annex, Medical and Health Group

EM.02.01.01: The [organization] has an Emergency Operations Plan.

EP 7) The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of its patients during emergencies.

EP 8) If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for its patients.

EM.02.02.03: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage resources and assets during emergencies.

EP 10) The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites. (See also EM.02.02.11, EP 3.)

EM.02.02.11: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage [patient]s during emergencies.

EP 2) The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.

EP 4) The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

EP 5) The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.

EP 6) The Emergency Operations Plan describes the following: How the hospital will manage the mental health service needs of its patients that occur during the emergency.

EP 7) The Emergency Operations Plan describes the following: How the hospital will manage mortuary services.

EP 8) The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.

EP 11) The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.

EM.02.02.13: During disasters, the [organization] may grant disaster privileges to volunteer licensed independent practitioners.

EP 6) During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.

EP 7) Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

EM.02.02.15: During disasters, the [organization] may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.

EP 6) During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.

EP 7) Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

2. **Department of Homeland Security, National Incident Management System (NIMS).**

Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

3. **National Fire Protection Association, Standard 1600.**

6.5 Emergency Response

6.5.1 Emergency operations/response plan shall assign responsibilities for carrying out specific actions in an emergency.

6.7 Business Continuity and Recovery

6.7.1 The continuity plan shall identify stakeholders that need to be notified, the critical and time-sensitive applications, alternative work sites, vital records, contact lists, processes, and functions that shall be maintained, as well as the personnel, procedures, and resources that are needed while the entity is recovering.

4. **Department of Homeland Security, Continuity of Operations Planning (COOP).**

Plans and Procedures. A COOP plan shall be developed and documented that, when implemented, will provide for continued performance of essential federal functions under all circumstances. At a minimum, the plan should:

- Delineate essential functions and activities;
- Outline a decision process for determining appropriate actions in implementing COOP plans and procedures;
- Establish a roster of fully equipped and trained emergency personnel with the authority to perform essential functions and activities;
- Include procedures for employee advisories, alerts, and COOP plan activation, with instructions for relocation to pre-designated facilities, with and without warning, during duty and non-duty hours;
- Provide for personnel accountability throughout the duration of the emergency;
- Provide for attaining operational capability within 12 hours; and,
- Establish reliable processes and procedures to acquire resources necessary to continue essential functions and sustain operations for up to 30 days.

4.6. Definitions

The Emergency Operations Plan (EOP) is defined as:

1. The “response” plan that an entity (organization, jurisdiction, state, etc.) maintains for responding to any hazard or event. It provides action guidance for management and emergency response personnel during the response phase of Comprehensive Emergency Management *(VHA Emergency Management Academy).*

2. An all-hazards document that specifies actions to be taken in the event of an emergency or disaster event; identifies authorities, relationships, and the actions to be taken by whom, what, when, and where, based on predetermined assumptions, objectives, and existing capabilities *(FEMA Higher Education Project*).

3. The “steady-state” plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards *(NIMS*).

4.7. Enclosures

6. Sample Emergency Operations Plan Template.

Attachment **6a** - Functional Annex-Command/Incident Management.

Attachment **6b** - Incident Annexes.

7. VHA Incident Management System General Operational Checklist.

8. VHA Incident Management System Leadership and Direction.

9. Incident Management System Position Descriptions.

10. Sample Issue Brief Format.

11. Operating Status and Capability Assessment Report (OSCAR).

12. Sample Form - Incident Action Plan (IAP) Summary.

13. Incident Management Team (IMT) Organizational Chart.

14. After Action Report (AAR).

15. VHA Memorandum, NIMS Compliance.

Attachment **15a** - Crosswalk of NIMS Compliance.

Attachment **15b** - Recommended Staff Designations for Incident Command System (ICS) Positions.

16. Essential Functions and Interdependency Matrix Tool.

17. Disaster Sustainability Tool.

18. Patient Reception Operations Pre-Plan.

Hazard Vulnerability Analysis

5.1. Overview

This step is the needs assessment for the further development of the Emergency Management Program (EMP). The Hazard Vulnerability Analysis (HVA) involves hazard identification, risk assessment, and vulnerability/consequence analysis. Through conducting and/or reviewing the HVA on annual basis, the organization identifies priority hazards, loss of mission critical systems, and operational events that may impact safety of patients, visitors and staff and/or continuity of health care service delivery. This process requires community and regional area involvement and an in-depth risk assessment and vulnerability analysis of all potential hazards.

Hazard identification involves identifying the types of hazards, their likelihood of occurrence (history and probability), impact, and strength. Risk assessment is the measure of the probability that damage to life, property, economy, and environment may occur if a hazard manifests itself. Vulnerability describes someone's or something's exposure to a threat (not only on the health care organization, but also suppliers, patients and staff living in the community).

5.2. Important Additional Reading

Please review the content on pages 1-149 through 1-198 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 63.

5.3. What Needs To Be Done

The goal of this step is to identify the hazards in the environment that can impact safety and health of people and the continuity of services both in the community that VA serves, and that VA depends upon. The Emergency Management Committee (EMC) oversees the HVA process to ensure that all major threats to the VA Medical Center (VAMC) or VISN Office are accounted for and assessed. Using the input submitted by Operating Unit Managers, the EMC should create a prioritized list of hazards, threats and events that require incident-specific guidance.

The HVA contains hazards that are not present in all locations and therefore need not be part of a local assessment and annotated with the probability of “0”, which will place the risk at “0”. Examples are volcanoes, avalanches, and tsunamis, which are limited to specific geographical locations. On the other hand, a location may have a unique hazard that is not assessed and require inclusion in the development of the hazard assessment.

5.4. Hazard Vulnerability Analysis (HVA) Format

1. **Hazard Vulnerability Analysis (HVA).** Some threats to individual Operating Units are so severe that they may interrupt the continuity of critical operations in the VAMC. The list of hazards includes possible events or threats that may occur within the community or on VA property. Many times, events that impact the community are brought into the facility. It is intended that an HVA be seen as an evolving document, and be reviewed at least annually within The Joint Commission Environment of Care Emergency Management Annual Report.

2. **Doing the Analysis.** There are five (5) categories that are used to help place each hazard into perspective. These categories are Probability, History, Human Impact, Property Impact, and Operational Impact on the facility. Each of these categories is based on a point system, ranging from 0 to 10. For each hazard, a point estimate of 0 (N/A) to 10 (high) is given for each of the five categories.

- Probability that any event may occur in the future. VAMC staff can gain insight on this by setting up a meeting with the local emergency management agency.
- History relates to the number of damaging events
- Human Impact estimates the severity of impact on patients, visitors, and staff during an adverse event. For example, total electrical failure may result in a total evacuation of the VAMC. Potential injuries or death of patients, staff and visitors is estimated here. All events, whether internal or external to our VAMCs, will most likely impact patients in some manner, whether it be an inconvenience or result in injury or worse.
- Property Impact estimates the potential physical damage and losses to the infrastructure of the VAMC. Such damages and losses can result in costly repairs and delay in services, thereby impacting patient care and operations. Mitigation activities that target utilities, communications, and other building service systems will lessen the impact of emergency events.
- Operational Impact estimates the impact of services that are required and expected by our patients, employees, and visitors. Understanding how services inter-relate before an emergency event occurs is needed to conduct a meaningful analysis. Examples of services include: inpatient care, availability of medicines, treatment schedules, fiscal accounting, etc. Operational activities can be preserved by well-planned mitigation strategies.

Enclosure 19 to this chapter depicts samples of HVA analyses for Natural, Technological, Human Caused Events, and a sample HVA Summary chart.

3. **Event Scoring Guidelines.** The level of acceptable risk is highly subjective and incumbent upon the Emergency Management professional and Senior Management to determine the level of acceptable risk for the various hazards. Thresholds for determining the need for pre-plans, mitigation projects, and

preparedness activities are best left to Senior Management, the EMC, and subject matter experts for the facility, with the relative risk rating providing a prioritized score that will allow Senior Management to make informed decisions regarding funding and mitigation measures. Enclosure 20 offers a sample Hazards Vulnerability Ranking Tool for infrastructure and utility systems.

4. **Hazard Vulnerability Analysis (HVA) Tool Instructions.**

- Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

  - There are five (5) categories that are used to help place each hazard into perspective. These categories are Probability, History, Human Impact, Property Impact, and Operational (Business) Impact on the facility. Each of these categories is based on a point system, ranging from 0 (N/A) to 10 (high) for each of the five categories:

    - *Probability* that any event may occur in the future. VAMC staff can gain insight on this by setting up a meeting with the local emergency management agency.

    - *History* relates to the number of damaging events over a specific period of time.

    - *Human Impact* estimates the severity of impact on patients, visitors, and staff during an adverse event. For example, total electrical failure may result in a total evacuation of the VAMC. Potential injuries or death of patients, staff and visitors is estimated here. All events, whether internal or external to our VAMCs, will most likely impact patients in some manner, whether it be an inconvenience or result in injury or worse.

    - *Property Impact* estimates the potential physical damage and losses to the infrastructure of the VAMC. Such damages and losses can result in costly repairs and delay in services, thereby impacting patient care and operations. Mitigation activities that target utilities, communications, and other building service systems will lessen the impact of emergency events.

    - *Operational Impact* estimates the impact of services that are required and expected by our patients, employees, and visitors. Understanding how services inter-relate before an emergency event occurs is needed to conduct a meaningful analysis. Examples of services include: inpatient care, availability of medicines, treatment schedules, fiscal accounting, etc. Operational activities can be preserved by well-planned mitigation strategies.

- When making your assessment and applying scoring, ensure you include current planning, training, exercises, and other resources mitigating the disaster/hazardous event.
- Local vulnerability assessment information from community emergency planners, law enforcement, OI&T and other professionals should be considered when completing this HVA.
- Historical information is obtainable from a number of governmental and professional organizations, see accompanying documents for assistance.

Figure 5-1: HVA Category Point System Scale for Perspectives

Issues to consider for Probability include, but are not limited to:	
Points	***Probability***
0	**Extremely unlikely**
1-3	**Low = 0-10% event will occur within the next 12 months**
4-7	**Moderate = 11-49% event will occur within the next 12 months**
8-10	**High = >50% event will occur within the next 12 months**
Issues to consider for History include, but are not limited to:	
Points	***Probability***
0	**No History**
1-3	**Low = 0-1 times in the previous 100 years**
4-7	**Moderate = 2-3 times in the previous 100 years**
8-10	**High = 4 or more times in the previous 100 years**
Issues to consider for Human Impact include, but are not limited to:	
Points	***Probability***
0	**Extremely unlikely**
1-3	**Low = <1% of population/community faces possibility of death or injury**
4-7	**Moderate = 1-10% of population/community faces possibility of death or injury**
8-10	**High = >10% of population/community faces possibility of death or injury**
Issues to consider for Property Impact include, but are not limited to:	
Points	***Probability***
0	**Extremely unlikely**
1-3	**Low = 1-5% physical loss/damage structures, building systems, and/or grounds**
4-7	**Moderate = 6-25% physical loss/damage structures, building systems, and/or grounds**
8-10	**High = >26% physical loss/damage structures, building systems, and/or grounds**
Issues to consider for Operations/Business Impact include, but are not limited to:	
Points	***Probability***
0	**Extremely unlikely and short duration**
1-3	**Low = Business interruption, financial impact, short duration**
4-7	**Moderate = Business interruption, financial impact, critical supply, moderate duration**
8-10	**High = Business interruption, financial impact, critical supply shortage, staffing shortage**

5.5. Related Standards

1. **The Joint Commission**

EM.01.01.01: The [organization] engages in planning activities prior to developing its written Emergency Operations Plan.

EP 2) The hospital conducts a hazard vulnerability analysis ( ) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1.)

Note: Hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.

Footnote: If the hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" chapter. (See also IC.01.06.01, EP 4)

EP 3) The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis and documents these priorities.

Note: The hospital determines which community partners are critical to helping define priorities in its hazard vulnerability analysis. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities, and other government agencies.

2. **National Fire Protection Association, Standard 1600, 2010.** The entity shall identify hazards, and monitor those hazards and the likelihood of their occurrence. The vulnerability of people, property, the environment, and the entity shall be identified, evaluated, and monitored.

5.4 Risk Assessment.

5.4.1 The entity shall conduct a risk assessment in accordance with Section 5.4 to identify strategies for prevention and mitigation and to gather information to develop plans for response, continuity, and recovery.

5.4.2 The entity shall identify hazards and monitor those hazards and the likelihood of their occurrence.

5.4.2.1 Hazards to be evaluated shall include the following:

(1) Natural hazards (geological, meteorological, and biological)

(2) Human-caused events (accidental and intentional)

(3) Technologically caused events (accidental and intentional)

5.4.2.2 The vulnerability of people, property, the environment, and the entity shall be identified, evaluated, and monitored.

5.4.3 The entity shall conduct an analysis of the impact of the hazards identified in 5.4.2 on the following:

(1) Health and safety of persons in the affected area at the time of the incident (injury and death)

(2) Health and safety of personnel responding to the incident

(3)Continuity of operations

(4)Property, facilities, assets, and critical infrastructure

(5) Delivery of the entity's services

(6) Supply chain

(7) Environment

(8)Economic and financial condition

(9) Regulatory and contractual obligations

(10) Reputation of or confidence in the entity

5.4.4 The analysis shall evaluate the potential effects of regional, national, or international incidents that could have cascading impacts.

5.5 Business Impact Analysis.

5.5.1 The entity shall conduct a business impact analysis (BIA).

5.5.2 The BIA shall evaluate the potential impacts resulting from interruption or disruption of individual functions, processes, and applications.

5.5.3 The BIA shall identify those functions, processes, and applications that are critical to the entity and the point in time when the impact(s) of the interruption or disruption becomes unacceptable to the entity.

5.5.4 The BIA shall evaluate the potential loss of information and the point in time that defines the potential gap between the last backup of information and the time of the interruption or disruption.

5.5.5 The BIA developed in Section 5.5 shall be used in the development of plans to support the program.

5.5.6 The impact analysis required by 5.4.3 and the BIA required by Section 5.5 shall be permitted to be conducted in conjunction with each other or separately.

3. **Federal Continuity Directive 1, Federal Executive Branch National Continuity Program, February 2008.** Risk management is a process to identify, control, and minimize the impact of uncertain events. This process supports the overarching Continuity Program Management Cycle by identifying (1) the critical risks to organizational readiness and (2) the strategies that best mitigate the risks.

5.6. Definition

A Hazard Vulnerability Analysis (HVA) is 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.

5.7. Enclosures

19. Sample Hazard Vulnerability Analysis Tool.

20. Sample Hazard Vulnerability Analysis Infrastructure and Utilities Ranking Tool.

EOSH

Incident-Specific Plans

6.1. Overview

In this step, the results of the Hazards Vulnerability Analysis are turned into a planning process aimed at developing short, concise “pre-plans” for the priority hazards, threats and events (loss of mission critical systems and/or operational events such as a mass casualty incident). The term “pre-plans” is a new change away from the term “standard operating procedure or SOP” because of legal concerns (the term “pre-plan” gives the end user greater flexibility than the term SOP).

The pre-plans are the “Incident Annexes” of the Emergency Operations Plan (EOP), and are what the facility or VISN Office uses to guide the initial response to an emergency. It contains certain action steps that include implementing the Incident Command System.

There are 64 template pre-plans in this chapter. The purpose of these templates is to provide the end user with the basic format and content they need to adapt the guidance to the local facility or VISN Office. The templates include a “Key Activity Management Tool” and sample Incident Command System (ICS) implementation structure. Once adapted to the local facility or VISN Office, the pre-plans become valuable tools for education, training and exercises, and are revised based on After-Action Report (AAR) findings.

6.2. Important Additional Reading

Please review the content on pages 1-267 through 1-284, and 2-5 through 2-70 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosures 63 and 64.

6.3. Incident-specific Planning

Step 4, “Incident-specific Planning” is closely tied to Step 5 “On-going Mitigation and Preparedness.” What is intended in this step is to develop locally-adapted pre-plans for all priority hazards, threats and events that were identified through the HVA process. These are primarily tools for guiding initial response and recovery, but also contain suggested strategies for mitigation and preparedness. On-going mitigation and preparedness activities are further elaborated on in the next step through the readiness planning templates. The readiness planning guidance in Chapter 7 includes: Health Care First Receiver Decontamination; Biological, Radiological and Chemical Event and Terrorism; Trauma Readiness for All-Hazards Disaster Response; Continuity of Operations (COOP); Critical Infrastructure and Key Resources; and Crisis Communications.

Note: Some of these cross over as hazards/threats/events and, as such, contain the same two worksheets (e.g., communications disruption, VISTA/computer

system disruption, fire suppression system failure and all of the activities found under the Equipment, Plant and Utilities Group).

Working with the Template Pre-Plans: The sample documents are not intended to be comprehensive or cover all of the elements required for each particular VAMC or VISN Office. They should be used as a starting point and to document due diligence. Some samples may address hazards found only in certain geographical areas, while others may apply to facilities across the country. These samples should be customized by Operating Unit Managers to address conditions at a particular VAMC or Clinic. Development of VAMC-specific pre-plans will foster emergency management awareness and help VAMC staff recognize the importance of their participation in emergency management planning. Pre-plans should be "living" documents, revised as often as necessary to include current information on the conditions addressed.

Using the Key Activity Management Structure: To select and fill in a key activity:

- Make sure the drawing toolbar is viewable.
    1) Click on **View** on the menu bar.
    2) Highlight Toolbars.
    3) Click on Drawing.
- Place the cursor on one of the circles to be selected. The cursor will change to cross arrows when over the object.
- Click once to select the object.
- On the drawing toolbar, press the selection arrow to the right on the "fill color" tool.
- Select the color to fill the object.
- Repeat above steps for each selection.

6.4. Related Standards

1. **The Joint Commission:**

EM.02.01.01: The [organization] has an Emergency Operations Plan.

EP 2) The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5.)

Note: The response procedures address the prioritized emergencies, but can also be adapted to other emergencies that the hospital may experience. Response procedures could include the following:

- Maintaining or expanding services.
- Conserving resources.
- Curtailing services.
- Supplementing resources from outside the local community.
- Closing the hospital to new patients.
- Staged evacuation.
- Total evacuation.

2. **Department of Homeland Security, National Incident Management System (NIMS).**

Review and revise standard operating procedures (SOPs) and standard operating guidelines (SOGs) as appropriate, to incorporate NIMS components, principles, and policies. (Established 2007, required 2007.)

3. **National Fire Protection Association, Standard 1600.**

6.4 Operations Procedures.

6.4.1 The entity shall develop, coordinate, and implement operational procedures to support the program and execute its plans.

6.4.2 Procedures shall be established and implemented for response to and recovery from the impact of hazards identified in 5.4.2.

6.4.3 Procedures shall provide for life safety, property conservation, incident stabilization, continuity, and protection of the environment under the jurisdiction of the entity.

6.4.4 Procedures shall include the following:

(1) Control of access to the area affected by the incident

(2) Identification of personnel engaged in activities at the incident

(3) Accounting for personnel engaged in incident activities

(4) Mobilization and demobilization of resources

6.4.5 Procedures shall include a situation analysis that incorporates a damage assessment and a needs assessment to identify resources to support activities.

6.4.6 On activation of a local emergency operations center (EOC), communications and coordination shall be established between the IMS and the EOC.

6.4.7 Procedures shall allow for concurrent activities of response, continuity, recovery, and mitigation.

6.5. Cross-Referencing the 2010 Joint Commission Standards with the Sample Pre-Plans

The VHA cannot predict the nature of a future emergency, nor can it predict the date of its arrival. However, all medical centers can plan for managing the six critical areas of emergency response in order to assess their needs and prepare staff to respond to events most likely to occur regardless of the cause(s) of an emergency situation. The six critical areas of emergency management are:

1. Communications.

2. Resources and Assets.

3. Safety and Security.

4. Staff Responsibilities.

5. Utilities Management.

6. Patient Clinical and Support Activities.

Following is a commentary on how the Guidebook currently addresses each of these topics and guidance on how the topics might be addressed in the future.

1. **Communication** (EM.02.02.01).

a. Introduction. The medical center maintains reliable surveillance and communications capability to detect emergencies and communicate response efforts to the medical center's response personnel, patients and their families, and external agencies. The medical center should plan for backup communication processes and various other technologies, should the primary communications systems fail. It is important that responders and incident managers use common terminology; there simply is little or no room for misunderstanding in an emergency situation.

b. Relevant Pre-Plans:

- Cyber Attack.
- Communications.

c. Operations During Extended Emergencies. Because hospitals are considered to be leaders in health care in any community, the public expects them to be informed of the risks and to be aware if and when an emergency occurs. Hospitals conduct ongoing active surveillance within the organization. When an emergency is detected, the hospital should exercise its plans, particularly through its public affairs staff, for communicating with patients, families and staff, as well as with outside facilities, other health care organizations, and other audiences including the public at large and the media. In an emergency that extends into a mass casualty incident (MCI), it is particularly essential that hospitals work with

the public health officials, other government officials, neighboring health care facilities, the lay public, and the press to ensure that rapid and ongoing communications (information-sharing) occurs.

The organization plans for communicating with key audiences when an emergency occurs and response measures are initiated:

- Assign responsibility for staff notification when emergency occurs and response measures are initiated.
- Use reliable communications systems, with good maintenance and repair and with back-ups.
- Establish redundant systems for any means of communication.
- Consider Mass Notification System (system that sends an alert email, cell phone and landline notification at one time).
- Evaluate the use of Clinical Warnings, Alerts and Directives (CWAD) system for staff notification.
- Identify points of contact among local media (e.g., newspaper, radio, television) representatives to report alert information and actions needed for hospital staff to take.

External communication:

- Assign responsibility for external communication; identify persons responsible for updating public health reporting (e.g., infection control), a clinical spokesperson (e.g., Medical Director or Nurse Executive), and a media liaison (e.g., Public Information Officer).
- With guidance from VHA, VISN, state or local health departments, determine the methods, frequency and scope of external communications.
- Identify points of contact among local media (e.g., newspaper, radio, television) representatives, public officials and community leaders.
- Develop and test a ring-down system between facilities in the community.
- Develop and test operating unit templates for communication systems failure.
- Develop a plan for monitoring and reporting of outages, consequences and interim communication methods.
- Consider use of cell phones, e-mail, couriers, satellite phones, blackberries, email and radios.

Things to consider:

- *Within VA.* If the VHA facility is made aware of a threat/event, whom within VA should be notified? If a threat/event occurs, who within VA should be notified?

- *Other Federal Agencies.* Depending on the threat/event, certain federal agencies [Federal Emergency Management Agency (FEMA), Department of Health and Human Services (HHS), Occupational Safety & Health Administration (OSHA), Centers for Disease Control (CDC), Environmental Protection Agency (EPA)] may need to be notified. For example, OSHA must be notified within eight (8) hours of one (1) employee fatality or if three (3) employee hospitalizations result from a single incident.

- *Community Entities.* Because of the VA Medical Center's relationship to the community, it is likely that there are specific entities within the community that should be notified that a threat/event has occurred. In many cases, this notification will trigger a community response to the threat/event. Community entities may need to be notified, depending upon the VA Medical Center's role in the community.

2. **Resources and Assets** (EM.02.02.03)**.**

a. Introduction. During emergencies, health care organizations that continue to provide care, treatment and services to their patients must sustain essential resources, materials and facilities. The Emergency Operations Plan should identify how resources and assets will be solicited and acquired from a range of possible sources, such as vendors, neighboring health care groups, etc.

VA treatment facilities will make preparations and develop plans/procedures to ensure that resources and assets critical to an effective emergency response will be available for maintaining ongoing operations following an emergency situation. Resources and assets may be pre-staged locally, or may be available expeditiously through contingency contracts with vendors. Other means of ensuring resource/asset availability include intra-VA sources and local and state emergency management agencies.

b. Relevant Pre-Plans:

- Business Relocation.

- Critical Supplies Shortage.

- Records Preservation.

- Staffing Shortages.

- Alternate Care Sites.

- VHA All-Hazards Emergency Cache.

- Evacuation (Total).

c. Operations During Extended Emergencies. Medical, pharmaceutical and non-medical supplies that will be required at the onset of an emergency response should be available to support operations for up to 96 hours without replenishment from outside sources.

- Plans should be developed for replenishing medical and non-medical supplies and equipment, including personal protective equipment (PPE), for the duration of the response and recovery period. Plans should take into account that the circumstances of the emergency situation may be such that local replenishment options might not be available for an extended period of time.

- Plans should be developed for replenishing pharmaceutical supplies needed for the response and recovery period. Sources may include cache stockpiles, either VA-owned or available through local, state or other federal sources.

- Plans should be developed for supporting direct staff needs, such as housing, transportation and incident stress debriefings. Indirect staff support needs, such as child/elder care, should also be addressed.

- Other potential sources of resources and assets, such as local and regional health care organizations, should be explored and included in plans as appropriate.

- Plans should be developed for facility evacuation. These plans should address transportation of patients, patient information, staff and equipment to an alternative care site in the event that a total evacuation is required.

Additional information on potential sources for resources and assets during an emergency situation may be found in Chapter 8, *Step 6: External Coordination and Mutual Support*, of this Guidebook.

3. **Safety and Security** (EM.02.02.05)**.**

a. Introduction. Controlling the movement of individuals into, throughout and out of the organization during an emergency is essential to the safety of patients and staff, and to the security of critical supplies, equipment and utilities. The Medical Center must determine the type of access and movement to be allowed by staff, patients, visitors, emergency volunteers, vendor's maintenance and repair workers, utility suppliers, and other individuals when emergency measures are initiated. Factors influencing access and movement vary depending upon the type of emergency and local conditions. During an emergency, the campus or immediate environment around the Medical Center may be under the authority of the local police or sheriff serving the larger community. Access to and from the organization on local roads and interstates could be subject to local, state or even federal control. As an incident evolves, this responsibility and authority may shift from one agency to another. For this reason, it is important that the EOP include

reference to any existing community command structure to provide for an ongoing communication and coordination with this structure. In the absence of such a command structure, the Medical Center maintains direct contact with the agencies charged with community security.

b. Relevant Pre-Plans:

- Bomb Threat.
- Civil Disturbance.
- Hostage/Barricade Situations.
- Terrorist Threats.
- Violence in the Workplace.
- External Chemical Event.
- Internal Chemical Event.
- Health Care First Receiver Decontamination.
- Alerting and Warning System.
- Facility Access Control.
- Lockdown-Heightened Security Procedures.
- Fire Suppression System Failure.
- Clinical Laboratory Biosafety and Biosecurity.

c. Operations During Extended Emergencies:

- The first source of additional security personnel would be other VAMCs in the VISN due to familiarity with VA police procedures. The same principle applies to Occupational Safety and Health professionals. If travel difficulties prevent the use of outside VA employees, extended hours for local VA employees is a viable alternative.
- Extended emergencies could require community support from local law enforcement, contact security agencies or the National Guard.
- There is a need for heightened awareness concerning Facility Access Control, as the circumstances that cause extended emergencies present opportunities for malefactors to take advantage of the disturbances in normal operations.
- At the beginning of each workday during an extended emergency, as well as other regular and frequent intervals, inspect the interior and exterior of

buildings for suspicious packages. Use staff to check their own work areas, as they will be most familiar with something that is out-of-place or suspicious in nature. VA Police, Environmental Management Service (EMS) and Facilities Engineering should concentrate on public/common areas.

- Review Security Alert Levels and Taskings with the Police forces responsible for security at the local facility.
- Ensure operational testing of building security plans and alarms, particularly the lockdown procedure. The heightened perils of extended emergencies call for assurances that alarms, such as panic alarms, fire alarms, and doors that automatically lock, are acting as they should. These activities should be carried on during each shift of the extended emergency. If deficiencies are encountered, repairs should be made. If repairs cannot be made immediately, increased patrols or permanently placing a person in the area of the malfunctioning piece of equipment should be considered. Such a person must be capable of monitoring the piece of equipment, and summoning aid as required. There is no need to place a uniformed officer in the role of a watchman.
- The Chief of Policy and Security must be familiar with law enforcement officials in the community at every level of government, in case there is a need for outside assistance during an extended emergency.
- The Chief of Occupational Health and Safety must also be involved in the community, in case the skill set of a safety professional is needed during an extended emergency to keep the medical center open and functioning in a satisfactory manner.
- One of the annexes to the Emergency Operations Plan should contain the contact information to local law enforcement and the local hospital association.
- The Hazardous Materials Management Plan should be reviewed to establish the manpower requirements to keep the collection process for hazardous waste on schedule, and not allow for a collection of waste to accumulate.
- The Medical Center's policy on wandering patients should be reviewed to assure alarms and door looks are operating properly in areas where at-risk patients are concentrated.
- Vehicular traffic into the medical center should be controlled on a vehicle-by-vehicle basis for the duration of the extended emergency. Vehicles not readily identifiable as one operated by a VA employee should be stopped and questioned.

4. **Managing Staff Roles and Responsibilities** (EM.02.02.07)**.**

a. Introduction. The ability to deliver quality health care is dependent upon adequate staffing and optimum health and welfare of staff. During a disaster situation or a mass casualty incident (MCI), the health care workforce will be stressed physically and psychologically. An acute staffing shortage may arise from an MCI event; such as an epidemic, an industrial accident, terrorist event or a natural disaster (e.g. blizzard) that could cause difficulty in transportation due to safety concerns. Health care facilities must be prepared to: 1) provide quality care to the patients regardless of the situation; 2) protect healthy workers from exposure in the health care setting, through the use of appropriate Personal Protective Equipment (PPE); 3) evaluate and manage symptomatic and/or ill personnel; 4) evaluate/support transportation needs of staff; and, 5) provide psychosocial support to workers and their families to assist in sustaining the workforce, to ensure appropriate numbers and levels of staff available to provide quality care.

b. Relevant Pre-Plans:

- Staffing Shortages.

c. Operations During Extended Emergencies

1) Surge capacity. Health care facilities should plan ahead to address emergency staffing needs and possible increase demands for isolation wards, Intensive Care Units (ICUs), assisted ventilation services, and consumable and durable medical equipment/supply needs.

2) Staff planning for extended MCI (96 hours).

- Assign responsibility for the assessment and coordination of staffing during an emergency.
- Estimate the number and categories of personnel needed to care for a patient or group of patients with injuries or illness (depending on the type of MCI and care needed) for a given day.
- Develop plans for 96-hours of continued operation following an emergency, disaster or other contingency consistent with TJC EM.02.02.01 EP3. Note that this does not require the stockpiling of supplies for 96-hours, but rather the development of a concept of operation for this period.
- Determine how the facility will meet staffing needs as the number of patients increase and/or as health care workers become ill or stay home with ill family members. Consider the following:
    - Assigning patient care responsibilities to clinical administrators.
    - Recruiting retired health care personnel.
    - Using in-training staff (e.g., medical and nursing students).

- Using patients' families or other volunteers in an ancillary health care capacity (e.g., pass water, changes linens, visit with patients).

- Collaborate with local and regional health care planning groups in an attempt to achieve adequate staffing of the hospital during a MCI (e.g., decide if and how staff-sharing will occur between health care facilities, determine how salary issues will be addressed for shared employees, consider ways to increase the number of home health care staff to reduce the number of admissions during the emergency).

- State and local health departments can help assess the feasibility of recruiting staff from different hospitals and/or regions, working in coordination with federal facilities, including the Veterans Administration and Department of Defense hospitals. Health care facilities may implement these arrangements through Mutual Aid Agreements (MAA) or Memoranda of Understanding/Agreements (MOU/A).

- Increase cross training of personnel to provide support for essential patient care areas at times of severe staffing shortages (e.g., Emergency Departments, ICUs or medical units).

- Identify essential, support personnel critical in a MCI.

3) Staff is trained for their assigned roles and responsibilities in a MCI.

- Identify roles and responsibilities of staff positions that are identified as critical in a MCI.

- Provide ongoing education and training for specific job requirements.

- Consider all facility health care personnel for awareness-level training, and operations-level training for personnel whose role would include donning PPE above level D rating.

- Identify specific job action sheets, checklists or flow charts for specific roles to be used at the time of a MCI.

- Provide just-in-time training for specific roles when a MCI occurs, and as additional staff fill roles during the MCI event.

- Specific job descriptions, based on ICS position descriptions, provide general information that pertains to Incident Management Team positions (see Chapter 4).

4) The organization communicates to the Licensed Independent Practitioners (LIP) their roles in emergency response, and to whom they report during an emergent situation.

- Develop a plan for communication with LIPs regarding their role in the facility and/or community, and who they report to during a MCI.

- Consider all health care personnel for awareness-level training, and operations-level training for personnel whose role would include donning PPE above level D rating.

- Identify job action sheets, checklists and/or flow charts for LIP specific roles to be used at the time of a MCI.

- Provide just-in-time training for specific roles when a MCI occurs and as additional staff change shifts to fill roles during the MCI event.

- Provide on-going education and updates regarding the facility's and community's Emergency Operations Plan.

- Consult with the state health department on plans for rapidly credentialing health care professionals during a MCI. This might include defining when an "emergency staffing crisis" can be declared, and identifying emergency laws that allow employment of health care personnel with out-of-state licenses.

- Identify insurance and liability issues related to the use of non-facility staff.

- Explore opportunities for recruiting health care personnel from other health care settings (e.g., medical offices, psychiatric hospitals or clinics, and day-surgery centers). Consult public health partners about existing state or local personnel.

5) The organization establishes a process for identifying health care providers and other personnel assigned to particular areas during an emergency.

- Consult with the state and local health departments, police departments, etc., on plans for developing standardized facility/community identification for critical personnel in a MCI; such as identification cards, wristbands, vests, hats, badges, computer or computer printouts. This might include defining when an "emergency staffing crisis" can be declared, and identifying emergency laws that would require staff to use such an identifier to get through traffic, a barricade or an otherwise restricted area.

5. **Utilities** (EM.02.02.09)**.**

a. Introduction. The Joint Commission standard EM.02.02.09) requires organizations to establish strategies for managing utilities during emergencies. Organizations must have alternate means of providing for *essential* utilities, whether through:

- Negotiated relationships with the primary suppliers.

- Memoranda of Understanding (MOUs) with other organizations in the community.
- Alternative equipment at the organization.
- Provision through a parent entity, etc.

b. Relevant Pre-Plans. Sample pre-plans for the interruption of various essential utility systems are found in Enclosure 23 and listed below:

- Alarm Systems Failure.
- Electrical Power Failure.
- Elevators-Vertical Transport Failure.
- HVAC Failure.
- Room/Hood Exhaust Failure.
- Steam Distribution Failure.
- Internal Transport System Failure.
- Medical Gases System Failure.
- Roads and Grounds Blocked.
- Waste and Debris Removal.
- Water Delivery/Potability.
- Mission Critical Systems.
- Infrastructure Management.
- Resource Management.

c. Operation During Extended Emergencies. The elements of performance associated with EM.02.02.09) require that, “Organizations identify an alternate means of providing for the following utilities in the event that their supply is compromised or disrupted:”

- B1 - Electricity.
- B2 - Water needed for consumption and essential care activities.
- B3 - Water needed for equipment and sanitary purposes.
- B4 - Fuel required for building operations or essential transport activities.

- B5 - Other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

These requirements can be viewed as an extension of Joint Commission standards EM.02.05.01 requiring hospitals to manage utility risks. As part of this standard, facilities will have previously conducted assessments of every utility system at their facility, and determined which of those utility systems are *"essential"*. In addition, facilities will have already identified alternate sources for hospital-defined essential utilities in meeting the elements of performance for EM.02.05.01) Organizations should thoroughly review the elements of performance of EM.02.05.01) and the work already completed to comply with that standard as a basis for developing the strategies required by EM.02.05.01. The additional requirements demand that a health care organization communicate with its community about their needs, and the community can help meet those needs.

Additionally, the following Joint Commission standards also address Utility Management, and should be reviewed by the organization to identify plans, pre-plans and policies developed that may help to meet EM.02.05.01:

- EM.02.05.03 - The hospital provided an emergency electrical power source.
- EM.02.05.01 - The hospital maintains, tests and inspects its utility systems.
- EM.02.05.07 - The hospital maintains, tests and inspects its emergency power systems.
- EM.02.05.09 - The hospital maintains, tests and inspects its medical gas and vacuum systems.

Organizations should determine how long they expect to remain open to care for patients, and plan for their utilities accordingly. In addition, they must address how they will continue operations without community support for up to 96 hours. It is important to realize that an appropriate response may involve closing or evacuating the health care organization after a certain period of time. For example, an organization may determine that it can be self-sufficient during an emergency for 48 hours, after which point it will initiate evacuation procedures. However, the organization must also make sure that its evacuation plan can be supported 48 hours after the start of an emergency.

6. **Supporting Strategies for Managing Clinical Activities** (EM.02.02.11)**.**

a. Introduction. The fundamental goal of emergency management planning is to protect life and prevent disability. The manner in which care, treatment and services are provided may vary by type of emergency. However, certain clinical activities are so fundamental to safe and effective care that the organization

should determine how it will re-schedule or manage patient clinical needs, even under the most dynamic situations or in the most austere care environments.

The emergency triage process will typically result in patients being quickly treated and discharged, admitted for a longer stay, or transferred to a more appropriate source of care. It is especially important to identify and triage patients whose clinical needs are outside of the usual scope of service of the organization. A catastrophic emergency may result in the decision to evacuate all patients, because the facility is no longer safe. Planning for clinical services must address these situations accordingly.

b. Relevant Pre-Plans:

- Generic Biological Agents.
- Anthrax Release in the Community or VA Medical Center.
- Smallpox Release in the Community or VA Medical Center.
- Respiratory Viral Outbreak Event (e.g., SARS or Pandemic Influenza).
- Patients with Radiation Exposure or Radioactive Contamination.
- Explosion-Internal VAMC Event (Engineering and Evacuation Considerations).
- Patient Access to Services.
- Records Preservation.
- Alternate Care Sites.
- Trauma Management in a Mass Casualty Incident- Blasts/Explosions.
- Triage During a Mass Casualty Incident (MCI).
- Trauma Management in a Mass Casualty Event-All Hazards Considerations.
- Evacuation (Total).
- Fatality Management.
- Mass Casualty Incident.
- Outreach.

c. Operations During Extended Emergencies:

- The VHA All-Hazards Emergency Cache can only be used with the permission of the Medical Center Director.

- Patient Scheduling is built around several variables that are quantifiable only when the extent of the disaster is known. In general, any elective or non-emergency procedure should be postponed until the emergency is over.

- Clinical personnel freed up by cancelling elective or non-emergency procedures should be reassigned to areas where their talents could be used in other clinical situations.

- Altered Standards of Care, once approved by clinical superiors, should be implemented as required by either the large number of patients or the reduced number of clinicians. The type of altered standards and when the standard should be implemented are to be decided by the Chief of Staff of the Medical Center. Altered Standards of Care means taking steps to reduce the amount of time spent with an individual patient.

- Hygiene needs of employees should be addressed by issuing small containers of anti- bacterial soaps, and identifying expanded employee shower areas.

- If required by the conditions of the emergency, employees should be offered personal protective equipment when around patients.

- Counselors should be upgraded to a level of knowledge about the conditions of the emergency as soon as the conditions are known. Counselors might be put into unfamiliar roles depending on the number of patients, family members and employees in need of some form of counseling to be of service to the hospital community. Any resident clergy should also be offered training.

- The Medical Center should be in touch with the local coroner/medical examiner office to find out how the coroner/medical examiner office will handle the increased load of patients.

- Palliative care of victims of the emergency will require tracking of the patients' condition, disposition and custody of personal effects.

6.6. Enclosures

21. Sample Pre-Plan Template.

Attachment **21a** - Key Activity Management Tool.

Attachment **21b** - Key Activity Management Structure.

22. Operations Section of ICS.

23. Sample Pre-Plan Listing.

On-Going Mitigation & Preparedness

7.1. Overview

The activities in this step are the day-to-day concerns of the Emergency Program Coordinator supported by the Area Emergency Manager; conducting mitigation and preparedness planning, and resource management within the health care organization and VISN Office.

On-going external coordination with other VAMCs, the local community and other State and regional entities is the focus of the next step.

7.2. Important Additional Reading

Please review the content on pages 1-185 through 1-226 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 63.

7.3. On-going Mitigation and Preparedness Activities

This section provides guidance to assist VA Facilities and VISN Offices in developing effective risk reduction (mitigation) and capacity/capability building (preparedness/readiness) activities. Sample “readiness plans” provide information that can be used to identify the various critical resources that should be available, key topics for staff training, operational aspects to consider when reviewing and revising pre-plans, and areas to include in the design of exercises.

7.4. Related Standards

1. **The Joint Commission.**

EM.01.01.01: The [organization] engages in planning activities prior to developing its written Emergency Operations Plan.

EP 5) The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).

Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occurring before an emergency and response and recovery occurring during and after the emergency.

EP 6) The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also EM.01.01.03, EPs 1-4.)

EP 8) The hospital keeps a documented inventory of the resources and assets it has on-site that may be needed during an emergency, including, but not limited to: personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6.)

EM.02.02.09: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage utilities during an emergency.

EP 2) As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.

EP 3) As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities.

EP 4) As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.

EP 5) As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.

EP 6) As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.

EP 7) As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).

2. **Department of Homeland Security, National Incident Management System (NIMS).**

a. Promote and ensure that equipment, communication, and data interoperability are incorporated into the health care organization's acquisition programs. (Established 2007, required 2008).

b. Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

3. **National Fire Protection Association, Standard 1600.**

5.1 Planning Process.

5.1.1 The program shall follow a planning process that develops strategic, crisis management, prevention, mitigation, emergency operations/response, continuity, and recovery plans.

5.1.2 Strategic planning shall define the vision, mission, and goals.

5.1.3 Crisis management planning shall address issues that threaten the strategic, reputational, and intangible elements of the entity.

5.1.4 The entity shall include key stakeholders in the planning process.

5.2 Common Plan Requirements.

5.2.1 Plans shall identify the functional roles and responsibilities of internal and external agencies, organizations, departments, and positions.

5.2.2 Plans shall identify lines of authority.

5.2.3 Plans shall identify lines of succession for the entity.

5.2.4 Plans shall identify interfaces to external organizations.

5.2.5 Plans shall identify the process for delegation of authority.

5.2.6 Plans shall identify logistics support and resource requirements.

5.2.7 Plans shall address the health and safety of personnel.

5.2.8 Plans shall be individual, integrated into a single plan.

5.2.9 The entity shall make sections of the plans available to those assigned specific tasks and responsibilities therein and to key stakeholders as required.

5.3 Planning and Design.

5.3.1 The program shall include the requirements specified in Chapters 4 through 8, the scope of which shall be determined through an “all-hazards” approach, and the risk assessment.

5.3.2 The program requirements shall be applicable to prevention, mitigation, preparedness, response, continuity, and recovery.

5.5 Business Impact Analysis.

5.5.1 The entity shall conduct a business impact analysis (BIA).

5.5.2 The BIA shall evaluate the potential impacts resulting from interruption or disruption of individual functions, processes, and applications.

5.5.3 The BIA shall identify those functions, processes, and applications that are critical to the entity and the point in time when the impact(s) of the interruption or disruption becomes unacceptable to the entity.

5.5.4 The BIA shall evaluate the potential loss of information and the point in time that defines the potential gap between the last backup of information and the time of the interruption or disruption.

5.5.5 The BIA developed in Section 5.5 shall be used in the development of plans to support the program.

5.5.6 The impact analysis required by 5.4.3 and the BIA required by Section 5.5 shall be permitted to be conducted in conjunction with each other or separately.

5.7 Mitigation.

5.7.1 The entity shall develop and implement a mitigation strategy that includes measures to be taken to limit or control the consequences, extent, or severity of an incident that cannot be prevented.

5.7.2 The mitigation strategy shall be based on the results of hazard identification and risk assessment, impact analysis, program constraints, operational experience, and cost benefit analysis.

5.7.3 The mitigation strategy shall include interim and long-term actions to reduce vulnerabilities.

6.1 Resource Management.

6.1.1 The entity shall conduct a resource management needs assessment based on the hazards identified in 5.4.2.

6.1.2 The resource management needs assessment shall include the following:

(1) Human resources, equipment, training, facilities, funding, expert knowledge, materials, technology, information, intelligence, and the time frames within which they will be needed

(2) Quantity, response time, capability, limitations, cost, and liability connected with using the involved resources

(3) Resources and any needed partnership arrangements essential to the program

6.1.3 The entity shall establish procedures to locate, acquire, store, distribute, maintain, test, and account for services, human resources, equipment, materials, and facilities procured or donated to support the program.

6.1.4 Facilities capable of supporting response, continuity, and recovery operations shall be identified.

6.1.5 Resource management shall include the following tasks:

(1) Establishing processes for describing, taking inventory of, requesting, and tracking resources

(2) Resource typing or categorizing resources by size, capacity, capability, and skill

(3) Mobilizing and demobilizing resources in accordance with the established IMS

(4) Conducting contingency planning for resource deficiencies

6.1.6 A current inventory of internal and external resources shall be maintained.

6.1.7 Donations of human resources, equipment, material, and facilities shall be managed.

6.2 Mutual Aid/Assistance.

6.2.1 The need for mutual aid/assistance shall be determined.

6.2.2 If mutual aid/assistance is needed, agreements shall be established.

6.2.3 Mutual aid/assistance agreements shall be documented in the program.

6.6 Employee Assistance and Support.

6.6.1 The entity shall develop a strategy for employee assistance and support to include the following:

(1) Communications procedures

(2) Contact information, including emergency contact outside anticipated hazard area

(3) Accounting for persons affected, displaced, or injured by the incident

(4) Temporary, short-term, or long-term housing, and feeding and care of those displaced by an incident

(5) Mental health and physical well-being of individuals affected by the incident

(6) Pre-incident and post-incident awareness

6.6.2 The strategy shall be flexible for use in all incidents.

6.8 Crisis Communications and Public Information.

6.8.1 The entity shall develop a plan and procedures to disseminate and respond to requests for pre-incident, incident, and post-incident information to and from the following:

(1) Internal audiences, including employees

(2) External audiences, including the media and special needs populations

6.8.2 A capability shall be established and maintained to include the following:

(1) Central contact facility

(2) System for gathering, monitoring, and disseminating information

(3) Procedures for developing and delivering coordinated messages

(4) Pre-scripted information bulletins or templates

(5) Protocol to coordinate and clear information for release

6.8.3 The entity shall establish a physical or virtual information center.

6.10 Emergency Operations Centers (EOCs).

6.10.1 The entity shall establish primary and alternate EOCs capable of managing response, continuity, and recovery operations.

6.10.2 The EOCs shall be permitted to be physical or virtual.

4. **Department of Homeland Security, Continuity of Operations Planning Alternate Facilities.**

All agencies shall designate alternate operating facilities as part of their COOP plans, and prepare their personnel for the possibility of unannounced relocation of essential functions and/or COOP contingency staffs to these facilities. Facilities may be identified from existing agency local or field infrastructures, or external sources. Facilities shall be capable of supporting operations in a threat-free environment, as determined by the geographical location of the facility, a favorable assessment of the local threat, and/or the collective protection characteristics of the facility. In acquiring and equipping such facilities, agencies are encouraged to consider cooperative interagency agreements and promote sharing of identified alternate facilities. Alternate facilities should provide:

1) Immediate capability to perform essential functions under various threat conditions, including threats involving weapons of mass destruction.

2) Sufficient space and equipment to sustain the relocating organization. Since the need to relocate may occur without warning, or access to normal operating facilities may be denied, agencies are encouraged to pre-position and maintain minimum essential equipment for continued operations at the alternate operating facilities.

3) Interoperable communications with all identified essential internal and external organizations, critical customers, and the public.

4) Reliable logistical support, services, and infrastructure systems, including water, electrical power, heating and air conditioning, etc.

5) Ability to sustain operations for a period of up to 30 days.

6) Consideration for the health, safety, and emotional well-being of relocated employees.

7) Appropriate physical security and access controls.

Interoperable Communications. The success of agency operations at an alternate facility is absolutely dependent upon the availability and redundancy of critical communications systems to support connectivity to internal organizations, other agencies, critical customers, and the public. When identifying communications requirements, agencies should take maximum advantage of the entire spectrum of communications media likely to be available in any emergency situation. These services may include, but are not limited to: secure and/or non-secure voice, fax, and data connectivity; Internet access; and e-mail. Interoperable communications should provide:

1) Capability commensurate with an agency's essential functions and activities.

2) Ability to communicate with COOP contingency staffs, management, and other organizational components.

3) Ability to communicate with other agencies and emergency personnel.

4) Access to other data and systems necessary to conduct essential activities and functions.

Vital Records and Databases. The protection and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions under the full spectrum of emergencies is another critical element of a successful COOP plan. Agency personnel must have access to and be able to use these records and systems in conducting their essential functions. Categories of these types of records may include:

1) Emergency Operating Records. Vital records, regardless of media, essential to the continued functioning or reconstitution of an organization during and after an emergency. Included are emergency plans and directives; orders of succession; delegations of authority; staffing assignments; and related records of a policy or procedural nature that provide agency staff with guidance and information resources necessary for conducting operations during an emergency, and for resuming formal operations at its conclusion.

2) Legal and Financial Records. Vital records, regardless of media, critical to carrying out an organization's essential legal and financial functions and activities, and protecting the legal and financial rights of individuals directly affected by its activities. Included are records having such value that their loss would significantly impair the conduct of essential agency functions, to the detriment of the legal or financial rights or entitlements of the organization or of the affected individuals. Examples of this category of vital records are accounts receivable; contracting and acquisition files; official personnel files; Social Security, payroll,

retirement, and insurance records; and property management and inventory records. Plans should account for identification and protection of the vital records, systems, and data management software and equipment, to include classified or sensitive data as applicable, necessary to perform essential functions and activities, and to reconstitute normal agency operations after the emergency. To the extent possible, agencies should pre-position and update on a regular basis duplicate records or back-up electronic files.

7.5. Enclosures

24. Sample Healthcare First Receiver Decontamination Readiness Plan.

25. Sample Biologic Event and Terrorism Readiness Plan.

Attachment **25a** - FBI Field Office Contact Listing.

Attachment **25b** - Response Algorithm - Surveillance Plan (The Symptomatic Patient).

Attachment **25c** - Response Algorithm - Biologic Event Plan.

Attachment **25d** - EMP Mission Critical Considerations for Biologic, Chemical, and Radiological Events.

26. Sample Radiological Event and Terrorism Readiness Plan.

Attachment **26a** - Radiological Performance Evaluation Matrix.

27. Sample Chemical Event and Terrorism Readiness Plan.

28. Sample Trauma Readiness for All-Hazards Disaster Response Plan.

29. Special Considerations.

Attachment **29a** - VA Form 3524, Evidence or Property Custody Record.

Attachment **29b** - VA Form 10-0018, Air Sample Data Sheet.

30. New FEMA (FCD 1) Requirements for VAMC Continuity of Operations Plans (COOP).

31. Critical Infrastructure and Key Resources (CI/KR) Readiness Plan.

32. Crisis Communications Plan.

Attachment **32a** - Contact Information for Key Facility Staff.

Attachment **32b** - Contact Information VA/VHA Chain of Command.

Attachment **32c** - Contact Information for Internal and External Stakeholders.

Attachment **32d** - Contact Information for Community Organizations.

Attachment **32e** - Equipment, Supplies, Communications Support for Media Information Center.

Attachment **32f** - Crisis Communications Plan Checklist.

33. Sample Operating Unit Template.

34. Operating Unit Template Listing.

External Coord. & Mutual Support

8.1. Overview

The previous step is concerned with external coordination and resource management. All effective preparedness activities require close coordination with other VA Medical Centers, the VISN Office, community response partners (other health care organizations, local and state government, suppliers, and non-government organizations, such as the Red Cross), state and regional entities. EMSHG Area Emergency Managers and Regional Emergency Managers are excellent resources to assist with these liaison, planning, and collaboration activities, which are on-going in nature.

8.2. Important Additional Reading

Please review the content on pages 1-285 through 1-300 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 63.

8.3. VHA Programs Requiring External Coordination

As the new Joint Commission standards (subparagraph C. above) point out, there are many aspects that require external coordination with community and regional partners. As federal hospitals and as partners in the local community and state, VA Medical Centers (VAMCs) may themselves require, or be requested to support, a variety of emergency response and recovery activities.

1. Department of Veterans Affairs ~ Department of Defense Contingency Hospital System (VA~DoD). The VA/DoD Contingency Plan implements Public Law 97-174, and provides specific requirements for VAMCs regarding the accomplishment of their individual roles to support this Plan. VAMCs are designated either as a Primary Receiving Center (PRC) or Secondary Support Center (SSC). Some facilities may have additional responsibilities as Installation Support Center (ISCs).

In the event of war or national emergency, the VA/DoD Contingency Plan would be activated by the Secretary of Veterans Affairs, based upon a request from the Assistant Secretary of Defense for Health Affairs. Upon activation of the Plan and when directed to do so, only PRCs will report available beds to the Global Patient Movement Requirements Center (GPMRC) for the direct receipt of active duty casualties. This report is made via the U.S. TRANSCOM (Transportation Command) Regulating and Command & Control Evacuation System (TRAC^{2}ES).

Beds available in SSCs will be reported to the PRC and used in the planning and determination of maximum beds that could be made available by the PRC for casualty reception. PRCs will develop their Plans in coordination with their

supporting SSCs to not only maximize bed availability for the receipt of active duty casualties, but also provide support for accommodation of transferred veterans.

New guidance is available in VHA Handbook 0320.04 (2007), Department of Veterans Affairs and Department of Defense Contingency Plan (http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1629).

2. National Disaster Medical System. The National Disaster Medical System (NDMS) is a public/private partnership to provide both emergency health care services and definitive medical care to disaster victims when state and local resources are overwhelmed. The system can also be used in wartime for the care of active duty military casualties, if Department of Defense (DoD) and VA treatment capacity is exceeded. At the national level, the partnership includes VA, Department of Health and Human Services (DHHS), DoD, and the Federal Emergency Management Agency (FEMA).

NDMS has three major components:

- Medical response to a disaster area in the form of teams, supplies, and equipment.
- Patient movement from a disaster site to unaffected areas of the nation.
- Definitive medical care at participating hospitals in unaffected areas.

VA's role in NDMS is to coordinate the definitive medical care component. This is the Federal Coordinating Center (FCC) role. No VA beds are provided as part of the NDMS. Those VAMCs that are designated as FCCs for the NDMS have specific responsibilities for development, exercise, and activation of supporting plans. These VA FCCs must develop a plan with the community for the reception, transportation, tracking, and disposition of casualties being evacuated from the site of a nationally-declared disaster.

If you have any questions on either VA~DoD or NDMS, please contact your EMSHG Area Emergency Manager.

8.4. Key Community Emergency Health and Medical Programs

1. *Health and Human Services, Hospital Preparedness Program (HPP)*. Formerly known as Health Services and Research Administration (HRSA) grants, the DHHS ASPR, through the Hospital Preparedness Program (HPP), provides funding to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. Current program priority areas include interoperable communication systems, bed tracking, personnel management, fatality management planning, and hospital evacuation planning. During the past several years, HPP funds have also improved bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, training, education, drills and exercises.

Hospitals, outpatient facilities, health centers, poison control centers, Emergency Medical Systems (EMS) and other health care partners work with the appropriate state or local health department to acquire funding and develop health care system preparedness through this program. Funding is distributed directly to the Health Department of the State or political subdivision of a State.

The HPP supports priorities established by the National Preparedness Goal established by the Department of Homeland Security (DHS) in 2005. The Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to, and recover from major events, including Incidents of National Significance. Additionally, the Goal will assist entities at all levels of government in the development and maintenance of the capabilities to identify, prioritize, and protect critical infrastructure.

The Pandemic and All Hazards Preparedness Act of 2006 transferred the National Bioterrorism Hospital Preparedness Program (NBHPP) from the HRSA to the Assistant Secretary for Preparedness and Response (ASPR). The focus of the program is now all-hazard preparedness, and not solely bioterrorism.

While not mandatory, and while VA medical facilities are not eligible for direct funding from HHS, participation is desirable for VHA as it promotes optimal integration of VA Medical Centers (VAMCs) with community hospitals and State public health and medical programs. Hospital participation in the HPP includes performance benchmarks and requires reporting against these measures by funded participating hospitals. HPP participating medical facilities, receiving HHS grants, are required to report various data to their States which, in turn, report the information to HHS. Since VAMCs are not direct funding recipients, reporting by the VAMCs participating in the HPP is not required. However, VAMCs that do participate in the HPP are encouraged to report requested data in all but two areas: available beds and staff available to deploy.

2. *Metropolitan Medical Response System (MMRS).* The Metropolitan Medical Response System (MMRS) assists highly populated jurisdictions to develop plans, conduct training and exercises, and acquire pharmaceuticals and personal protective equipment, to achieve the enhanced capability necessary to respond to a mass casualty event caused by a Weapons of Mass Destruction (WMD) terrorist act. This assistance supports the jurisdiction's activities to increase their response capabilities during the first hours crucial to lifesaving and population protection, with their own resources, until significant external assistance can arrive.

Gaining these capabilities also increases the preparedness of the jurisdictions for a mass casualty event caused by an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster. MMRS fosters an integrated, coordinated approach to medical response planning and operations, as well as medical incident management at the local level.

VAMCs are encouraged to participate in the MMRS program, if it is in place in their local jurisdictions. Doing so helps safeguard veterans in the community, as well as VAMC employees, their families, and the local population in general.

3. *Chemical Stockpile Emergency Preparedness Program (CSEPP)*. The Chemical Stockpile Emergency Preparedness Program (CSEPP) is a partnership between FEMA and the US Army. Since 1988, FEMA and the US Army have assisted communities surrounding the eight chemical stockpile sites to enhance their abilities to respond to a chemical agent emergency. CSEPP is administered through the states. FEMA distributes funds to the states under cooperative agreements based on an annual work plan negotiated between the states and FEMA regional offices.

VAMCs near the eight chemical stockpile sites have a long history of involvement with CSEPP, and should continue to ensure that CSEPP considerations are reflected in their emergency management plans (e.g., HVAs, decontamination programs, evacuation plans).

8.5. Developing Local Agreements

Many times a VA Facility or VISN Office may be asked by a local or State partner to enter into "mutual aid agreement" or "memorandum of understanding" (MOA.MOU). The purpose of these agreements is to establish a legal arrangement where VA Facilities and a response partner agree to assist each other during disasters or emergencies. The agreements often include provisions to provide staff, space, equipment, and/or accept patients from the other hospital. Notwithstanding the title of the agreement, such provisions in effect are usually providing for the sale of VA health care resources, which must be implemented through a Sharing Agreement or contract, <u>not</u> a MOA or MOU.

1. *Sharing Agreements*. VA facilities may negotiate Sharing Agreements, but they must do so within the parameters of existing statutory and regulatory limits. Further, any agreement must state that VA's ability to participate in the agreement is limited by certain obligations under the Stafford Act, the National Disaster Medical System (NDMS), the obligation to assist the Department of Defense during a time of war or national emergency, and other authorities and missions that may take precedence over an agreement to assist a local, non-VA facility during a disaster.

VA Medical Centers have a duty to give priority care to veterans, and any agreement should take into account that the primary mission of VA is to render health care services to veterans. VA, however, may be called upon to perform a variety of emergency management activities outside of its primary mission to provide and ensure the continuity of health care delivery services to eligible veterans. VA also has the authority to furnish hospital care or medical services to non-VA beneficiaries as a humanitarian service in emergency cases (38 USC § 1784). The statute, however, requires VA to charge for such care at rates prescribed by the Secretary. In local, limited emergencies where an emergency is

not declared under the Stafford Act or the National Disaster Medical System (NDMS), VA may only provide emergency medical care under this limited authority, and must charge for the care.

Sharing Agreements are most appropriate for contractual arrangements between a VA facility and a local, county, state department or agency or a non-governmental organization. Sharing agreements will be used when the exchange of resources involves a billing and payment process between the two parties involved.

VAMC Directors will ensure that emergency management-related Sharing Agreements developed within and by their facilities conform to federal and VA policy and regulations, and receive appropriate Regional Counsel review and approval before they are signed. A directory of Regional Counsels is provided as Enclosure 36 to this Chapter.

2. *Interagency Agreements (IA)*. IAs or Interagency Agreements are normally used between Federal entities pursuant to the Economy Act. All such inter-agency agreements have to be reviewed by the Office of General Counsel, and signed at VA Central Office.

Professional services may also be obtained through MOUs with other Federal agencies. Notably, the VA has an IA with the U.S. Army Corps of Engineers. The Corps can provide a wide range of engineering, construction, contracting and associated services. One example is the Corps' Security, Disaster, Infrastructure and Construction (SDIC) rapid response contract.

3. *General Counsel Review.* The Regional Counsel will review, provide guidance and approve the establishment of sharing agreements and/or MOUs. The Regional Counsel will coordinate the reviews and approvals of sharing agreements and MOUs with the appropriate VA Medical Center and/or VISN Office. A listing of Regional Counsel Offices and Area Offices is found in Enclosure 36.

8.6. Emergency Contracting Solutions

The VA Office of Acquisition and Logistics (OAL), National Acquisition Center (NAC) has an active contingency contracting branch that has put in place many solutions for common requirements created by emergencies, including:

- Federal Supply Schedules: (VA - health care products & services; and, GSA - cleaning supplies, tools, building supplies, cots, water, emergency vehicles, etc.)
- Blanket Purchase Agreements (BPAs) for Air Ambulance Service; Ground Transportation/Shuttle Service; Lodging for Emergency Personnel; and Office, Industrial, and Hardware Supplies.
- National Contracts for Fuel; Batteries; Prime Vendor Distribution (Pharmacy, Med/Surg, Food/Water); Health care products; and Burial flags.

OAL/NAC has assisted VHA in every major disaster, providing: Potable Water, Chiller Parts, Generators, MREs, Fuel Tanks, Command Centers, Mobile Clinics, Fuel, Pandemic Flu Kits, non-medical PPE, Trailers, Blankets, Cots, Sleeping Bags, and the Relocation of Equipment.

Pre-planning is recommended: Identify Needs, Assess Facility's Inventory; Work with Local Acquisition Staff; Seek VISN Support; Utilize Existing Programs to Procure Needs; and Notify Contractors and Prime Vendors of Potential Threat(s).

During an emergency, if you need Acquisition Assistance, Contact - VISN EOC, then EMSHG/VHA OC (304-264-4800). Avoid Depleting Local Sources of Supplies; Provide Specific Ordering Information; Provide Contact, Delivery and Route Conditions, if available; and Maintain an Ordering Log.

After the event: Provide Receiving Information; Assess Inventory and Identify Excess; Return Excess Inventory for Credit, if Feasible, as soon as possible; Reconcile Orders; and Provide Reimbursement, if required.

If you have any questions, please contact:

- John Eldridge, VACO OA&L COOP/IOC, Work (202) 461-6856, John.Eldridge@va.gov
- Sandi Murbach, OA&L NAC , Work (708) 786-5141, Cell (708) 243-5483, Sandra.Murbach@va.gov
- Jerry Smith, OA&L NAC, Work (708) 786-5182, Cell (708) 305-9920, Jerry.Smith6@va.gov

8.7. Related Standards

1. **The Joint Commission.**

EM.01.01.01: The [organization] engages in planning activities prior to developing its written Emergency Operations Plan.

EP 4) The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1).

EM.02.02.05: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage security and safety during an emergency.

EP 2) The Emergency Operations Plan describes the following: The roles that community security agencies (for example, police, sheriff, national guard) will have in the event of an emergency.

EP 3) The Emergency Operations Plan describes the following: How the hospital will coordinate security activities with community security agencies (for example, police, sheriff, national guard).

2. **Department of Homeland Security; National Incident Management System**.

a. Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations. (Established 2007, required 2008.)

3. **National Fire Protection Association, Standard 1600**. External aspects of:

5.1 Planning Procedures

5.2 Common Plan Requirements

5.3 Planning and Design

5.4 Risk Assessment

5.5 Business Impact Analysis

6.1 Resource Management

6.2 Mutual Aid/Assistance

6.3 Communications and Warning

6.4 Operational Procedures

6.5 Emergency Response

6.8 Crisis Communications and Public Information

6.9 Incident Management

6.11 Training and Education

7.5 Exercise Design

8.8. Enclosures

35. DUSHOM - VAMC Participation in HHS ASPR Hospital Preparedness Program.

Attachment **35a** - The HPP Program.

Attachment **35b** - FY09 HPP Funding Opportunity Announcement (FOA).

36. OGC Regional Counsel List.

37. National Disaster Medical System, Federal Coordinating Center (FCC) Guide.

Education and Training

9.1. Overview

Like Step 5, education and training activities are on-going in nature, based upon the organization's Emergency Operations Plan (EOP) and pre-plans. Staff is trained on the Incident Command System (ICS) to the level consistent with their role in the organization's EOP.

The purpose of this chapter is to provide guidance for regular training to staff on their responsibilities during emergencies and disasters, with the goal of reducing uncertainty and improving effectiveness. This guidance applies to staff that are responsible for developing and conducting emergency management education, training and exercises at Veterans Health Administration Central Office (VHA CO), Veterans Integrated Service Networks (VISNs) and VA Medical Centers (VAMCs). These responsibilities are often shared by several offices (e.g., Education, Safety and Quality Management), and are accomplished through a subgroup of the Emergency Management Committee (EMC). This information is intended to build upon training that is currently offered, not replace it.

9.2. Important Additional Reading

Please review the content on pages 1-321 through 1-356 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 63.

9.3. Training Requirements

On a national level, VHA currently does not mandate that employees receive education and training in emergency management beyond that required by The Joint Commission at the facility level (EC.02.02.07), although VISN Directors and VAMC Directors are free to set their own standards.

There are some national-level requirements that must be met in certain cases, such as for members of Decontamination Teams who are subject to Occupational Safety and Health Administration (OSHA) training requirements (First Receiver); for selected staff who are subject to the National Incident Management System (NIMS) Incident Command System (ICS) training requirements; and, for some VHA officials for Continuity of Operations Planning (COOP) Guidance, Federal Continuity Directives 1 and 2).

It is highly recommended that all patients and employees receive personal and family preparedness information, and those responsible for implementing the Emergency Operations Plan (EOP) should receive regular information/updates on their responsibilities and participate in scheduled training and exercises.

9.4. Characteristics of a Comprehensive Instructional Activity (Preparedness)

In the recent studies and analysis of VA Medical Center and VISN Office preparedness, the capability for *"Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the Emergency Management Program"* at both the VAMC and VISN Office levels fell in the bottom one-third of all capabilities. The characteristics of an exemplary approach include the following:

- The facility maintains a robust instructional program to assure that response personnel are trained to an appropriate level of proficiency for their emergency response assignments
- Adequate facilities and equipment are identified to support the education and training activities.
- Adequate staffing of the preparedness activities with qualified instructors to meet the training objectives for the specified time interval.
- The target number and type of personnel are educated/trained in the planned courses.
- The facility has developed and implemented a training/educational program to support the Emergency Management Program (EMP).
- The Instructional Systems Development (ISD) process is used to develop and conduct training.
- Emergency Management Committee (EMC) members help define the priorities for training at the facility, based upon the Hazards Vulnerability Analysis (HVA), recently developed capabilities, annual reviews, and After Action Reports (AARs), and a training sustainment plan.
- Personnel assigned to preparedness activities should have an annual instructional plan complete with course names and dates.
- Training records are maintained as part of the facility's continuing education program for all employees.
- "Just-in-Time" training should be developed for appropriate areas emergency response.
- Designated staff has completed required NIMS and Incident Command courses and relevant instructor (train-the-trainer) courses.
- Facility conducts an annual assessment of the training program to determine successes and document lessons learned.
- Participant evaluation materials should be administered for each instructional activity.

- Participant evaluations should be collected, aggregated and analyzed for areas of potential improvement.

- Findings from the annual evaluation, participant evaluations, and AARs for exercises and incidents should be used to improve the instructional program.

9.5. The Role of the Emergency Management Committee

The Emergency Management Committee (EMC) sets policy for the VAMC or VISN Office Emergency Management Program (EMP), including setting standards for staff education and training. Important decisions that need to be made by this group include:

- Identification of training requirements for patients and their families; employees and their families; and, those responsible for implementing the EOP.

- Establishment of a training program, including identification of an annual schedule of training; assignment of responsibilities (including attendance requirements); and, funding.

- Monitoring, evaluation and improvement of the training program.

9.6. VHA Competency Framework and Certification Programs

The term "competency" as used here refers to 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. "Proficiency" refers to the degree of understanding of the subject matter and its practical application through training and performance.

For additional information on the VHA EM Competency Framework, see Enclosure 39. For additional information on the assumptions behind the VHA EM Certification Series, see Enclosure 40.

9.7. Education and Training Resources

1. *All Personnel*. VHA's Employee Education System (EES) supports the development and distribution of emergency management education and training programs. Recent EES projects include:

- Emergency Management Principles and Practices for Health Care Systems. (Glossary, Competency Framework and Curriculum). The texts were developed by the Institute for Crisis, Disaster and Risk Management at The George Washington University, under contract to the VHA. The contract called for the identification and validation of emergency response and recovery competencies for four job groups within health care organizations and the development of a curriculum that addressed emergency management program concepts and practices, incident management systems and processes, and organizational learning strategies. These are available in Chapter 14.

- VA Learning Management System (VA LMS) (https://www.lms.va.gov/).

EMA 1 - Introduction to Emergency Management for Health Care Systems

EMA 2 - Developing an Emergency Management Program

EMA 3 - VHA Incident Management System

FEMA Professional Development series

- Satellite programs via VA Knowledge Network. VAMC and VISN Education Coordinators receive information from EES about VAKN programs, useful web-based training programs and other resources. The EES catalog can be accessed at http://vaww.sites.lrn.va.gov/vacatalog/.

2. *Leaders and Key Operating Unit Managers*. Several web-based independent study courses are available to provide an orientation to the National Incident Management System (NIMS), as well as the National Response Plan (NRP)/National Response Framework (NRF). The Deputy Under Secretary for Health for Operations and Management (DUSHOM) in a January 17, 2007, Memorandum concerning NIMS stated: "It should also be noted that NIMS compliance elements include the completion of specific training. While no specific training requirements are mandated for VHA at this time, it is strongly recommended that individuals assigned to the VHA positions listed in Attachment B begin taking the required courses with a goal of completing the NIMS requirements before the end of FY 2007." A link to this web-based training is available through FEMA's independent study program at the following web address: http://www.training.fema.gov/EMIWeb/IS/crslist.asp. Those positions for whom the NIMS-related training is recommended include:

Figure 9-1: NIMS, NRP/NRF and ICS Training Requirements

ICS Roles	**NIMS/NRP/NRF/ICD-Courses**	**Positions**
Agency Executive	IS-700 and IS-800.B	VHA CO - Chief Officers, DUSHOM, USH, VISN - VISN Directors VA Medical Centers - VAMC Directors
Command and General Staff	IS-700 and IS-800.B ICS-100.HC, ICS-200.HC, ICS 300 and ICS-400	See below for VHA CO, VISN Offices, VA Medical Centers position listing

Positions	
VHA Central Office	
Command Staff:	
Incident Mgmt. Team Commander	Director, Network Support or Senior HSS
Safety Officer	Director, Safety and Technical Programs
Public Information Officer	Director, Public Affairs
Liaison Officer	Director, Emergency Management
General Staff:	
Operations Section Chief	Senior HSS or EMSHG Staff
Plans Section Chief	Senior HSS or EMSHG Staff
Logistics Section Chief	Senior HSS or EMSHG Staff
Finance/Admin Section Chief	Senior HSS or EMSHG Staff
VISN Offices	
Command Staff:	
Incident Mgmt. Team Commander	Deputy Network Director
Safety Officer	VISN Safety Officer
Public Information Officer	VISN Public Affairs
Liaison Officer	VISN EM or EMSHG AEM
General Staff:	
Operations Section Chief	Chief Operating Officer
Plans Section Chief	VISN EM or EMSHG AEM
Logistics Section Chief	Chief Logistics Officer
Finance/Admin Section Chief	Chief Fiscal Officer
VA Medical Centers	
Command Staff:	
Incident Mgmt. Team Commander	Associate Director or Chief of Staff

Safety Officer	Safety Officer
Public Information Officer	Public Affairs Officer
Liaison Officer	Emergency Program Coordinator
General Staff:	
Operations Section	
Health and Medical Group	Senior Clinical Staff
Business Continuity Group	Senior Administrative Staff or Chief, IT
Equip, Plant & Utilities Group	Chief, Engineering/Facility Management
Safety & Security Group	Chief, Police/Security or Safety Officer
Plans Section Chief	Emergency Program Coordinator
Logistics Section Chief	Chief, AM&M
Finance/Admin Section Chief	Chief, Fiscal or Business Operations

3. *Education and Training Programs for Patient Care Providers*.

a. Medical Response to Weapons of Mass Destruction (WMD). In accordance with Section 3 of the Department of Veterans Affairs (VA) Emergency Preparedness Act of 2002, also known as Public Law 107-287, VA was directed to develop and disseminate to VA health care professionals a series of comprehensive educational and training modules on medical response to a potential attack with weapons of mass destruction (WMD). As part of this effort, the Employee Education System (EES) has produced a series of modules intended to provide all VA and DoD health care providers, facility leadership and network leadership with a comprehensive resource in case of an actual incident involving weapons of mass destruction [chemical, biological, radiological, nuclear and explosives (CBRNE)].

b. Veterans Health Initiative (VHI) (http://www.publichealth.va.gov/vethealthinitiative/index.asp). This Initiative, part of the Office of Public Health and Environmental Hazards, is a comprehensive program to recognize the connection between certain health effects and military service, to allow military medical history to be better documented, and to prepare health care providers to better serve their veteran patients. The independent study courses below have been developed to deliver important education and information in the specified areas.

c. Other Training Resources for Care Providers. Department of Defense Uniformed Services University of Health Sciences (http://www.cdham.org). The Uniformed Services University of Health Sciences is the Department of Defense's Medical School located on the campus of the National Naval Medical Center in Bethesda, MD. Currently, its WMD education and training program includes the Graduate School of Nursing, three Medical Readiness Centers, the National Capital Area Medical Simulation Center, a Computer Aided Virtual Environment and Military and Emergency Medicine Department (MEM). A subordinate element of the MEM is the Center for Disaster and Humanitarian Assistance Medicine (CDHAM), whose mission includes providing training and education to civilian and military personnel worldwide, to conduct studies leading to evidence-based policies, procedures and educational content, and to provide consultative and direct assistance to organizations involved in disaster response/humanitarian assistance.

d. American Medical Association National Disaster Life Support Curriculum. The Basic Disaster Life Support (BDLS) Provider Manual developed by the National Disaster Life Support Education Consortium in conjunction with American Medical Association (AMA). The BDLS concept utilizes the idea of a single basic course followed by more subject-specific learning units; however, the members noted that the implementation of the BDLS concepts could be improved upon, particularly in the area of mental health issues and the documentation of supporting evidence and accompanying references.

e. The Center for Disease Control and Prevention has numerous training resources for public health specialists and health care providers. [See the Centers for Disease Control (CDC) Emergency Preparedness Training Website for details http://www.bt.cdc.gov/training/#ph.]

f. The Department of Defense has a website dedicated to training modules, many of which are designed specifically for health care providers. (See the National Homeland Security Knowledgebase website for details http://nationalhomelandsecurityknowledgebase.com/.)

4. *VHA Education and Training Program for Decontamination Teams*. VHA Mass Casualty Decontamination Program (http://vaww1.va.gov/environagents/docs/Directive2003-045.pdf).

This program provides policy, procedures, training and funding for supplies and equipment for VA Medical Centers to develop and implement decontamination capability based upon local and community needs. Focus is placed on protection of the Medical Center, staff and patients in the event of an off-site incident. The training addresses provision of emergency care for casualties arriving at the facility following an emergency. The training is provided at three regional training sites located at Houston, New York/New Jersey and Little Rock, AR VAMCs and by the Decontamination Program Manger at local VA Medicals. This train-the-trainer format offers both awareness and operations level courses based on

OSHA 29 CFR 1910.120 *Hazardous Waste Operations and Emergency Response,* NFPA 472, NFPA 473 and the Domestic Preparedness Program. This program meets all the requirements outlined in the OSHA document: OSHA Best Practices for Hospital Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances, December 2004, and recognized by FEMA (http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html). The Decontamination Program training materials are provided on CD-ROM, and include 18 modules as follows:

a. Awareness Level Training Modules:

- Introduction and Overview
- Regulations and Hazard Recognition
- Toxicology
- Personal Protective Equipment (PPE)

b. Operations Level Training Modules:

- Emergency Response Plan Implementation
- Risk Assessment and Hospital Planning
- Bioterrorism
- Chemical Warfare Agents
- Industrial Chemical Emergencies
- Radiological Emergencies
- Toxicology
- Personal Protective Equipment (PPE)
- Medical Cache
- Medical Triage
- Decontamination Area and Equipment
- PPE - Donning/Doffing
- Effective Presentations
- Train-the-Trainer

5. *Education and Training Program for Patient Reception Operations.*

a. Purpose. Ensure that VA Federal Coordinating Center (FCC) staff, Patient Reception Area (PRA) Patient Reception Team members, applicable federal, state and local government and private sector personnel receive appropriate training in the operation of the FCC.

b. Objectives:

1. Ensure that representatives of National Disaster Medical System (NDMS)-member hospitals, as well as representatives of local emergency management agencies, EMS agencies, public safety, police and fire services are provided annual orientation to the PRA plan.

2. Ensure that FCC staff and other individuals designated to augment the FCC staff annually receive detailed education and training on their specific duties.

3. Conduct specific group training drills annually to ensure the preparedness of teams. These can vary in type and complexity, and can include tabletop exercises, functional area drills, team training, or other PRA-related events. These team training programs should be planned with specific goals in mind. Complexity and scope must be clearly defined. It is not necessary to provide training on the entire PRA plan at each training event, nor do all participants need to be included at all exercises. It is recommended that scenarios be changed for each training drills, rotating between natural disasters, terrorist incidents and military contingencies.

Point of Contact. For additional guidance contact your Area Emergency Manager.

6. *Education and Training Programs for Emergency Program Managers*.

a. FEMA Emergency Management Training Courses (http://www.fema.gov/about/training/index.shtm). The FEMA Web site is continuously updated, and provides an excellent resource for ongoing educational materials. An example is the Professional Development series that includes seven EMI independent study courses that provide a well-rounded set of fundamentals for those in the emergency management profession. The courses are self-paced, independent studies, and each takes between 8 and 15 hours to complete.

IS-230 - Principles of Emergency Management. This course is designed to provide a basic framework of understanding of emergency management.

IS-235 - Emergency Planning. This course is designed to prepare planners to use the standard terminology and concepts of a properly structured Emergency Operations Plan.

IS-240 - Leadership and Influence. This course is designed to improve your leadership and influence skills.

IS-241 - Decision Making and Problem Solving. This course is designed to improve your decision-making skills.

IS-242 - Effective Communication. This course is designed to improve your communication skills.

IS-244 - Developing and Managing Volunteers. This course is for emergency managers and related professionals working with all types of volunteers and coordinating with voluntary agencies. The course provides procedures and tools for building and working with voluntary organizations.

IS-139 - Exercise Design. This course is designed to develop skill in designing effective exercises.

b. Other Important Independent Study Courses:

IS-208 - State Disaster Management. This independent study course provides fundamental information on the disaster assistance process and disaster assistance programs. Individuals who serve as State Coordinating Offices are encouraged to attend the FEMA State Coordinating Officer Course (E208).

IS-275 - The Emergency Operations Center (EOC)'s Role in Community Preparedness, Response and Recovery Activities. This course will provide an understanding of the vital role an EOC plays in the overall community's preparedness, response and recovery activities. It is a prerequisite for G-275, Emergency Operations Center (EOC) Management and Operations.

IS-288 - The Role of Voluntary Agencies in Emergency Management. This course provides a basic understanding of the history, roles and services of disaster relief voluntary agencies in providing disaster assistance. It is appropriate for both the general public and those involved in emergency management operations.

IS-301 - Radiological Emergency Response. This course is a prerequisite to the resident course, S301, Radiological Emergency Response Operations (RERO). Its purpose is to provide a learning experience in which participants demonstrate a comprehensive understanding of radiological protection and response principles, guidelines and regulations to prepare them for the operations course (RERO). Only those approved to attend the RERO course should take this independent study course.

IS-317 - Introduction to Community Emergency Response Teams (CERT). This course serves as an introduction to CERT for those wanting to complete training or as a refresher for current team members.

IS-324 - Community Hurricane Preparedness. This course is designed to provide those involved in the decision-making process for hurricanes with basic information about how hurricanes form, the hazards posed by hurricanes, how the National Weather Service forecasts future hurricane behavior and what tools and principles can help emergency managers prepare their communities.

IS-346 - Orientation to Hazardous Materials for Medical Personnel. This course is designed to prepare hospital personnel to analyze hazardous materials situations, take the necessary steps to assure medical provider safety and identify appropriate resources for decontamination and medical care. However, additional training is required in order to diagnose and treat patients who have been involved in hazardous materials incidents. This course alone does not fulfill all of OSHA's requirements for hazardous materials training at the awareness level.

IS-393 - Introduction to Mitigation. This course provides an introduction to mitigation for those who are new to emergency management and/or mitigation. It is also a prerequisite for a non-resident Applied Practices Series course called Mitigation for Emergency Managers.

9.8. Related Standards

1. **The Joint Commission.**

EM.02.02.07: As part of its Emergency Operations Plan, the [organization] prepares for how it will manage staff during an emergency.

EP 7) The hospital trains staff for their assigned emergency response roles.

EM.03.01.03: The [organization] evaluates the effectiveness of its Emergency Operations Plan.

EP 1) As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.

Note 1: If the hospital activates its Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.

Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code) that do not offer emergency services nor are community-designated as disaster-receiving stations need to conduct only one emergency management exercise annually.

Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.

Footnote: The Life Safety Code is published by the National Fire Protection Association. Refer to NFPA 101-2000 for occupancy classifications.

EP 2) For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.

Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.

Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03 EPs 3 and 4.

EP 3) For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.

Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.

Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

EP 4) For each site of the hospital with a defined role in its community's response plan, at least one of the two exercises includes participation in a community-wide exercise.

Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.

Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

EP 5) Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2.)

EP 17) Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.

(See also Chapter 11, Step 9: Evaluation)

2. **Department of Homeland Security, National Incident Management System (NIMS).**

- Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.
- Identify the appropriate personnel to complete IS-800 or an equivalent course.

- Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.

3. **National Fire Protection Association, Standard 1600.**

6.11 Training and Education

6.11.1 The entity shall develop and implement a training and education curriculum to support the program.

6.11.2 The goal of the curriculum shall be to create awareness and enhance the knowledge, skills, and abilities required to implement, support, and maintain the program.

6.11.3 The scope of the curriculum and frequency of instruction shall be identified.

6.11.4 Personnel shall be trained in the entity's IMS and other components of the program to the level of their involvement.

6.11.5 Records of training and education shall be maintained as specified in Section 4.8.

6.11.6 The curriculum shall comply with applicable regulatory and program requirements.

6.11.7 A public education program shall be implemented to communicate the following:

(1) Potential hazard impacts

(2) Preparedness information

(3) Information needed to develop a preparedness plan

4. **Department of Homeland Security, Continuity of Operations Planning (COOP).**

Testing, training and exercising of COOP capabilities is essential to demonstrating and improving the ability of agencies to execute their COOP plans. Training familiarizes contingency staff members with the essential functions they may have to perform in an emergency. Tests and exercises serve to validate, or identify for subsequent correction, specific aspects of COOP plans, policies, procedures, systems, and facilities used in response to an emergency situation. Periodic testing also ensures that equipment and procedures are maintained in a constant state of readiness. All agencies shall plan and conduct tests and training to demonstrate viability and interoperability of COOP plans. COOP test, training, and exercise plans should provide for:

- Individual and team training of agency COOP contingency staffs and emergency personnel to ensure currency of knowledge and integration of skills necessary to implement COOP plans and carry out essential functions. Team training should be conducted at least annually for COOP contingency staffs on their respective COOP responsibilities.

- Refresher orientation for COOP contingency staff arriving at an alternate operating facility. The orientation should cover the support and services available at the facility, including communications and information systems for exchanging information if the normal operating facility is still functioning; and administrative matters, including supervision, security, and personnel policies.

9.9. Enclosures

38. Emergency Program Manager Professional Development Program.

Attachment **38a** - Personal Development Plan.

Attachment **38b** - EPM 101 Pilot Course Training Plan.

Attachment **38c** - Personal Development Opportunities.

39. VHA Emergency Management Competency Framework.

40. VHA EMA Certification Program.

41. VHA Strategy for Emergency Management Education and Training, FY10.

Application of Emergency Operations

10.1. Overview

This chapter provides an overview of the structure and processes VHA uses in emergency response and recovery at the VA Medical Center, VISN Office and VHA Central Office levels. As described in earlier sections, the Incident-Specific Plans (pre-plans) and the Incident Command System (ICS) position descriptions and checklists are the principal documentation used by staff during emergency operations.

10.2. Important Additional Reading

Please review the content on pages 1-321 through 1-356 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 63. See also, "Medical Surge Capacity and Capability (MSCC)" at http://www.ncdhhs.gov/dhsr/EMS/aspr/pdf/mscc.pdf and the "National Response Framework" at http://www.fema.gov/emergency/nrf/

10.3. VHA Emergency Operations Procedures

10.3.1. Legal Basis

VHA's roles in emergency operations are supported by a series of Public Laws and Presidential Executive Orders, including:

- Title 38, USC, Sections 1784 and 1785, Humanitarian Assistance, VA Medical Center Directors are authorized to provide emergency care in mass casualty situations; however, patients must be charged for these services at rates established by the Secretary.
- Public Law 97-174 (1982) established the VA~Department of Defense (DoD) Contingency Hospital System. http://thomas.loc.gov/cgi-bin/cpquery/T?&report=sr229&dbname=107&
- Executive Order 12656, Assignment of Emergency Preparedness Responsibilities (1988). http://www.fas.org/irp/offdocs/EO12656.htm
- Executive Order 12657, Emergency Preparedness Planning of Commercial Nuclear Power Plants (1988) (created need for VA Medical Emergency radiological Emergency Response Team (MERRT). http://www.archives.gov/federal-register/executive-orders/1988.html

- Public Law 100-707, Robert T. Stafford Disaster Relief and Emergency Assistance Act (as amended) (created the national Response Plan/National Response Framework). http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml

10.3.2. An Operational System Description

VHA provides available resources to support internal requirements and/or external requests to augment regional, state, local and tribal government and private sector response and recovery activities when they are overwhelmed by large or severe incidents.

The priorities for emergency operations are: (1) protection of life and safety of VHA patients, staff, volunteers and visitors at all VHA medical facilities; (2) ensuring continuity of operations so that essential medical services can be provided uninterrupted or restored as quickly as possible; and, (3) providing support to the Nation's communities (medical surge and support to external requirements).

10.3.3. VHA's Use of the National Incident Management System (NIMS)

On January 17, 2007, the Deputy Under Secretary for Health for Operations and Management (DUSHOM) issued guidance concerning the National Incident Management System or NIMS. That guidance required that, "within 120 days, all VHA medical facilities are required to ensure that their Comprehensive Emergency Management (CEM) programs are compliant with, and incorporate, the National Incident Management System (NIMS) requirements for health care organizations (Note: NIMS requires for Federal agencies applies at the VISN Office and Central Office levels). The Incident Command System (ICS) is part of NIMS. The authority for this was Homeland Security Presidential Directive 5, requiring all federal, state and local departments and private sector agencies are now required to incorporate NIMS into their emergency operations plans and use it during exercises and actual operations.

10.3.4. VHA's National Incident Management Structure

10.3.4.a.Management Elements

There are three Incident Command System (ICS) management elements that apply to each level in the VHA system: VA Medical Facility (VA Medical Center), Veterans Integrated Service Network (VISN) and VHA Central Office (VHACO):

1) Agency Executive. The Agency Executive ICS role is staffed by the Under Secretary for Health, VISN Directors, VAMC Directors, or their designees. The Agency Executive operates from his/her normal office and continues to run the organization. He/she participates in incident action planning by articulating policy, direction and priorities across and within incidents. The Agency Executive delegates authority to the Incident Management Team (IMT) Commander (also known as the Incident Commander when the incident is within the control of the local facility) to manage the incident. The Agency Executive evaluates

effectiveness of the on-going response and recovery efforts and corrects deficiencies.

2) Policy Coordinating Entity. The Policy Coordination Entity ICS role is staffed by VHACO and VISN program officials and VAMC key operating unit managers. These staff are not directly assigned to the IMT, but also focus on day-to-day program management, and can be drawn in as needed to advise the Agency Executive and/or the IMT Commander. The nature of this role is in providing technical guidance to support policies or actions during emergencies, and coordinating issues between program areas and across the system.

3) Incident Management Team. The Incident Management Team ICS role is staffed by those who are assigned to manage the requirements of an incident. These staff may be drawn from Emergency Management Strategic Health Care Group (EMSHG), VA Central Office (10N), VISN and VAMC staff. The IMT role includes staffing the Emergency Operations Center and field-deployed Response Support Unit; conducting incident action planning efforts; managing response activities; compiling, authenticating and publishing regular summary situation status and resource status information; and, coordinating, through liaison officers, with other agencies.

10.3.4.b. Emergency Operations Centers/Department Operations Centers

National-level

1) Emergency Management Coordination Group. The VHA Central Office (VHACO) Emergency Management Coordination Group (EMCG) is a "policy coordinating entity" whose function is to support the Agency Executive (Under Secretary for Health) and the VHACO Operations Center (OC) IMT Commander. The EMCG is chaired by the Principal Deputy Under Secretary for Health and consists of members from the Chief, Public Health and Environmental Hazards Office (13), Chief Patient Care Services Office (11), Deputy Under Secretary for Health, Operations and Management (10N), and Chief Nursing Service (108). Additional Chief Officers or VHA principals may be added to the group as required.

2) VHACO Operations Center (OC). The VHACO Operations Center, through a Duty Officer, performs a 24-hour situation status monitoring function. This baseline level of staffing will expand as the situation dictates, including personnel from the Office of the Deputy Under Secretary for Health for Operations and Management (10N), Patient Care Services (11), the Office of Public Health and Environmental Hazards (13), and other VHACO offices as necessary. In major events, affected VISN(s) may elect to assign VISN liaisons to the VHA OC to enhance coordination and communication between the VHACO and the VISN EOC. The VHACO OC is the focal point for synthesis of public health, medical and special needs information on behalf of the Department of Veterans Affairs. In emergency situations where the Under Secretary for Health is the Lead VHA

Official, the VHACO OC is the lead Incident Management Team (IMT). In the event a VISN Director or a VA Medical Center Director is the Lead VHA Official, the VHACO OC coordinates national level support for VHA.

Recommended Staff Designations for Incident Command System (ICS) Positions

(VHA Memorandum, January 17, 2007)

VHA Central Office

Agency Executive		USH or DUSHOM
Command Staff:		
	Incident Mgmt. Team Commander	Director, Network Support or Senior HSS
	Safety Officer	Director, Safety and Technical Programs
	Public Information Officer	Director, Public Affairs
	Liaison Officer	Director, Emergency Management
General Staff:		
	Operations Section Chief	Senior HSS or EMSHG Staff
	Plans Section Chief	Senior HSS or EMSHG Staff
	Logistics Section Chief	Senior HSS or EMSHG Staff
	Finance/Administration Section Chief	Senior HSS or EMSHG Staff

VISN-level

VISN Emergency Operations Centers. VISN Emergency Operations Centers (EOCs) are responsible for command, control and coordination of VISN-wide incident management activities; coordination with VA facilities; other VISNs; other regional programs such as Consolidated Mail Out Pharmacies; VHACO; other federal agencies at the regional level, and the state EOC(s); Mission and resource tracking; and, reporting.

The VISN EOC is staffed by a VISN Incident Management Team. The VISN Director will serve as the Agency Executive, and program managers not assigned to the IMT will serve in a policy coordinating entity role.

Recommended Staff Designations for Incident Command System (ICS) Positions

(VHA Memorandum, January 17, 2007)

VISN Offices

Agency Executive		VISN Director
Command Staff:		
	Incident Mgmt. Team Commander	Deputy Network Director
	Safety Officer	VISN Safety Officer
	Public Information Officer	VISN Public Affairs
	Liaison Officer	VISN EM or EMSHG AEM
General Staff:		
	Operations Section Chief	Chief Operating Officer
	Plans Section Chief	VISN EM or EMSHG AEM
	Logistics Section Chief	Chief Logistics Officer
	Finance/Administration Section Chief	Chief Fiscal Officer

VA Medical Center-level

VA Facility Emergency Operations Centers. VA Facility Emergency Operations Centers (EOCs) are responsible for command, control and management of incidents affecting facility service delivery; resource support to deployed VHA assets; coordination with Community-Based Outpatient Clinics (CBOCs); community nursing homes; home-based primary care patients; Veteran Centers; other outreach programs, such as homeless veterans; other VA Facilities; the VISN office, and local (county and/or city) EOCs; mission and resource tracking; and, reporting.

The VA Medical Facility EOC is staffed by a VA Medical Facility Incident Management Team. The VA Medical Facility Director will serve as the Agency Executive and operating unit managers not assigned to the IMT will serve in a policy coordinating entity role.

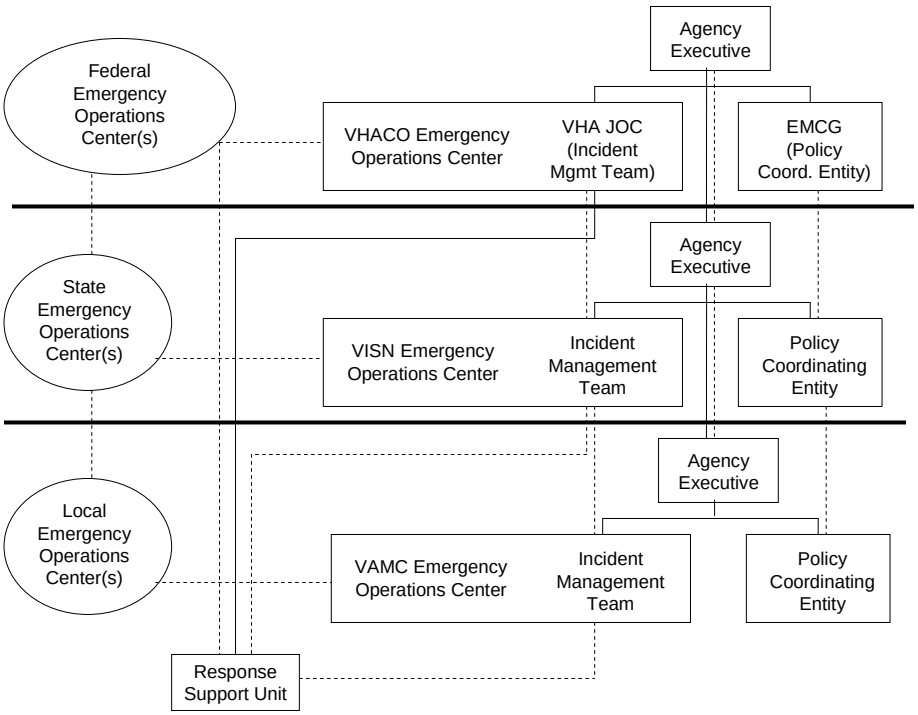
Recommended Staff Designations for Incident Command System (ICS) Positions

(VHA Memorandum, January 17, 2007)

VA Medical Facilities

Agency Executive		Facility Director
Command Staff:		
	Incident Mgmt. Team Commander	Associate Director or Chief of Staff
	Safety Officer	Safety Officer
	Public Information Officer	Public Affairs Officer
	Liaison Officer	Emergency Program Coordinator
General Staff:		
	Operations Section	
Health and Medical Group		Senior Clinical Staff
Business Continuity Group		Senior Administrative Staff or Chief, IT
Equipment, Plant and Utilities Group		Chief, Engineering/Facility Management
Safety & Security Group		Chief, Police/Security or Safety Officer
Plans Section Chief		Emergency Program Coordinator
Logistics Section Chief		Chief, AM&M
Finance/Administrative Section Chief		Chief, Fiscal or Business Operations

Figure 10-1: Operational Relationships



10.3.4.c.Concept of Operations

An emergency situation is any event that threatens the continuity of patient care, access to service delivery, and/or the safety of patients, visitors and employees. It begins upon recognition or notification that a threat exists; continues while all activities are underway to assess, control and correct ongoing adverse or negative effects; and ends when determined by the lead VHA official.

Lead VHA Official

- When an emergency situation occurs at the VA Medical Center or Community-Based Outpatient Clinic (CBOC), the VA Medical Facility Director or designee will be the lead VHA official. This ICS role is called the Agency Executive. He or she will designate an Incident Management Team (IMT) Commander, whose responsibilities are listed in the next section.

- VISN-level involvement becomes necessary when the emergency situation affects one or more VA medical facilities. The VISN Director or designee will then become the lead VHA official (Agency Executive). He or she will designate an IMT Commander, whose role is to coordinate between the various VA Facility IMT Commanders.

VA Medical Facility Directors and IMT Commanders remain responsible for local incident management operations.

- National-level involvement becomes necessary when the emergency situations under Presidential declaration require centralized direction, multiple VISNs are affected, and/or the situation has the potential to affect VHA's national health care system. The Under Secretary for Health (USH) or designee will become the lead VHA official. He/she will designate an IMT Commander, whose role it is to coordinate between the various VISN IMT Commanders and other federal agencies.

VISN Directors and VISN IMT Commanders remain responsible for coordinating with VA IMT Commanders. As the emergency situation gets under control, the leadership of the event transitions back down from national to VISN to the local VA Medical Facility.

Initial Response Actions

The lead VHA official (Agency Executive) will activate an Incident Command System organization; establish the length of the initial operational period(s); and designate an initial Incident Management Team (IMT) Commander.

The IMT Commander's primary challenge is having situational awareness of the incident. This is the perception of what the incident is doing, and what the organization is doing in relation to the incident. Determining the operational status of the VHA health care delivery system is an ongoing priority.

The initial IMT Commander's initial steps include:

- Assume command and conduct a situation assessment.
- Communicate the situation to other levels (see the following section on Incident Reporting).
- Designate the length of the current and future operational periods.
- Set objectives for what needs to be done to:

  - Save lives
  - Provide maximum safety for patients, visitors and staff.
  - Protect the environment, VHA property, facilities, equipment and vital records.

- Define immediate priorities consistent with the objectives.
- Determine the strategies and tactics required to carry out these objectives.
- Identify the types and numbers of resources needed for the tactics and get them requested/ordered.
- Delegate responsibilities to other positions within the ICS organization.

The specific organizational structure established for any given incident will be based upon the management needs of the incident. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas requires independent management, an individual is named to be responsible for that area. The remaining ICS positions within an IMT include:

- Incident Management Team (IMT) Commander
- Safety Officer
- Liaison Officer
- Public Information Officer
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance/Administration Section Chief

Emergency Operations Center (EOC)/Department Operations Center (DOC)

The term “Emergency Operations Center or EOC” is a generic term used widely to describe a location where information is coordinated, incident planning occurs and decisions are made. Technically, when only one agency is involved, it is a “Department Operations Center or DOC” (EOCs are inter-agency locations). A DOC/EOC is established if the incident will last more than one operational period/shift. Establishing a DOC/EOC helps to centralize direction and control. The DOC/EOC facilitates coordination and reduces confusion by creating a single point for collection, evaluation, display and dissemination of information.

The major functions of a DOC/EOC include:

- Communications
- Information collection, display and documentation
- Consolidated incident action planning
- Coordinated resource management, and
- Development of public information

Safety

It is VHA policy to conduct an ongoing safety program that provides a safe environment during staff deployments and a program meets the requirements

prescribed by the VA, VHA and the Occupational Safety and Health Administration (OSHA). Veterans Health Administration (VHA) remains the responsible employer in any and all deployments of VHA personnel, including internal deployments, NRP deployments in conjunction with the Emergency Support Functions, and Health and Human Services (HHS) sub-taskings.

In the event of the deployment of VHA personnel, VHA in consultation with Deputy Under Secretary for Health for Operations and Management (DUSHOM) will determine the need for the assignment of a Safety Officer. To ensure the safety and health of VHA staff; procedures will be established to evaluate the fitness and training of the staff considered for deployment and assessment of hazards at the operations site.

ICS Planning Cycle

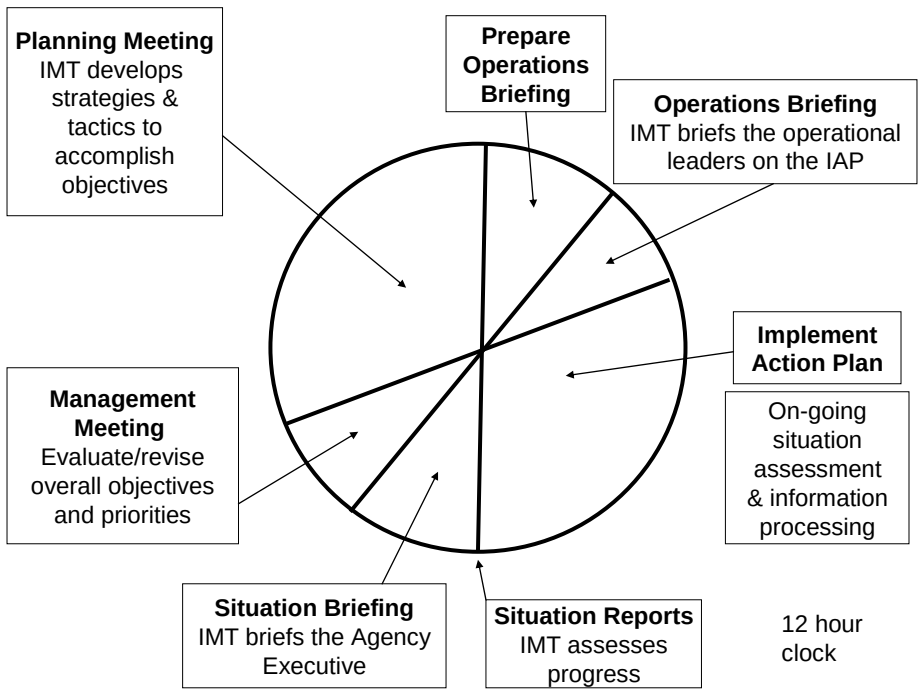
Managing information across a national system requires a standardized framework of activities and forms that each level in the system uses. This framework includes:

- Designation of operational periods or shifts.
- Synchronization of reporting times across the organization.
- Establishment of a conference call schedule that augments the reporting process.
- Discipline that keeps participants focused on the agenda for each particular planning cycle activity.

An operational period is a designated time period in which tactical objectives are to be accomplished and re-evaluated. The five activities that occur within each operational period or shift are:

- Shift change/situation update/reporting
- Management meeting
- Planning meeting
- Operations briefing
- Implement Incident Action Plan (IAP) and assess progress
- Reporting

Figure 10-2: Overview of ICS Planning Cycle



a. Situation Briefing. The Situation Briefing is developed by the Plans Section, and will consist of the following information:

- Date/time of start of incident
- Name of the incident
- Agencies involved
- Current incident status
- Current resource status
- Current strategy/objectives
- Communications systems being used
- Safety issues
- Special problems/issues

b. Management Meeting. The Management meeting provides the Agency Executive with an opportunity to provide input to the IMT Commander on overall goals, objectives and priorities. The IMT staff will attend this meeting. The meeting should be brief but address:

- Is the incident stable, or is it increasing in size and complexity?
- What are the current incident objectives, strategy, and tactics?
- Are there any safety issues?
- Are the objectives effective? Is a change of course needed?
- How long will it be until the objectives are completed?
- What is the current status of resources? Are resources in good condition? Are there sufficient resources?

c. Planning Meeting. The output of the Planning Meeting is the Incident Action Plan, which can take several hours to accomplish. Incident action planning is a proactive process, identifying objectives, strategies and tactics for the next operational period. The checklist, below, captures the main activities and who accomplishes them:

- State incident objectives and policy issues - IMT Commander.
- Brief consolidated situation, critical and sensitive areas, weather/sea forecast, and resource status/availability - Plans Chief and/or Situation Unit Leader.
- Brief consolidated agency and IMT Commander on objectives and strategies, noting gaps, overlaps, and seams - Planning Section Chief.
- State primary and alternative strategies to meet objectives - Operations Section Chief.
- Designate tactics and resource requirements for each strategy - Operations Section Chief.
- Identify resource availability and cost - Logistics and Finance Section Chiefs.
- Specify operations facilities and reporting locations - Operations and Logistics Section Chiefs.
- Develop resource order(s) - Logistics and Finance Section Chiefs.
- Consider support: communications, traffic, safety, medical, etc. - Operations, Planning and Logistics Section Chiefs.
- Consider overall safety and health concerns of deployed personnel - Safety Officer.

- Consider media considerations - Public Information Officer.
- Report on expenditures and claims - Finance Sections Chief.
- Finalize and approve work plan for the next operational period - IMT Commander.

d. Operations Briefing. This meeting presents the Incident Action Plan to the groups involved with supporting VHACO, VISN, VAMC and/or RSU operations.

- Review the IAP - Planning Section Chief.
- Discuss current strategy and last shift's progress towards objectives - Operations Section Chief.
- Review forecast/expected situation in next operational period - Planning Section Chief.
- Explain assignments and work locations - Operations Section Chief.
- Provide transport, communications, and supply updates - Logistics Section Chief.
- Deliver a safety message - Safety Officer.

e) Implement IAP and Assess Progress. During the execution phase of the operational period, the Operations Section Chief, in conjunction with groups assigned responsibility for supporting VISN, VA Medical Facility and/or RSU operations will confer and review progress made towards the operational period objectives. This information is used by the Operations Section Chief to review and revise future operational period objectives, strategies and tactics.

Reporting

(Note: The following information is provided as a general guideline. As needed, more specific guidance will be issued by 10N during emergencies.)

a. VA Medical Facilities:

- Initial Reporting. When an incident occurs that requires the activation of a VA Facility's Emergency Operations Plan/Incident Command System (ICS), the situation is reported using an **Issue Brief** form to the designated contact at the VISN office as soon as is reasonable. An **Operating Status Capability Assessment Report** (OSCAR) can be attached.
- Subsequent Reporting. When emergency situations are not resolved within the initial 24-hour period, or as directed by the VISN office, VA Facilities should be conducting the incident action planning process. In addition to the Issue Brief, an **Incident Action Plan (IAP)** will be

submitted to the designated contact at the VISN office according to the following schedule:

Issue Brief -- by 0730 hrs. local time.

Incident Action Plan -- by 1100 hrs. local time.

Issue Brief -- by 1930 hrs. local time.

Reporting times may vary due to VACO requirements.

- Incident Termination. VA Facilities must indicate termination of an incident by sending an email to the designated contact at the VISN office stating the emergency situation has been resolved. If Outlook is down, the report should be submitted by telephone to the designated VISN point-of-contact.

b. VISN Offices:

- Initial Reporting. As soon as reasonable, designated contact(s) at the VISN office should review and forward the VA Facility Issue Brief to the Outlook mail group *VHA OC Action*, with the subject line: *"ATTN: VHA OC Duty Officer"*. If Outlook is down, the report should be submitted by telephone using 304-264-4800, and then Faxed to 304-264-4499.
- Subsequent Reporting. VISN offices should review and forward subsequent VA facility reports or in significant emergency situations that involve multiple VA facilities the VISN office should consolidate information received from VA facilities into a VISN Issue Brief. As directed by Central Office, the VISN should conduct the incident action planning process. VISN office reporting should be to Outlook email group *VHA OC Action* with the subject line, *"ATTN: VHA OC Duty Officer",* according to the schedule below:

  VISN Issue Brief -- by 0900 hrs. local time.

  VISN Incident Action Plan -- by 1300 hrs. local time.

  VISN Issue Brief -- by 2100 hrs. local time.

  Reporting times may vary due to VACO requirements.

- Incident Termination. VISN offices should send an email indicating termination of an incident at a VA Facility to the Outlook email group *VHA OC Action* with the subject line reading *"ATTN: VHA OC Duty Officer".* If Outlook is down, the report should be submitted by telephone using 304-264-4800, and then faxed to 304-264-4499.

c. VHA Central Office Operations Center (OC):

OC is only staffed by a Duty Officer.

- Initial Reporting. The OC Duty Officer will be responsible for converting Issue Briefs that are received from VISN offices into a **VHA OC Issue Brief**. For events that involve significant threat or impact on VA patients or staff, this report should be sent immediately to the Outlook email groups *VHA EMCG* and *VHA OC Action* and copied to VA Central Office Integrated Operations Center (*VACO IOC*). The Subject line will state: "*VHA OC Issue Brief, (Date), and (Name of incident)*". For events that do not involve significant threat or impact on VA patients, staff or facilities, the report should be sent as soon as possible or by 1600 hours, Eastern Time.
- Subsequent Reporting. **VHA OC Issue Briefs** will be submitted by 0900 hours and 1600 hours, Eastern Time, daily to the Outlook email group *VHA EMCG* and *VHA OC Action* and copied to *VACO IOC*. The Subject line will state: "*VHA OC Issue Brief, (Date), and (Name of incident)*".
- Incident Termination. The VHA OC Duty Officer will forward Incident termination emails received from VISNs to the Outlook mail group *VHA EMCG* and *VHA OC Action* and copied to *VACO IOC*. The Subject line will state: "*VHA JOC, Incident Termination Notice, (Date), and (Name of incident)*".

OC expanded staffing

- Subsequent Reporting. The Incident Management Team Commander (IMT) or Plans Section Chief will be responsible for ensuring the **VHA OC Issue Briefs** are completed and sent to the Outlook mail group *VHA EMCG* and *VHA JOC Action,* and copied to the *VACO IOC,* according to the schedule below, unless otherwise directed. The Subject line will state: "*VHA OC Issue Brief, (Date), and (Name of incident)*."

  The IMT Commander or Plans Chief will also develop a **VHA OC Incident Action Plan** and send it to the Outlook email group *VHA EMCG* and *VHA OC Action,* according to the schedule below, unless otherwise directed. The Subject line will state: "*VHA OC Incident Action Plan, (Date), and (Name of incident)*."

  VHA OC Issue Brief -- by 0900 hrs. eastern time.

  VHA OC Incident Action Plan -- by 1130 hrs. eastern time.

  VHA OC Issue Brief -- by 1230 hrs. eastern time.*

  VHA OC Issue Brief -- by 1930 hrs. eastern time.

  ** 1230 hour report only necessary when 1400 hours Crisis Response Team (CRT) meetings are held.*

- Incident Termination. The IMT Commander and/or Plans Section Chief will send an incident termination email to the email group *VHA EMCG* and

VHA OC Action and copied to *VACO IOC*. The Subject line will state: "*VHA OC, Incident Termination Notice, (Date), and (Name of incident)*".

- After-Action Reporting: It is recommended that After-Action Reports be completed after significant emergencies.

10.3.4.d. Disaster Emergency Medical Personnel System (DEMPS)

The Veterans Health Initiative's DEMPS Program is the main component of VHAs' support to ESF #8 under the National Response Framework, as well as internal missions to continue to provide care for our Nation's Veterans. The DEMPS Volunteers that deploy are identified using a specific call up process based upon the mission type (Internal to VA, or an ESF #8 mission). Each volunteer that is deployed is trained using web-based lessons based upon 17 major competency areas. The intent is to deploy the volunteers in response to a mission and provide the best trained volunteer to the right place at the right time with the right skill set.

Within the framework of developing an Emergency Operations Plan it is important to understand that there may be a need to deploy personnel to a disaster response while in a response mode within your particular facility. How this is accomplished, as well as understanding what the DEMPS Volunteers need to know to deploy, are important aspects of this section.

When DEMPS is activated and a volunteer has been selected to deploy, they need to ensure that they meet certain personal, professional, and readiness requirements. The DEMPS Volunteer and all facility support personnel need to know that a DEMPS deployment entails three (3) main parts set on a continuum: 1) pre-deployment; 2) deployment; and 3) post-deployment. See Enclosure 42, DEMPS Pre-Plan and NEMRTS at the VISN and Facility Level.

Pre-deployment

During the Pre-deployment phase the DEMPS Volunteer, with support from their facility DEMPS Coordinator, Employee Health Office, Travel Clerks, and Fiscal Service, will need to complete a physical and travel plan, as well as completing their family checklist and packing checklist. The DEMPS National Program Manager will provide each facility a volunteer with a Deployment Area Specific Information (DASI) Document that outlines the logistics and contact information for the deployment site, as well as the conditions on the ground at the deployment site.

Each DEMPS Volunteer also needs to be professionally prepared to deploy, and this preparation includes any skill-set-specific training as well as the required DEMPS Program Training. The key to a successful deployment rests with readiness of the volunteer and the support of the facility leadership and support staff.

Once the DEMPS Volunteer is activated and deploys, the need exists for the volunteer's home DEMPS Coordinator to maintain an open line of communication during the entire deployment period, which usually is 14 days.

Deployment

Once DEMPS has been activated and the DEMPS Volunteers deploy, they will deploy to a location that will, based upon the mission type, have some level of a leadership team in place to support the mission. The role of the leadership team and the number of personnel on the leadership team is dictated by the mission and the needs of the Department of Health and Human Services under the mission sub-tasking.

When a DEMPS Volunteer arrives at their deployment site they will have general duties to conduct as well as specific duties. Just like the leadership structure on deployment, the general and specific duties the volunteers perform are mission specific. Regardless of the mission, there still exists the need for the volunteer and the home facility team to maintain contact during the deployment period.

It is the intention of VHA to deploy the DEMPS Volunteers to a safe and secure environment. As part of this effort, VHA ensures that a Health and Safety Plan is in place and any pertinent information is conveyed to the deployment team as well as back to VHA.

All DEMPS Volunteers, regardless of their role, are in place to provide the best service and care that VHA is known for in their medical facilities. The same philosophy applies during a deployment. Should there be an issue while a volunteer is on deployment they will work with their leadership team to try and recover the situation and continue the care on a positive note.

It is important to note that when DEMPS is activated, all personnel involved with the deployment are fairly compensated for overtime worked.

Each deployment will have a qualified timekeeper as part of the team. The time for each deployer is maintained in an electronic file on the DEMP SharePoint site and is available 24/7 for the facility DEMPS Coordinator to access and provide to the volunteer's timekeeper.

While on deployment, the DEMPS Volunteer needs to have a general understanding of the Incident Command System (ICS) structure and its importance in the response system. All DEMPS Volunteers are required to complete training on ICS before they can be deployed.

Stress on deployment is real. Consequently, each deployment in which there are DEMPS Volunteers will contain a team to monitor the mental health of the evacuees as well as the DEMPS Volunteers. Each member of the mental health team will employ specific strategies and resources for handling stress-related issues for both evacuees and colleagues.

Post-Deployment

When the DEMPS Volunteer's deployment has ended and the demobilization process has started, each volunteer and facility support staff will need to accomplish specific objectives to close-out the deployment. One item that must be accomplished within five (5) working days of returning home is to complete the travel claim so the facility can provide to the VISN the end of deployment expenses for reimbursement. The goal of the post-deployment process is to Return-to-Readiness for each volunteer as quickly as possible. In order for this to happen each volunteer will be offered a medical and mental health evaluation. There is no requirement that these evaluations take place, but should the need exist for the volunteer to need one, they exist. Return-to-Readiness is a team approach and the support staff in the facility plays an important role in the process.

10.3.4.e.National Response Framework

As described earlier, the Stafford Act (42 USC, Section 5121 et. seq.) is the primary source of VA's and other federal agencies' authority to respond to disasters and emergencies. The National Response Framework (NRF) was recently published and supersedes the National Response Plan (NRP). The guide under which this support is provided is the NRF, which is designed to provide a coordinated federal response to state and local requests for assistance in the event of a disaster or emergency. (Information about the NRF is available at: http://www.fema.gov/emergency/nrf/.)

The NRF is organized as follows:

- The Core (or Base) Document describes the doctrine that guides the national response, roles and responsibilities, and national response actions.
- Support Annexes describe essential supporting aspects that are common to all incidents (e.g., Financial Management, Volunteer and Donations Management, Private Sector Coordination).
- Incident Annexes address the unique aspect of responses to seven broad categories or types of incidents (e.g., Biological, Nuclear/Radiological, Cyber, Mass Evacuation).

Emergency Support Function (ESF) Annexes group federal resources and capabilities into functional areas that are most frequently needed in a national response (e.g., Transportation, Communications, Urban Search and Rescue). The ESFs detail the missions, policies, structures and responsibilities of federal agencies for coordinating resources and program support to state and local governments, as well as other federal agencies.

Each of the ESFs has a lead agency, or ESF Coordinator, responsible for overall ESF coordination and planning; and a number of supporting agencies that, when requested, may provide support in specific categories. The Department of Veterans Affairs does not have a lead role in any of the ESFs. However, it does

have a support role in seven (7) of the ESFs. The ESFs for which VA has a support role, the applicable ESF Coordinators, and the areas for which VA can be requested to provide support for each are as follows:

ESF	Description	ESF Coordinator(s)
3	Public Works and Engineering	US Army Corps of Engineers
5	Emergency Management	Department of Homeland Security/FEMA
6	Mass Care	Department of Homeland Security/FEMA
7	Resource Support	General Services Administration
8	Public Health and Medical Services	Department of Health and Human Services
13	Public Safety and Security	Department of Justice
15	External Affairs	Department of Homeland Security

It is important to note that under the NRF, the supporting agencies are not under an obligation to provide the services or resources that may be requested. These resources are only provided if available. The NRF, as a guide, is an agreement between the Secretaries of the various departments and agencies. (However, under the Stafford Act, the President may also specifically direct federal departments and agencies to provide resources and other support, and this may be done with or without reimbursement.)

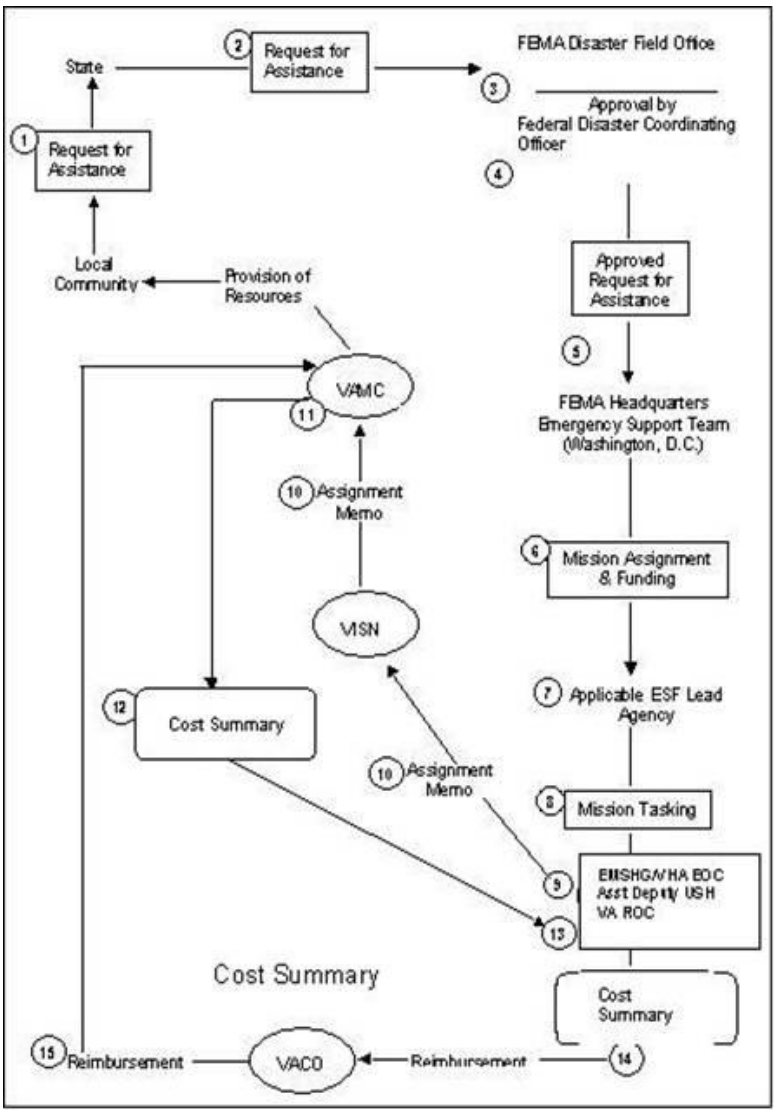
Under the NRF, departments and agencies are normally provided reimbursement for costs incurred in the provision of the services or resources, but this includes only those additional costs incurred by the department or agency in providing the services or resources. For example, reimbursement for providing personnel does not include reimbursement of personnel salaries, but does include costs of overtime, travel, housing and per diem. It can also include overtime or contract costs associated with backfill of personnel that are deployed under the NRF in a federal response.

Mission tasking and reimbursement under the NRF. VAMCs cannot respond to direct state, county, or local requests for assistance under the NRF. (Local VA Medical Centers can respond to local requests for emergency assistance under humanitarian assistance provisions, covered in Chapter 10: Step 8.) Most often, VA assistance requested under the NRF will be for health and medical resources. The process for requesting, tasking, and provision of VA medical resources under the NRF is described below. [Figure 10-3: Request For and Furnishing Support Under the National Response Framework (NRF).]

The process begins with a request from the local community to the state for assistance.

- If the state cannot provide the assistance, a formalized Request for Assistance (RFA) is developed. If approved by FEMA, the RFA becomes a funded Mission Assignment and is sent through channels to the Department of Health and Human Services (DHHS).
- If DHHS is not able to provide all requested support within its own agency, it may send a Mission Tasking to VA.
- These requests are sent through the VA Readiness Operations Center (ROC) to the VHA Joint Operations Center (JOC).
- In coordination with the Office of the Assistant Deputy Under Secretary for Health, the request is then forwarded by the JOC to one or more VISNs to solicit the requested support from applicable VISN VAMCs.

Figure 10-3: Request For and Furnishing Support Under the National Response Framework (NRF)



VAMCs that provide staff and other resources in response to a request made under the NRF must carefully track all costs associated with the mission assignment. Only costs of the provision of those specific resources or services provided under the mission assignment will be reimbursed.

Upon completion of the mission, VAMCs will forward, through their respective VISNs, cost summary information to the VHA JOC, using forms that are provided. This information will be consolidated and submitted to FEMA for reimbursement, which will be returned to the VAMC by the VHA JOC. If there are questions of what is covered under a particular assignment, contact The Emergency Management Strategic Health Care Group (EMSHG) directly at 304.264.4800 or through Outlook via the address: VHA EMSHG OPERATIONS.

10.4. Related Standards

1) **The Joint Commission.**

(None.)

2) **Department of Homeland Security, National Incident Management System (NIMS).**

- Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.
- ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.
- Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.
- Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

3) **National Fire Protection Association, Standard 1600.**

5.6 Prevention.

5.6.1 The entity shall develop a strategy to prevent an incident that threatens life, property, and the environment.

5.6.2 The prevention strategy shall be based on the information obtained from Section 5.4 and shall be kept current using the techniques of information collection and intelligence.

5.6.3 The prevention strategy shall be based on the results of hazard identification and risk assessment, impact analysis, program constraints, operational experience, and cost benefit analysis.

5.6.4 The entity shall have a process to monitor the identified hazards and adjust the level of preventive measures to be commensurate with the risk.

6.3 Communications and Warning.

6.3.1 The entity shall determine communications and warning needs, based on required capabilities to execute plans.

6.3.2 Communications and warning systems shall be reliable, redundant, and interoperable.

6.3.3 Emergency communications and warning protocols and procedures shall be developed, tested, and used to alert stakeholders potentially impacted by an actual or impending incident.

6.3.4 Advisory and warning systems shall be integrated into planning and operational use.

6.3.5 The entity shall develop and maintain the following capabilities:

(1) Communications between the levels and functions of the organization and outside entities

(2) Documentation of communications

(3) Communications with emergency responders

(4) Central contact facility or communications hub

6.3.6 The entity shall establish, implement, and maintain procedures to disseminate warnings.

6.3.7 The entity shall develop procedures to advise the public, through authorized agencies, of threats to life, property, and the environment.

6.3.8 The entity shall disseminate warning information to stakeholders potentially impacted.

6.3.9 The entity shall document issued warnings.

6.9 Incident Management.

6.9.1 The entity shall develop an incident management system to direct, control, and coordinate response and recovery operations.

6.9.2 The incident management system shall describe specific organizational roles, titles, and responsibilities for each incident management function.

6.9.3 The entity shall establish procedures and policies for coordinating mitigation, preparedness, response, continuity and recovery activities.

6.9.4 The entity shall coordinate the activities specified in 6.9.3 with stakeholders in the mitigation, preparedness, response, continuity, and recovery operations.

6.9.5 Emergency operations/response shall be guided by an incident action plan or management by objectives.

4) **Department of Homeland Security, Continuity of Operations Planning (COOP).** COOP Implementation - Relocation may be required to accommodate a variety of emergency scenarios. While any of these scenarios involve unavailability of a facility, the distinction must be made between a situation requiring evacuation only and one dictating the need to implement COOP plans. A COOP plan includes the deliberate and pre-planned movement of selected key principals and supporting staff to a relocation facility. Agencies should develop an executive decision process that would allow for a review of the emergency and determination of the best course of action for response and recovery. One approach to ensuring a logical sequence of events in implementing a COOP plan is time phasing. A suggested time-phased approach for COOP activation and relocation, alternate facility operations, and reconstitution follows:

a. **Phase l - Activation and Relocation (0-12 Hours).** Notify alternate facility manager(s) of impending activation and actual relocation requirements;

- Notify the Federal Emergency Management Agency (FEMA) Operations Center (FOC), 202-898-6100/1-800-634-7084, and other appropriate agencies of the decision to relocate and the time of execution or activation of call-down procedures;
- Activate plans, procedures and schedules to transfer activities, personnel, records and equipment to alternate operating facility(ies);
- Notify initial COOP contingency staff to relocate;
- Instruct all other emergency and non-emergency personnel on what they are to do;
- Assemble necessary documents and equipment required to continue performance of essential operations at alternate operating facility(ies);
- Order equipment/supplies, if not already in place;
- Transport documents and designated communications, automated data processing, and other equipment to the alternate operating facility(ies), if applicable;
- Secure the normal operating facility physical plant and non-moveable equipment and records, to the extent possible;
- Continue essential operations at the normal operating facility if available, until alternate facility(ies) is operational; and,
- Advise alternate operating facility manager(s) on the status of follow-on personnel.

b. **Phase II - Alternate Facility Operations (12 Hours-Termination).**

- Provide amplifying guidance to other key staff and non-emergency employees;
- Identify replacements for missing personnel and request augmentation as necessary;
- Commence full execution of essential operations at alternate operating facility(ies);
- Notify the FOC and all other appropriate agencies immediately of the agency's alternate location, operational and communications status, and anticipated duration of relocation, if known; and,
- Develop plans and schedules to phase down alternate facility(ies) operations and return activities, personnel, records, and equipment to the primary facility when appropriate.

c. **Phase III - Reconstitution (Termination and Return-to-Normal Operations).**

- Inform all personnel, including non-emergency personnel, that the threat of or actual emergency no longer exists, and provide instructions for resumption of normal operations;
- Supervise an orderly return to the normal operating facility, or movement to other temporary or permanent facility(ies) using a phased approach if conditions necessitate;
- Report status of relocation to the FOC and other agency points of contact (POC), if applicable; and,
- Conduct an after-action review of COOP operations and effectiveness of plans and procedures as soon as possible, identify areas for correction, and develop a remedial action plan.

10.5. Enclosures

7. VHA Incident Management System General Operational Checklist.

9. Incident Management System Position Descriptions.

11. Operating Status and Capability Assessment Report (OSCAR).

12. Sample Form - Incident Action Plan (IAP) Summary.

13. Incident Management Team (IMT) Organizational Chart.

42. DEMPS Pre-Plan and NEMRTS at the VISN and Facility Level.

Evaluation

11.1. Overview

This step is focused on the evaluation of the overall Emergency Management Program through periodic monitoring and annual reviews ("program-level reviews"). Additionally, conducting after-action reviews on the Emergency Operations Plan/Incident Command System (EOP/ICS) after exercises or real events ("performance-level reviews") is also covered in this chapter. The development of an Improvement Plan (IP) is one important outcome from these various evaluation activities. The reviews and the resulting IP are then presented to the Emergency Management Committee (EMC) for review and action (see Step 1). This linked evaluation/improvement process demonstrates VHA's commitment to continuous quality improvement/organizational learning in emergency management.

11.2. Important Additional Reading

Please review the content on pages 4-5 through 4-148 in Emergency Management Principles and Practices for Health Care Systems, located in Enclosure 66.

11.3. Performance Improvement Program

VHA has recently made significant investments in enhancing the readiness of its VA Medical Centers and VISN Offices through a three year, independent third-party review of the emergency management programs, and development of software that supports the documentation requirements of exercises.

In Fiscal Year 11 through Fiscal Year 13, VHA will pursue a performance improvement program that will consist of policy, procedures and guidance for capability improvement, and re-assessments to determine what, if any, additional steps need to be taken to ensure the system is not only ready for major emergencies/disasters, but has the necessary components for on-going organizational learning. Organizational learning is "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 (GWU ICDRM, 2007)."

The evaluation component of this program will be capability-based (see "VHA Emergency Management Capability Framework" below) and include both formative and summative processes looking at program- and performance-level capabilities; focused on leading indicators of preparedness/readiness (see

"Leading Indicators of Preparedness/Readiness" below); and, include performance measures for line officials (Figure 11-1).

Formative evaluation is 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". Summative evaluation is 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. Performance Measures are 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). See "metrics, performance". (GWU ICDRM, 2007)

VHA Emergency Management Capability Framework

Program-level Capabilities:

1 - Program-level Capabilities

1.1 Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program

1.2 Administrative Activities ensure the Emergency Management Program meets its Mission and Objectives

1.3 Development, Implementation, Management, and Maintenance of an Emergency Management Committee process to Support the Emergency Management Program

1.4 Development, Implementation, and Maintenance of a Hazard Vulnerability Analysis process as the Foundation for Conducting the Emergency Management Program

1.5 Incorporation of Comprehensive Mitigation Planning into the Facility's Emergency Management Program

1.6 Incorporation of Comprehensive Preparedness Planning into the Facility's Emergency Management Program

1.7 Incorporation of Continuity Planning into the Activities of the Facility's Emergency Management Program to ensure Organizational Continuity and Resiliency of Mission Critical Functions, Processes, and Systems

1.8 Development, Implementation, Management, and Maintenance of an Emergency Operations Plan

1.9 Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the Facility's Emergency Management Program

1.10 Incorporation of a Range of Exercise Types that Test the Facility's Emergency Management Program

1.11 Demonstration of Systems-Based Evaluation of the Facility's Overall Emergency Management Program and its Emergency Operations Plan

1.12 Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the process becomes one of a Learning Organization

Performance-level Capabilities:

2 - Incident Management Capabilities

2.1 Initial Incident Actions

2.1.1 Processes and Procedures for Incident Recognition, Activation of EOP/EOC, and Initial Notification

2.1.2 Mobilization of Critical Staff and Equipment for Incident Response

2.1.3 Situational Assessment of Response and Coordination Efforts for Initial Incident Management and EOC Activation

2.1.4 Management of Extended Incident Operations

2.2 Public Information Management Services during an Incident

2.3 Management and Acquisition of Resources for Incident Response and Recovery Operations

2.4 Processes and Procedures for Demobilization of Personnel and Equipment

2.5 Processes and Procedures for a Return to Readiness of Staff and Equipment

3 - Occupant Safety Capabilities

3.1 Evacuation vs. Shelter-In-Place

3.1.1 Processes and Procedures for Evacuation of Patients, Staff, and Visitors

3.1.2 Processes and Procedures for Sheltering-in-Place

3.1.3 Processes and Procedures for Sheltering Family of Critical Staff

3.2 Perimeter Management of Access/Egress to Facility during an Incident (e.g., Lock Down)

3.3 Processes and Procedures for Managing a Hazardous Substance Incident

3.4 Infection Control

3.4.1 Biohazard (Infection) Control Surge Services during Emergencies

3.4.2 Selection and Use of Personal Protective Equipment for Incident Response and Recovery Operations

3.4.3 Processes and Procedures for Staff and Family Mass Prophylaxis during an Infectious Outbreak (i.e., Influenza)

3.5 Fire Protection and Rescue Services for Response to Incidents

4 - Resiliency/Continuity of Operations

4.1 Personnel Resiliency

4.1.1 Transporting Critical Staff to the Facility during an Emergency

4.1.2 Maintaining Authorized Leadership (Leadership Succession)

4.1.3 Processes and Procedures for Personal Preparedness and Employee Welfare

4.1.4 Dissemination of Personnel Incident Information to Staff during an Incident

4.2 Mission Critical Systems Resiliency

4.2.1 Development, Implementation, Management, and Maintenance of an Electrical Power System

4.2.2 Management and Maintenance of Fixed and Portable Electrical Generator Resiliency

4.2.3 Maintaining Fuel, Fuel Storage, and Fuel Pumps for Generators, Heating, and Vehicles Resiliency

4.2.4 Development, Implementation, Management, and Maintenance of an Emergency Water Conservation Plan

4.2.5 Maintaining Emergency Potable Water System Resiliency

4.2.6 Maintaining Sewage and Waste Resiliency

4.2.7 Maintaining Medical Gases and Vacuum Resiliency

4.2.8 Maintaining Heating Ventilation and Air Conditioning Resiliency

4.2.9 Maintaining Information Technology and Computing Resiliency

4.2.10 Maintaining Access to Critical Commodities and Services during Response and Recovery Operations

4.2.11 Internal and External (to the VA) Alternate Care Sites

4.2.12 Cash to Purchase Supplies/Services/Payroll during an Emergency

4.3 Communications

4.3.1 Maintenance of Voice and Data Communication through Satellite Link

4.3.2 Maintaining Satellite Telephone Resiliency

4.3.3 Interoperable Communications with External Agencies

4.3.4 Interoperable Communications with VAMC Facilities

4.4 Health Care Service System Resiliency

4.4.1 Development, Implementation, Management, and Maintenance of Community Based Outpatient Clinic EOP

4.4.2 Management of Care for Home-Based Primary Care Patients during Incidents

4.4.3 Specialty Outpatient Services (e.g. dialysis, persons with Spinal Cord Injury Dependent [SCI/D] on community/outside assistance in their home, oxygen therapy patients, and dementia or other cognitive impairment)

4.4.4 Provision of Ambulatory Clinical Services during Incidents

4.5 Development, Implementation, Management, and Maintenance of a Research Program EOP

4.6 Maintaining Patient Mental Health and Welfare

5 - Medical Surge

5.1 Processes and Procedures for Expansion of Staff for Response and Recovery Operations

5.2 Management of External Volunteers and Donations during Emergencies

5.3 Management of Volunteers Deployment Support (e.g., DEMPS) during Response and Recovery Operations

5.4 Expansion of Evaluation and Treatment Services

5.4.1 Development, Implementation, Management, and Maintenance of the VA All-Hazards Emergency Cache

5.4.2 Designated Capability for Expanded Patient Triage, Evaluation and Treatment during Surge

5.4.3 Designation and Operation of Isolation Rooms

5.4.4 Integration of Patient Reception, Surge and Decontamination Teams

5.4.5 Maintaining Laboratory, Blood Bank, and Diagnostic Imaging Surge Capability

5.4.6 Processes and Procedures for Control and Coordination of Mass Fatality Management

6 - Support to External Requirements

6.1 Support of Patient Care Requirements

6.1.1 Provision of Supplemental Health Services to Support the National Disaster Medical System

6.1.2 VA/DoD Contingency Hospital System

6.2 Liaison

6.2.1 Response/Interface with State and Community Emergency Management Authorities and State and Local Public Health

6.2.2 Response/Interface with Community Health Care Organizations

6.2.3 Support under the National Response Framework

Leading Indicators of Preparedness/Readiness

- Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program (EMP)
- Administrative Activities Ensure the EMP meets its Mission and Objectives
- Incorporation of Comprehensive Instructional Activity
- Incorporation of a Range of Exercise Types that Test the EMP
- Mobilization of Critical Staff and Equipment
- Public Information Management Services
- Processes and Procedures for Sheltering-in-Place
- Mission Critical System Resiliency and Sustainability (combination of the three capabilities of Electrical Power, Potable Water and Medical Gases)

- Interoperable Communications with VA Facilities
- Processes and Procedures for Expansion of Staff
- Designated Capability for Expanded Patient Triage, Evaluation and Treatment
- Response and Interface with Community Health Care Organizations

Figure 11-1: Leading Indicators of Preparedness/Readiness

PO6 Comprehensive Emergency Management Program
Indicator Statement:
• ***Continuity of Health Care Operations Composite: The goal of ensuring uninterrupted provision of medical and hospital services to Veterans, and during a disaster or emergency, to civilian victims, as appropriate is based on twelve measures which have been shown to be leading indicators of preparedness."***
Quality Indicators:
• Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program (EMP) • Administrative Activities Ensure the EMP meets its Mission and Objectives • Incorporation of Comprehensive Instructional Activity • Incorporation of a Range of Exercise Types that Test the EMP • Mobilization of Critical Staff and Equipment • Public Information Management Services • Processes and Procedures for Sheltering-in-Place • Mission Critical System Resiliency and Sustainability (combination of the three capabilities of Electrical Power, Potable Water and Medical Gases) • Interoperable Communications with VA Facilities • Processes and Procedures for Expansion of Staff • Designated Capability for Expanded Patient Triage, Evaluation and Treatment • Response and Interface with Community Health Care Organizations

Numerator:
• ***Number of established quality indicators of preparedness.***
Denominator:
• Ten quality indicators.
Collection Methodology:
• Self- or peer-assessment with annual reporting by VAMCs and VISN Offices.
Scoring Methodology:
• Demonstrate establishment of at least 10 of the 12 milestones identified above.
Measurement Period:
• Fiscal Year

11.4. Related Standards

1. **The Joint Commission.**

EM.03.01.01: The [organization] evaluates the effectiveness of its emergency management planning activities.

EP 1) The hospital conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis. The findings of this review are documented. (See also EM.01.01.01, EPs 2 and 4)

EP 2) The hospital conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.

EP 3) The hospital conducts an annual review of its inventory process. The findings of this review are documented.

EM.03.01.03: The [organization] evaluates the effectiveness of its Emergency Operations Plan.

EP 6) The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.

Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital.

Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.

EP 7) During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.

EP 8) During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.

EP 9) During emergency response exercises, the hospital monitors its management of safety and security.

EP 10) During emergency response exercises, the hospital monitors its management of staff roles and responsibilities.

EP 11) During emergency response exercises, the hospital monitors its management of utility systems.

EP 12) During emergency response exercises, the hospital monitors its management of patient clinical and support care activities.

EP 13) Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).

EP 14) The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

2. **Department of Homeland Security, National Incident Management System (NIMS).**

Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

3. **National Fire Protection Association, Standard 1600.**

7.1 Entity Evaluation. The entity shall evaluate program plans, procedures, and capabilities through periodic testing and exercises.

7.2 Exercise Evaluation. Exercises shall be designed to evaluate program plans, procedures, and capabilities.

7.3 Methodology. Exercises shall provide a standardized methodology to practice procedures and interact with other entities in a controlled setting.

7.4 Frequency. Testing and exercises shall be conducted on the frequency needed to establish and maintain required capabilities.

7.5 Exercise Design. Exercises shall be designed to do the following:

(1) Evaluate the program

(2) Identify planning and procedural deficiencies

(3) Test or validate recently changed procedures or plans

(4) Clarify roles and responsibilities

(5) Obtain participant feedback and recommendations for program improvement

(6) Measure improvement compared to performance objectives

(7) Improve coordination between internal and external teams, organizations, and entities

(8) Validate training and education

(9) Increase awareness and understanding of hazards and the potential impacts of hazards on the entity

(10) Identify additional resources and assess the capabilities of existing resources, including personnel and equipment needed for effective response and recovery

8.1 Program Reviews.

8.1.1 The entity shall improve effectiveness of the program through management review of the policies, performance objectives, evaluation of program implementation, and changes resulting from preventive and corrective action.

8.1.2 Reviews shall be conducted on a regularly scheduled basis, and when the situation changes to challenge the effectiveness of the existing program.

8.2 Corrective Action.

8.2.1 The entity shall establish a corrective action process.

8.2.2 The entity shall take corrective action on deficiencies identified.

11.5. Enclosures

43. VHA Comprehensive EMP Capability Assessor's Guide.

Attachment **43a** - Final Report, 2007-2010 VHA CEMP Studies and Analysis.

44. Exercise Builder/Hospital Pilot Familiarization Webinar.

45. HSEEP, Volume 1.

46. HSEEP, Volume 2.

47. HSEEP, Volume 3.

48. Example Exercise Scenarios.

49. Sample Form - Pre-Drill Disaster Drill Evaluation.

50. VHA After Action Report Format and Instructions.

Attachment **50a** - Blank VHA After Action Report Form.

51. HSEEP AAR/IP Template.

52. Sample Decontamination Evaluation Tool.

53. Emergency Operations Center Tool.

EOSH

Joint Commission Update

12.1. Overview

The Joint Commission (TJC) has revamped their Emergency Management (EM) Standards as part of Phase I of a Standards Improvement Initiative (SII). The initiative, designed to enhance the clarity and objectivity of the standards, does not introduce new expectations for hospitals or critical access hospitals. However, ambulatory care, home care, and office-based surgery organizations will see an increase in the number of EM standards for 2009 as compared to 2008. For reference, a matrix of TJC 2009 EM standards addressed in the SII Phase 1 is provided in Enclosure 55 - TJC Emergency Management Matrix; Phase 1 of SII.

The 2009 TJC EM standards have been relocated to their own chapter. All standards from EC.4.11 through 4.20 are now located in EM.01. In addition, standards pertaining to disaster privileging that were previously located outside the Environment of Care chapter are now included in the new EM chapter. Elevating EM standards to their own standard is intended to elevate the attention to the standards within an organization and thereby galvanize EM planning as an organization-wide priority. Enclosure 56 is the *"TJC History Tracking Report: 2009 to 2008 Requirements - **Emergency Management**"*. Enclosure 57 - TJC Crosswalk of 2008 Management of Environment of Care Standards to 2009 Emergency Management Standards, provides a crosswalk with the associated elements of performance scoring.

Building from recent disaster experiences, the EM chapter maintains an all-hazards approach. The expectation is for the organization to design their plan on a scalable approach that will allow response tactics to address the potential of subsequent events that may occur as an aftermath from the initial event.

In its all-hazards approach, TJC requires organizations to adopt an incident management system that is consistent with, and integrates into, their community's emergency management structure. However, TJC does not mandate the use of the National Incident Management System (NIMS). Consistency and integration of the organizational command structure with the community structure is deemed essential to assure appropriate pre-disaster planning activities and post-disaster communication, response, and recovery activities.

Standards considered by TJC to have a ***direct impact*** on patient care are:

- EM.02.01.01 Element of Performance (EP) 8 - If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for patients.

- EM.02.02.11 - Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following (see standard for additional comments).

- EM.02.02.15 - Before a volunteer practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following (see standard for additional comments).

Standards requiring written documentation are:

- EM.01.01.01 EP 2, 3, and 8.
- EM.02.01.01 EP 2, and 4.
- EM.02.02.07 EP 8.
- EM.02.02.13 EP 2, 4, and 8.
- EM.02.02.15 EP 2, 4, and 8.
- EM.03.01.01 EP 1, 2, and 3.
- EM.03.01.03 EP 14.

Note: Look carefully at the standard elements for language, "EOP plan describes…" to indicate where additional documentation is required.

12.2. Foundation for the Plan - EM.01.01.01

Planning considerations are:

1. The Emergency Operations Plan (EOP) format is *not* dictated, however it must address the management of six critical areas:

   - Communication, resources and assets, safety and security, staff responsibilities, utilities management, and patient clinical and support activities.

Tip: Review existing EOP against TJC 2009 standards. EOP updates should include references to existing policies/documents that address the six critical areas. See Enclosure 58 - TJC Emergency Management Standard Review Tool to review EOP against TJC standards.

2. Organization-wide planning can be demonstrated by addressing EM in the organization's multi-disciplinary Environment of Care or Safety Management Committee.

3. Input from the medical staff should be evident.

4. The hazard vulnerability analysis (HVA), a risk-assessment process, should:

a. Serve as the basis for identifying potential organizational vulnerabilities, ascertain expected impact, assess current preparedness level and response capabilities, and assist with prioritization for preparedness and mitigation activities (gap analysis).

HVA elements should:

- Consider natural, technological, and human hazards, and hazardous materials.
- Include determination of probability of occurrence, potential impact, and level of preparedness for each risk identified.
- Contain a mechanism to prioritize risks with consideration to the short-term and long-term potential consequences of the event, as well as collateral impact on operations.

b. Involve the organization's senior leadership.

c. Involve community partners identified as appropriate to the process.

- Suggestions for appropriate community partners includes state and/or local public health, other health care organizations, community organizations, public safety, public works, vendors, local government, and other government agencies.

Tip: The local county and/or city emergency manager should have a locally developed HVA that the facility can utilize to assist in the development of their HVA.

d. Be required to be reviewed annually.

5. Organization's documented inventory of resources and assets include: personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets.

Tip: Generic Inventory Package (GIP) or other existing inventory methods may serve this purpose. The EOP may just need to reference where this information is located and how it can be accessed.

Tip: A matrix that lists resources with a corresponding database might be one way to demonstrate this.

12.3. The Plan for Emergency Response

This section of the EM chapter focuses on the EOP general requirements, the management of the six critical areas, and the granting of disaster privileging to volunteer practitioners.

1. General Requirements - EM.02.01.01. The EOP should:

a. Describe the organization's process and authority for initiating and terminating the response and recovery phases of its EOP.

b. Describe the organization's response procedures for planned/managed degradation of services based on prioritization of risks identified in the organization's HVA.

Considerations for response plans may include:

- Maintenance, expansion, or temporary suspension of selected services.
- Conservation of selected resources.
- Temporary modified admissions criteria.
- Procurement needed assistance from outside the local community.
- Staged or total evacuation.
- Identification of alternative sites for care, treatment, and services.

c. Contain contingency plans to self-sustain for 96 hours in the event the organization is unable to obtain local community support.

- Organizations are not required to stockpile supplies to last for 96 hours of operation.
- The intent of this Element of Performance is for organizations to critically evaluate and understand the capabilities and consumption rates of their various systems and resources (supplies, staff, etc.).
- A critical evaluation of the organization's current status, coupled with an understanding of its capabilities and consumption rates of critical systems and resources, allows the organization to strategize its response proactively during pre-planning activities or during a disaster response.

Tip: Initiate and facilitate facility discussion to address response and recovery planning:

- *Have a meeting with service chiefs to discuss EM. At the outset of the meeting, tell all service heads to consider that all outside utilities and services have just been cut off. Instruct service chiefs to return in (set timeframe) to report how long they could continue to provide their services to the medical center, what conservation measures they are employing, what services cannot be continued, contingency plans for services that cannot be continued, and the service recovery plan.*
- *Conduct medical center exercises to review response and recovery procedures. An example of 96-hour capability is provided in Enclosure 59 - TJC Standard EM.02.01.01 and EM.03.01.03 Catastrophes and*

Escalating Emergencies - 96-Hour Capability Tool/Exercise, and can be used as a discussion guide to examine capabilities.

- EM.03.01.03 EP 3 requires hospitals that offer emergency services or are recognized as a community-designated receiving station to conduct one annual emergency response exercise that incorporates a situation where the hospital will function without local community support for an extended period of time.

- Describe recovery strategies that are reflective of developed response plans.

  Tip: This description should be reflective of the response procedures identified in EM.02.01.01 EP2; that is, describe the plan to restore services.

2. Specific Requirements:

a. Communications - EM.02.02.01. Maintaining communications internally and externally during a disaster is considered critical for response, recovery, and coordination activity. Backup processes for identified internal and external critical communications should be established and exercised to verify capability (system and message).

1) The EOP is to describe the organization's communications plan. The EOP is to identify the following notification procedure(s):

- Staff.
- Licensed independent practitioners.
- External authorities.
- Patients and their families.
- Community or media.
- Other health care organizations.
- Vendors of critical supplies, services, and equipment.
- Identified alternate care site(s) [if transferring patients].

2) Communications to external community support organizations (other health care organizations, local governmental support agencies, and other community support organizations) should convey:

- The organization's response structure to include contact names and contact information.

Tip: Facility-developed template or Incident Command System (ICS) 201/202 could meet this requirement.

- Resources and assets that could be shared in an emergency response.

Tip: Resource information placed on community databases, such as those designed to meet Health Resources and Services Administration (HRSA)/Assistant Secretary for Preparedness and Response (ASPR)/Hospital Preparedness Program (HPP)/or other grant program may serve this purpose.

3) In addition, the communications plan should describe the mechanism and circumstances the organization will disseminate information, such as:

- The names of patients and deceased with other health care organizations or agencies.
- Information about patients to third parties such as other health care providers, state health departments, police, and FBI.

Tip: For the overall communications requirement, the recommendation is to develop a communications flow chart depicting internal and external communication flow, modes, and messages.

b. Resources and Assets - EM.02.02.03.

1) Resource management is critical for organizations to provide continuity of care to their patients during emergencies.

Tips: Organizations must be able to:

- *Have knowledge of the organization's HVA and associated potential impacts on critical resources.*
- *Evaluate and understand the capabilities and consumption rates of their various systems and resources (supplies, staff, etc.).*
- *Understand organization's response strategies (EM.02.02.01).*
- *Manage resources in accordance to organization's response strategies (EM.02.02.01).*
- *Know how to access essential resources inside and outside of the local community.*
- *Track resource inventory status.*

Tip: Recognition of existing databases, such as GIP, VHA All-Hazards Emergency Cache, and others may assist identifying and tracking resources and assets.

Tip: See Enclosure 60 - 96-Hour Consumable Supply Operational Impact Chart) and Enclosure 61 - (96-Hour Operational Impact Chart - Critical Systems and Services Failure, for template examples to monitor resource and asset status.

2) The EOP should address what resources and assets the organization may be in a position to share within and outside the local community.

- For hospitals unable to maintain patient care within their facility, the EOP should describe arrangements to get the following to the alternate care site(s):

  a) Patients and their medications, supplies, equipment, and support staff.

  b) Pertinent information, including essential clinical and medication-related information, to be transferred with patients.

Tip: Existing locally established Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) agreements may satisfy this requirement.

c. Security and Safety - EM.02.02.05.

1) The safety and security of patients is paramount under any circumstances.

2) For Security, the EOP plan is to describe:

- The hospital's plan for internal security and safety.
- Collaboration and roles of community support agencies/organizations.
- Controlled access procedures, site control, and building access.

Tip: Reference existing medical center security plans.

3) For Safety, the EOP plan is to describe:

- Management of hazardous materials and waste.
- Procedures for radioactive, biological, and chemical isolation and decontamination.

Tip: Reference existing medical hazardous waste management plans, ensuring contingency planning for potential service interruption has been included.

d. Manage Staff - EM.02.02.07.

1) The EOP is to describe the:

- Response management structure.
- Staff roles and responsibilities.

- Staff support plans, housing, transportation, and incident stress debriefing.

- Family support plans, childcare, elder care, and communications.

Tip: ICS charts and Job Action Sheets could serve to demonstrate compliance with EP 2-4.

2) Staff are trained in their assigned roles.

- Records of exercise participation could serve to demonstrate compliance with EP 7, as well as other medical center education/training documentation, such as service/department meeting minutes, Training Education Management Program Office/Learning Management System (TEMPO/LMS), or other such tracking system.

3) For licensed independent practitioners, staff, and authorized volunteers:

- The EOP describes how the hospital will identify these individuals.

- Communication occurs in writing to each licensed independent practitioner regarding his or her role, and whom to report to during an emergency.

Tip: Develop a medical center template to meet EP 8 and 9.

e. Manage Utilities - EM.02.02.09. The EOP is to identify:

- Key utilities.
- Services that the key utilities support.
- Contingency plans (response plans or managed service degradation plan as identified in EM.02.01.01 EP 2).
- Recovery plans, as identified in EM.02.01.01 EP 4.

Tip: The EOP should reference existing Utility Management Plans.

Tip: Facility matrix depicting service utility dependency may serve to assist in the identification of contingency and recovery plans.

f. Manage Patients - EM.02.02.11. The EOP should reflect the fundamental goal of protecting life and preventing disability. Planning elements to meet this goal should include:

- Surge capacity plans.
- Evacuation plans: partial and total.

1) Safety of evacuees.
2) Accounting of all persons.
3) Patient tracking.
4) Temporary sheltering if applicable.
5) Medical records to accompany patient; transfer of medical records to alternate care site.

- Assurance of infection control practices; hygiene and sanitation.
- Mental health assurance plans.
- Mortuary plan.

Tip: Dovetail the facility mortuary plan into the local community mortuary plan.

g. Disaster Privileges - EM.02.02.13.

- Standard addresses volunteer licensed independent practitioners.
- Medical Staff (MS) standards related to disaster privileging have been relocated here.

Tip: Review standard requirements with facility Quality Management (QM) along with VHA Handbook 1100.19, Credentialing and Privileging, October 2, 2007, and corresponding facility policy addressing emergency/disaster credentialing and privileging.

- *Make needed updates to facility policy.*
- *Include appropriate reference in EOP.*
- *Test emergency credentialing plan.*

h. Independent Practitioners - EM.02.02.15.

- Standard addresses volunteer practitioners who are not licensed independent practitioners.
- Human Resources (HR) standards related to disaster privileging have been relocated here.

Tip: Review standard requirements with facility Credentialing and Privileging Office along with VHA Handbook 1100.19, Credentialing and Privileging, October 2, 2007, and corresponding facility policy addressing emergency/disaster credentialing and privileging.

- *Make needed updates to facility policy.*
- *Include appropriate reference in EOP.*

12.4. Evaluation

This section of the Emergency Management chapter focuses on evaluating the effectiveness of the organization's *planning activities* and *EOP*.

Ambulatory care, critical access hospitals, home care, hospital, and office-based surgery programs are required to evaluate their EOP through emergency exercises.

1. EM.03.01.01. The organization evaluates the effectiveness of its emergency management planning activities.

   a. As risks and hazards may change the organization is expected to conduct and document annual reviews of its:

      - HVA.
      - EOP - objectives, scope, and program elements.
      - Inventory process.

   Tip: The organization's "annual narrative" may serve to meet this requirement.

2. EM.03.01.03. The organization evaluates the effectiveness of its EOP through exercises or in response to real events.

   a. Emergency/disaster exercises should:

      1) Reflect the top organizational vulnerabilities as identified in the HVA.

      2) Exercise response functions and capabilities of the six critical areas: communications, resources and assets, security, staff, utilities, and patients.

      3) Involve individuals designated to monitor performance and document opportunities for improvement.

         - Designated monitors should be trained on the exercise goals, expectations, and the process they are assigned to evaluate.

         - Monitoring of critical areas should be evident in the exercise After Action Report (AAR).

      4) Include prevention index (PI) initiatives, or interim measures, resulting from previous exercise evaluation to assess if program/process changes are effective.

      5) Have a documented evaluation.

         Tip: Include the six critical elements in the organization's AAR template to ensure their evaluation.

Tip: Suggested AAR template is the Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report/Improvement Plan, Enclosure 51.

b. For hospitals that offer emergency services, or are community-designated disaster receiving stations, at least one exercise is to involve:

1) An escalating event in which the local community is unable to support the hospital.

- For example, a severe weather scenario could introduce a cascade of events such as utility loss (power, water, telephone hard-lines), flooding, and/or staffing issues.
- Tabletop sessions are acceptable in meeting the community portion of this exercise.

2) An influx of simulated patients.

- Tabletop sessions cannot serve for this portion of the exercise.

c. For hospitals with a defined role in its community's response plan, at least one exercise is to involve participation in a community-wide exercise.

d. Keeping with previous exercise requirements, exercises are to be conducted twice each year.

1) There is no longer a requirement for time between exercises.

- This change was made to allow facilities to take advantage of real events to count toward the exercise requirement, to allow adequate time to develop and implement performance improvement initiatives to identify exercise deficiencies, and to evaluate those initiatives on the subsequent exercise.

2) Tabletop exercises, unless otherwise noted, are not acceptable.

e. Freestanding buildings classified as business occupancy that are not designated receiving stations need only conduct one emergency/disaster exercise.

12.5. TJC Survey Process

TJC survey process of the Emergency Management Program will involve review of the organization's HVA, EOP, training records, and recent exercise critiques. As part of the survey process, TJC will complete an EM tracer. The tracer will involve a review with the organization's Emergency Management Planning Committee and incident command team. Emphasis will be placed on how the team members work together to manage the functions that are critical to a successful emergency response. The tracer will examine how the organization handles problems and its ability to prioritize issues. The evaluation will extend to

how the organization works with its identified community partners in addressing emergency response.

12.6. Enclosures

51. HSEEP AAR/IP Template.

55. JC Emergency Management Matrix; Phase 1 of Standards Improvement Initiative (SII).

56. JC History Tracking Report: 2009 to 2008 Requirements - Emergency Management.

57. JC Crosswalk of 2008 Management of Environment of Care Standards to 2009 Emergency Management Standards.

58. JC Emergency Management Standard Tool.

59. JC Standard EM.02.01.01 and EM.03.01.03 Catastrophes and Escalating Emergencies - 96-Hour Capability Tool/Exercise.

Attachment **59a** - 96-Hour Capability Tool - Severe Weather.

Attachment **59b** - 96-Hour Capability Tool - Hospital Surge.

Attachment **59c** - 96-Hour Capability Tool - Power Failure.

60. 96-Hour Consumable Supply Operational Impact Chart.

61. 96-Hour Operational Impact Chart - Critical Systems or Services Failure.

VISN Guidance

13.1. Scope and Purpose

The purpose of this section is to provide guidance on components of a VISN Office Emergency Management Program (EMP). This section is based upon the capabilities assessed during site visits to all VHA VISN Offices over the last three years by Booz Allen Hamilton. The guidance contained here represents practices currently in place at a number of VISNs and provides detailed guidance to all VISNs. The examples and samples are offered as recommendations to establish and maintain EMPs consistent with VA policies and standards and also compliant with National Incident Management Standards (NIMS), Federal Continuity Directive (FCD-1 and FCD-2) and National Fire Protection Association (NFPA) Standard 1600.

13.2. Role of the VISN Office in Emergency Management

The VISN Office has two major areas of responsibility with respect to emergency management. The first is to provide oversight and policy for the emergency management programs at all facilities under the management of the VISN Office including VA Medical Centers and Community Based Outpatient Clinics. These roles include command, control, communications and coordination. It is the VISN Offices responsibility to ensure that all VISN facilities are compliant with VA policies, The Joint Commission (TJC) requirements as well as NIMS, FCD-1 and NFPA-1600.

The second is to serve as an emergency management organization during responses to the more significant response activities that may occur, typically involving a potential evacuation of a single VISN facility or involvement of more than one of the VISN facilities. In these kinds of emergencies, the VISN will play a very active role supporting the impacted facilities and/or actually managing the incident at a regional level.

13.3. Organization

Organization of the EMP is at the discretion of the VISN leadership. The most frequently used model is that the VISN Emergency Program Coordinator (EPC) reports to the Deputy Network Director directly or through another manager at the VISN typically the Capital Asset Manager (CAM) or the VISN Safety Manager. Given the increasing role played by the VISN EPC and the associated EMP, a direct reporting to the Deputy Network Director is recommended.

13.4. Staffing

The VISN Office should have an appointed VISN EPC and most, if not all, do. The question frequently asked is should this person be full time or collateral duty. Increasingly, VISN Offices are moving toward full time VISN EPCs. Given the

continued emphasis upon emergency management and its associated program requirements, more direct involvement of the VISN staff is indicated.

There is a need for full time VISN EPCs at all VISNs based upon current requirements. In some VISNs, the Regional Emergency Managers (REMs) and Area Emergency Managers (AEMs) play a key support role assuming a number of the program elements of a VISN Office EMP. This can work well as long as the staff can work closely together to cover all the requirements as long as the total effort devoted to Emergency Management is at least one FTEE.

Relying upon facility EPCs to support the main VISN emergency management responsibilities is not typically an effective strategy to manage the VISN Office program because staffing at VAMCs doesn't allow for this additional collateral duty assignment. That doesn't mean that the facility EPCs can't serve on various task groups including the VISN Emergency Management Committee (EMC) and other similar assignments as long as the VISN Office program has one FTEE.

13.5. VISN Capabilities

Each VISN Office should have a set of capabilities to execute its role of oversight to all VISN facilities as well as its role as an emergency management organization. These include capabilities relevant to:

1. **Program Level** capabilities help to ensure the VISN addresses issues relative to planning and preparedness as a crucial building block for VISN capabilities. These program level capabilities are categorized into the following groups:

- Systems-based approach to development, implementation, management, and maintenance of the EMP
- Administrative activities ensure the EMP meets its mission and objectives
- Development, implementation, management, and maintenance of an EMC process to support the EMP
- Development, implementation, and maintenance of a hazard vulnerability analysis process as the foundation for conducting the EMP
- Incorporation of continuity planning into the coordination activities of the VISN's office's EMP to ensure organizational continuity and resiliency of mission critical functions, processes, and system
- Development, implementation, management, and maintenance of an Emergency Operations Plan (EOP)
- Incorporation of comprehensive instructional activity into the preparedness activities of the VISN's EMP
- Incorporation of a range of exercise types that test the VISN's EMP
- Demonstration of systems-based evaluation of the VISN's overall EMP and its EOP
- Incorporation of accepted improvement recommendations into the EMP and its components such that the process becomes one of a learning organization

2. **Incident Management** capabilities help to ensure the VISN can manage all incidents regardless of scope. These capabilities are categorized into the following groups:

- Processes and procedures for incident recognition, activation of EOP/Emergency Operations Center (EOC), and initial notification of staff
- Mobilization of critical staff and equipment for incident response
- Situational assessment of response and coordination efforts for initial incident management and EOC activation
- Management of extended operations
- Public information management services during an incident
- Management and acquisition of resources for incident response and recovery operations
- Processes and procedures for demobilization of personnel and equipment
- Processes and procedures for a return to readiness of personnel and equipment

3. **Occupant Safety** capabilities help to ensure the VISN and its occupants are protected and out of harm's way. These capabilities are categorized into the following groups:

- Processes and procedures for evacuation of patients, staff, and visitors
- Processes and procedures for sheltering-in-place
- Processes and procedures for sheltering family of critical staff
- Perimeter management of access/egress to facility during an incident (e.g., lock down)
- Processes and procedures for managing a hazardous substance incident
- Biohazard (infection) control surge services during emergencies
- Selection and use of personal protective equipment for incident response and recovery operations
- Processes and procedures for staff and family mass prophylaxis during an infectious outbreak (i.e., influenza)

4. **Resiliency and Continuity of Operations (COOP)** capabilities help to ensure the VISN can continue to provide high quality health care, and that all VISN based operations can continue during an emergency. These capabilities are categorized into the following groups:

- Maintaining authorized leadership (leadership succession)
- Processes and procedures for personal preparedness and employee welfare
- Dissemination of personnel incident information to staff during an incident
- Maintaining information technology and computing systems resiliency during an incident
- Maintaining access to critical commodities and services during response and recovery operations
- Maintenance of voice and data communication through satellite link

- Interoperable communications with external agencies
- Interoperable communications with VISN facilities
- Management of primary care for special needs patients, including home-based care during incidents

5. **Medical Surge** capabilities help to ensure the VISN can meet the increased demand for health care services during an emergency. These capabilities are categorized into the following groups:

- Processes and procedures for expansion of staff for response and recovery operations
- Management of volunteers deployment support (e.g., disaster emergency medical personnel system (DEMPS)) during response and recovery operations
- Development, implementation, management, and maintenance of the VA all-hazards emergency cache
- Designated capability for expanded patient triage, evaluation and treatment during surge
- Processes and procedures for control and coordination of mass fatality management

6. **Support to External Requirements** help to ensure the VISN can integrate with the community and other federal health partners such as Health and Human Services (HHS), including Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR), DHS, and Department of Defense (DoD). These capabilities are categorized into the following groups:

- Provision of supplemental health services to support the national disaster medical system
- VA/DoD contingency hospital system
- Support under the National Response Framework (NRF)

13.6. Developing the VISN Office Emergency Management Program

Each VISN Office should have a comprehensive EMP based upon VA, NIMS and NFPA-1600 standards. This section provides guidance on how to apply the principles of the Nine-Step Process defined elsewhere in this guidebook to the VISN Office setting. For additional details on how to accomplish each of the 9 steps in this process, refer to the section of this Guidebook that addresses each step. While the detailed guidance for each of the 9 steps detailed elsewhere in this publication applies to VA Medical Centers (VAMCs), the principles apply to the VISN Office with some modification.

1. ***Step 1: Establish an Emergency Management Committee for the VISN Office and its Facilities.***

The VISN Office should develop an EMC. Requirements for such a committee are contained in the 2010 edition of the NFPA 1600 Section 4.3.1, which states

that, “A program committee shall be established shall provide input to or assist in the coordination of the preparation, implementation, evaluation, and revision of the program. ”

The most important step in this process is assigning the VISN EMC as the governing board and driving force behind the development, implementation, management, and maintenance of the EMP. Delegating this to the EMC provides two advantages:

- It provides a greater knowledge base to develop a comprehensive EMP. The creation of a multidisciplinary committee who provides governance over this phase ensures that multiple fields of expertise (i.e., clinical, engineering, safety, management, etc.) are applied to their respective EMP functional components.
- Developing and maintaining an EMP is a daunting task. Delegating this authority to the EMC will allow the VISN EPC to focus more attention on providing structured guidance.

The EMC should provide governance to all aspects of the EMP including development, implementation, management, and maintenance of the Hazard Vulnerability Analysis (HVA), EOP, pre-plans, and better alignment of the Comprehensive Emergency Management Program (CEMP) and its mission.

The EMC should be co-chaired by the VISN EPC and a senior leader from the VISN or VAMC such as a Director, Associate Director, Chief of Staff or Deputy Network Director. The membership should be multidisciplinary and include the following:

- EPCs from each VAMC
- REMs and AEMS assigned within the VISN
- Chief Engineer from one VAMC
- Capital Asset Manager (CAM)
- Chief Logistics Offices (CLO)
- Nurse Executive from one VAMC
- Clinician from one VAMC
- Safety Manager from VISN or one VAMC
- Chief Pharmacist from one VAMC
- Public Affairs Officer (PAO) from VISN or one VAMC
- Chief Police from one VAMC

The EMC should have a formal charter, meet monthly and keep minutes/meeting summaries, track action items to completion. It should also set annual strategic goals and supporting objectives.

The EMC co-chairs should brief VISN Leadership, preferably through the Executive Leadership Council (ELC) at least quarterly. The EMC should conduct an annual programmatic review of the VISN EMP at least annually and present the findings to the VISN leadership at one of the quarterly meetings.

Performance goals and measures for the subsequent year should be established for the VISN and its facilities based upon feedback from VISN leadership after reviewing that annual report developed by the VISN EMC.

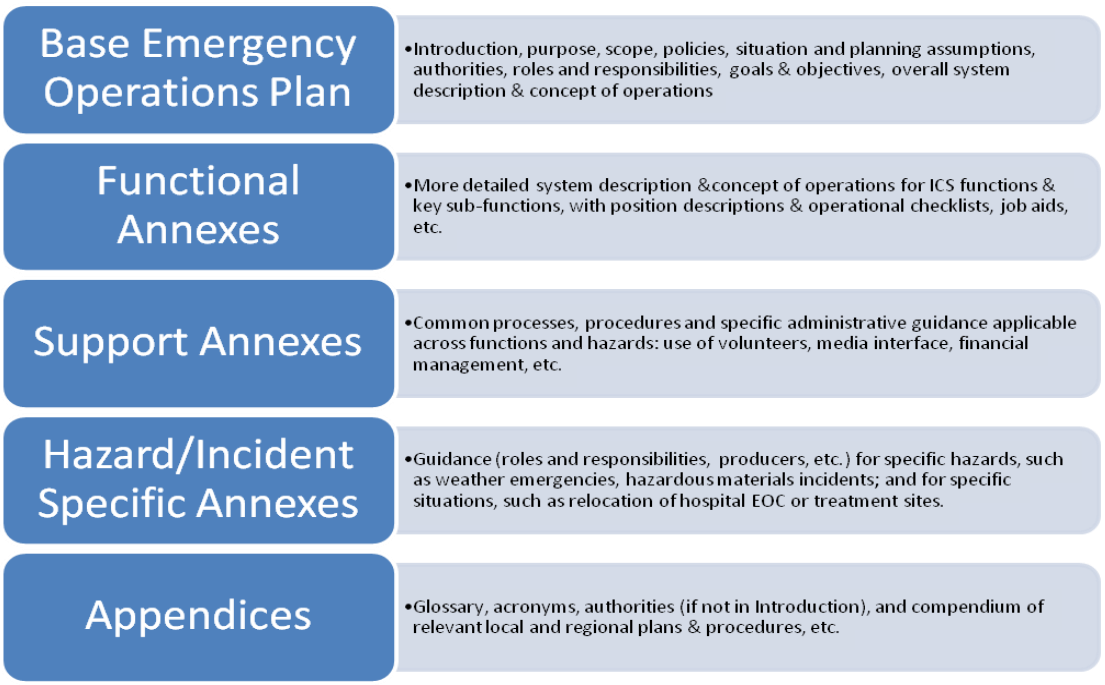
2. ***Step 2: Establish an Emergency Operations Plan for the VISN Office***

The EOP is the framework for the EMP. This document is centered on the four phases of EM and details the supporting pre-plans for responding to and recovering from hazards identified in the HVA. This document further reflects those standards identified by VA, VHA, TJC, NFPA, and NIMS for an all-hazards approach to Emergency Management.

The EOP for the VISN Office should meet the requirements of Federal Continuity Directives (FCD-1 and FCD-2) for COOP requirements. These Directives, published by the Federal Emergency Management Agency (FEMA), require all federal facilities to have COOP plans. This would include both the VISN Office and all of its facilities.

The figure below describes the manner in which the EOP should be organized and is consistent with the VHA EOP developed for VHA Central Office (CO). While each VISN might see the need to customize the EOP to meet its own needs, this figure provides the overall framework to use that is consistent with FEMA guidance and would be readily recognizable by an outside regulator and/or stakeholder.

Figure 13-1: VHA Guidance for Developing a VISN EOP



The VISN should involve the EMC when developing and revising the EOP. This provides a multidisciplinary approach to the creation of pre-plans and a broader

perspective for all-hazards preparedness. Approaching this development by phases will ensure that a proper EOP foundation is built by which pre-plans can be developed and integrated into the facility's training program. Three phases identified below depict a developmental process.

The creation of EOP subcommittees will provide the guidance needed to compile and integrate known standards (i.e., VHA, TJC, NIMS, and NFPA) and current operating plans; and pull resources into a single plan. The facilities current EOPs provide the basic framework from which to build upon. Several activities listed below identify key components to the overall development of the EOP and integration of core elements:

- Utilize existing resources for EOP development. The other sections of this EMPG and the 2010 VHA CEMP Assessor's Guide are the two main documents that the VISN should incorporate into this process. These two documents provide a comprehensive approach to the development of the EOP including the resources and processes needed for successful program development.
- Ensure that the VISN Office and facilities' HVAs that could require VISN Office involvement are integrated into all components of the EOP. This provides a comprehensive all-hazards approach to the program.
- Ensure compliance with VHA, TJC, NIMS, and NFPA standards.
- Identify and define staff roles and responsibilities for communications, resources and assets, safety and security, utilities management as well as clinical and support activities.
- Incorporate After Action Reports (AARs) in the annual review of the EOP.

A sample VISN Office EOP is provided for guidance and to facilitate the development of an EOP that meets all VA and other external standards.

3. ***Step 3: Hazard Vulnerability Analysis: Identify Priority Hazards, Threats and Events.***

This Guidebook provides tools for conducting a VISN HVA at a VAMC. This tool can also be used by the VISN to conduct a similar analysis for the VISN. The difference is that the VISN should consider threats that are faced by the VISN Office staff as well as hazards at VISN facilities that might also prompt the activation of the VISN EOC such as a Category 4 hurricane that could cause extensive damage to one or more VISN facilities prompting a partial or total evacuation.

For VISNs co-located at VAMC campuses, the VAMC HVA would be sufficient for the VISN Office threats but may not consider significant hazards at other VISN facilities as discussed in the previous paragraph.

The HVA should be conducted by the VISN EMC and include a diverse set of professionals to ensure the hazards assessed represent an accurate picture of the high risk hazards. High risk hazards will require the development of a pre-plan on how to prepare, mitigate, respond, and recover should an actual emergency occur.

4. ***Step 4: Incident Specific Plans***

For all high risk hazards identified in Step 3 above, the VISN will need to develop incident specific plans for the VISN Office and the VISN's role during an emergency involving one of the high risk incidents. This Guidebook provides pre-plans for all of the hazards a VISN might face. Although these pre-plans were written primarily for a VAMC, they can be readily edited to meet the needs and requirements of the VISN. Once developed, the VISN pre-plans should be reviewed and approved by the VISN EMC.

5. ***Step 5: Mitigation and Preparedness.***

The FEMA identifies four key pillars of mitigation planning to help reduce and/or eliminate risk from natural and manmade disasters. These include:

1. Organizing resources
2. Assessing risks
3. Developing a mitigation plan
4. Implementing the plan and monitoring progress

Mitigation plans should be based on the facility's HVA and incorporated into the EOP. Mitigation plans further provide the framework for the preparedness, response and recovery aspects of the VISN EMP. Development, implementation, management, and continued maintenance of a comprehensive mitigation plan ensure the ability of the facility to lessen the impact of a catastrophe.

The VISN should annually conduct a commodity and Service Contracts needs assessment. To do this the VISN should convene focus groups to conduct a VISN-wide needs assessment that identifies critical commodities and services that may be needed during an emergency. Participants of this focus group(s) should include representatives from clinical services and engineering; EPCs; Supply Processing and Distribution (SPD) representatives; and hospital administration. The group should base their analysis on a business risk analysis and develop a priority list of commodities and services that may be needed during an emergency.

In addition, the VISN should conduct a Risk Assessment of Critical Utility Systems to identify high risk mission critical systems that should be considered for improvement through contract or in-house staff.

With an aging infrastructure, VAMCs face increased risk for major utility outages. While much attention is being paid toward addressing Facility Condition Assessment (FCA) grades of “D” or “F”, the risks remain high for all critical utility systems.

To help mitigate this risk, we recommend that all facilities in the VISN be assessed from a business continuity and resiliency perspective. This would require an inventory of needs and subsequent projects that would improve the facility’s ability to sustain operations during an emergency. These projects should then be considered for funding along with all other priorities in the VISN. By identifying potential mitigation projects along with FCA projects there may be opportunities to identify projects that improve FCA scores and also resiliency of mission critical systems. Such projects, when considered together with projects to improve mission critical systems, might rank higher than when considered individually.

A sample Statement of Work to obtain the services of an Architectural/Engineering firm is provided to assist the VISN obtain these services. Also provided is an associated PowerPoint presentation on a suggested strategy to establish a VISN level mitigation program including strategies for prioritizing and funding needed resiliency improvements for mission critical systems that will be consistent with VA’s new Strategic Capital Investment Program (SCIP). This program identifies emergency management improvements as a priority for funding capital projects. Conducting this study will provide the VISN with an objective basis for obtaining funding for these projects through SCIP.

6. ***Step 6: External Coordination and Mutual Support***

The VISN relies upon the VAMCs to develop relationships for external coordination and mutual support within the community. While the VISN Office is not involved in sharing health care resources during emergencies, it does have a role to ensure that the VISN facilities are coordinating with the local community to the maximum extent possible without compromising its primary mission to Veterans.

Beyond the local communities, VHA has several responsibilities under the NRF to provide assistance to national mission assignments obtained from either HHS and/or Department of Homeland Security (DHS) primarily under Emergency Support Function 8, Health and Medical. Further VHA has responsibilities to support DoD and the National Disaster Medical System (NDMS).

VISNs rely upon REMs and AEMs to develop these external support requirements with associated VISN VAMCs. However, the VISN needs to provide oversight to the VISN facilities and help resolve challenges when they arise. To this end, the VISN AEM liaison and the VISN need to collaborate closely to ensure that the Federal Coordinating Centers supporting NDMS and the Primary Receiving

Centers supporting DoD are viable and meet their ongoing readiness requirements including conducting the tri-annual exercises.

Regular briefings and updates should be provided to the VISN through the VISN EMC or other suitable means.

7. *Step 7: Education and Training*

The EOP is the single most important document of the EMP. It is critical that all levels of management including senior level management, VISN managers, supervisors and other critical staff have a thorough knowledge of the EOP. This provides a comprehensive understanding of staff roles and responsibilities during emergencies while also providing COOP during shift changes and leadership succession.

The VISN Learning Officer and VISN EPC should conduct a regular training needs assessment to determine which areas of the EOP require the most training and then develop a training plan to ensure that all personnel with a role in the EOP understand it and are able to execute their responsibilities.

8. *Step 8: Application of Emergency Operations*

Managing emergency operations is a key component of every level of leadership in VHA including VISNs. VHA has adopted NIMS as its primary standard for responding to emergencies where the VISN would become involved. Chapter 10 of this Guidebook provides more specific suggestions on how to organize and manage emergency operations. This section contains specific guidance that directly involves the VISN.

One of the most important aspects of emergency operations is the activation and management of the VISN EOCs. VISN EOCs can play a number of roles during an emergency and are responsible for command, control, coordination and communications of VISN-wide incident management activities. The scope of activities may include:

- Assisting VISN facility impacted by an emergency
- Coordinating with other VISN facilities to support a VISN facility
- Communicating with other VISNs and VACO
- Commanding response and recovery issues for larger scale emergencies
- Communicating with the local/regional media
- Managing an emergency impacting the VISN Office and its staff

The VISN should develop criteria for EOC activation during emergencies. The following criteria should be considered:

- Any VISN facility event that requires facility EOC activation and potential evacuation
- Any emergency involving media coverage to a substantial event

- Anticipated community assistance request from VISN
- Any emergency where communications are compromised

Because emergencies can escalate in a rapid manner, the above approach is more of a pro-active method that would allow for an incremental and scalable activation of the EOC. The four criteria can be used as triggers for the VISN to decide in which level they should activate the EOC (partial or total). Use of these criteria will allow for a scalable proactive approach to activation leading to a complete activation. The EOC itself should be large enough to house all the Incident Command System (ICS) positions and have computer support, communications, office equipment such as FAX, copiers, etc. The EOC needs to be supplied with emergency power to ensure it will function should municipal power be interrupted.

The VISN office needs to identify two alternate EOC locations. One should be at a nearby VAMC if the VISN is in commercial space off a VA campus. If the VISN is located at an existing VAMC, the first alternate EOC should be elsewhere on the campus. The second alternate EOC should be located at a VAMC out of the city or municipality where the VISN Office is located should a larger community emergency occur requiring a regional evacuation.

Although there are very few requirements for the physical resiliency of the VISN office, having emergency power to the VISN Office is required and we recommend that the VISN ensure its alternate EOC has emergency power.

The importance of stakeholder communications during emergency operations can not be over emphasized. As such it is critical to have the VISN PAO intimately involved with the EMP, particularly during emergency operations. The PAO should be an essential member of the VISN EMC.

The VISN should consider incorporating more media training for their leadership and subject matter experts. In the event that the VISN PAO and/or the alternate PAOs are unavailable to speak to the media, a member from the VISN leadership will need to be prepared. Several members of the leadership team have not been trained as to the best method to respond to the media; therefore we recommend that all VISN leadership attend a media training course.

Communication modalities for the VISN office are another key component of emergency operations. To this end, all key members of the VISN should have cell phones, blackberries and access to the web during emergencies. Key VISN leaders should also have Government Emergency Telephone System (GETS) cards. Use of Pin to Pin communications should be included in the VISN emergency communications capabilities. Each VISN should also have at least one Satellite phone that is tested at least weekly.

The VISN should also develop VSAT capability at every VISN facility and in the VISN Office. With the purchasing of the Vet Center outreach vans, there is

currently an opportunity to develop an agreement with the Vet Centers within the VISN to house these assets at a VISN facility to provide security for these vans during off hours. During an emergency in the VISN, these vans could be deployed to ensure continuity of voice and data capabilities at a VISN facility impacted by the emergency. For a more comprehensive solution, we recommend that the VISN Chief Information Officer (CIO) be contacted and a request be made to develop a VSAT capability for each of the VAMCs in the VISN.

Special Needs Patients are another important concern during emergency operations. The VISN should ensure that VISN facilities have developed a plan to address the requirements of special needs patients. This plan should address how to maintain essential information that would allow contact through multiple sources in the event of an emergency. Additionally, the plan should address means for ensuring sufficient quantities of supplies and/or medications are available to support these special needs patients in the event that services are interrupted. Facility staff should also explore arrangements for alternate supplies of such critical items such as pharmaceuticals.

In a large scale emergency where VISN involvement is likely, Mass Fatality Plans need to be considered. The VISN should provide oversight to ensure facilities have sufficiently developed mass fatality plans that are communicated with state and local officials. This appears to be a systemic weakness in a number of facilities across the system so encouragement from the VISN would be most helpful should the need arise.

9. ***Step 9: Program Evaluation***

The VISN should conduct an annual review of the EMP and associated EOP. This review should also include an evaluation of the various pre-plans for high risk hazards that the VISN could face to ensure compliance with known standards, the VISN's HVAs, and integration of new equipment and processes into the EMP operations.

This report should be commissioned by the VISN EMC and identify the scope of the annual evaluation. Once completed the EMC should review this evaluation and once comments are incorporated, the EMC Co-Chairs should brief VISN leadership, preferably through the VISN ELC.

The VISN Leadership should then provide feedback and guidance to the EMC by approving or disapproving recommendations and provide direction for the goals to be established for the VISN EMP for the subsequent year. In this way the VISN will create a continuous quality improvement process for the VISN EMP in a Plan, Do, Check, Act model to drive program performance and improvement in a manner similar to other high profile programs in VHA.

The VISN EMP should include the establishment of annual performance goals and objectives. Based upon feedback from VISN leadership on the annual review of the EMP, the VISN EMC should establish annual performance goals/measures

for the EMP across the VISN, including its facilities. The EMC should monitor the progress toward accomplishing these goals and evaluate their success as part of the subsequent annual program review. Results of this review should be presented to the ELC so that management at the facilities understands the goals and what is needed to achieve them. The ELC and EMC should then establish goals for the following year. Adapting the above outlined process should help ensure management understands and supports their accomplishment during the year as well as the priorities for the subsequent year.

Exercising the EOP is important to establish that pre-plans are functional and staff is educated on their expected roles. This further ensures that processes and procedures including equipment, alternate care sites, communications, and incident management functions are practiced.

Exercising the EOP and the overall VISN EMP are also important. Typically, the VISN should activate their EOC at least quarterly and during that time should conduct structured activities to test and exercise various components of the EOP. This can be readily done through Table Top exercises and other activities.

At least annually, the VISN Office should conduct an exercise with at least one VAMC in the VISN to test its EOP with emphasis upon a scenario that results in the evacuation of this facility.

13.7. VISN Support to DEMPS

Another key responsibility of the VISN is to support the DEMPS Program across VHA. When the DEMPS Program is activated, a series of steps take place to mobilize and deploy the DEMPS Volunteers to their mission location. Within this activation process there are multiple components and personnel involved, to include the VAMC DEMPS Coordinators, the Volunteer's Home Facility Supervisor, and the DEMPS VISN Point of Contact (POC). The main role of the DEMPS VISN POC and the VISN Leadership is to provide the high level support to the VAMCs so that the mission can be supported. Regardless of the mission type or location, the same deployment processes and procedures apply.

Once a Stafford Act Declaration is in effect, DHS-FEMA evaluates the type and depth of response required. If it is a health or medical response, that mission is assigned to HHS, as the lead for Emergency Support Function #8 (ESF#8). HHS will then coordinate with VA to determine the level of support that can be provided for the disaster response. VHA determines that a sub-tasking under ESF#8 can be supported; the DEMPS National Program Manager provides a letter template filled out with the deployment information to the Deputy Under Secretary for Health Operations and Management (10N). A representative from 10N sends the letter to the VISN Directors and the VAMC Directors informing them of DEMPS activation. Once the letter has been sent, the DEMPS National Program Manager conducts a conference call with the DEMPS VISN POCs to facilitate the activation.

The DEMPS National Program Manager sends the DEMPS VISN POC a staffing document outlining the skill sets and number of individuals requested to deploy from each VISN. The VISN POC coordinates with the facility DEMPS Coordinator in his/her VISN to support the staffing request.

If the DEMPS Coordinator cannot identify an individual to deploy who meets the skill set requested, the DEMPS Coordinator notifies the VISN POC, who will then seek an individual from another facility. If the VISN POC cannot meet the number and skill sets requested, the VISN POC reports back to the DEMPS National Program Manager, who will seek assistance from another VISN.

Once all the volunteers have been identified and rostered for deployment, the DEMPS VISN POC maintains positive control with the facility DEMPS Coordinator of all volunteers while on deployment. The normal deployment length for a volunteer is 14 days (1 day travel, 12 days deployed, 1 day travel), and will usually not extend beyond 14 days unless there are extenuating circumstances and approval is obtained from the VISN and Volunteer's Medical Center Director and Home Facility Supervisor.

Overall, the mission of the VISN, specifically the DEMPS VISN POC, is to provide the leadership and support to the medical facilities, and act as the communications conduit between the VISN and the DEMPS National Program Manager.

13.8. Deployable Teams

The VISN should consider developing a group of pre-identified specialty teams that can easily be mobilized during an emergency to support veterans and employees. These teams could include mental health services, pharmacy, engineering and/or other teams that could be mobilized and sent to another VISN facility or used at the national level in a large scale emergency. The Chief Mental Health Officer (CMO) should play an active role in forming these VISN-wide teams of mental health experts that can be deployed to any location within the VISN or mobilized to assist other VISNs. With the signing of the Executive Decision Memorandum (EDM) by the Principal Deputy Under Secretary for Health that will create national emergency response teams, each VISN will be expected to participate to some level. As a result this recommendation would be a good first step by the VISN to develop capabilities in the VISN that could participate in a national deployment.

Additionally these teams could be made available to support national deployments for large scale deployments from major disasters such as hurricanes, earthquakes, utility grid failures, etc. VHA CO is developing national teams with building blocks of smaller teams from VISNs or groups of VISNs. VISNs should consider how they could develop small teams for VISN response that could be blended into larger national teams.

These plans once developed should become an integral part of the VISN EMP.

13.9. Enclosure

62. Sample VISN EOP.

EOSH

Supplemental Information

14.1. Glossary

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.

[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.

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]

Activate - 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 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

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[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/b494353521089544882 56c2a0071e038?OpenDocument, accessed April 24, 2006.

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 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. It 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 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 -

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[4] FIRESCOPE California: Glossary of Terms ICS-010-1 Incident Command System Publication October 15, 1999, accessed May 20, 2010 at: http://www.firescope.org/ics-guides-and-terms/ICS%20010-1.pdf

- 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 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, which 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 health care services when existing health care facilities are compromised by a hazard, impact, or the volume of patients exceeds the capacity and/or capabilities of everyday health care facilities. They may be managed by private health care 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

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

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).

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 or pre-plans 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 or pre-plans 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 called appendices instead of annexes.

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. *(U.S. 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 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.)

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[6] Report of the Secretary of Defense to the President and the Congress (2000). U.S. 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).

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

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 Health Care Group (EMSHG) whose function includes 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.

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 addessed by exercise controllers during the exercise event, or by exercise evaluators and after-action report managers during the exercise analysis.

Assessment -

- (*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, 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.

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 resources to perform within a given operational period that is based on operational objectives defined in the IAP.

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)*

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).

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 health care 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)*

Attack Path - Steps that an adversary takes or may take to plan, prepare for, and execute an attack. *(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

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.)

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)*

Avian Influenza - Influenza viruses that occur naturally among wild birds. Low pathogenic Avian Influenza is common in birds and causes few problems. Highly pathogenic H5N1 is deadly to domestic fowl, can be transmitted from birds to humans, and is deadly to humans. There is virtually no human immunity, and human vaccine availability is very limited.

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 health care 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

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[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.

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)*

Blizzard - Violent winter storm, lasting at least three 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." *(Drabek 1996)*[10]

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 is 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)*

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[10] FEMA Higher Education Project; Drabek 1996, Session 2, p.4.

[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]***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.

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 "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

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[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 Dec. 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.

[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

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 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, which results in a number of ill or injured persons sufficient to overwhelm the capabilities of immediate local and regional emergency response and health care 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” vs. “event”.

Catastrophic Incident - Any natural or manmade incident, including terrorism, which 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

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[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.

entities, more efficient and ensures that the resources received are appropriate to their needs. *(NIMS 12/08)*

Certification - Certification "entails authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions." *(NIMS)*. 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 (verifying its 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)*
- 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 - The Incident Command System (ICS) 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)*

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[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.

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 that 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

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[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.

"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 Notification Center (CNC) - As used in the MSCC Tier 2 handbook, the entity that provides notification services for the Health Care 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 (CP) - 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.

Command Staff - The staff who reports 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)*

- 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 that 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)*

- A complex is two or more individual incidents located in the same general proximity assigned to a single Incident Commander or Unified Command to

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

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,

[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.

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”.)
- 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. The term in emergency management generally refers more specifically to potential occurrences during and incident response. (See “Contingency Planning”.)

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

[23] U.S. 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.

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 health care 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 support functions would continue with little or no interruption.

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.

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

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, which is provided through an arrangement that includes reimbursement of costs to the assisting organization.

Coordinate -

- Exchanging information and coming to broad agreement.
- 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. *(U.S. Department of Defense)*[26]

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

[26] Report of the Secretary of Defense to the President and the Congress (2000). U.S. Department of Defense. Reported in the glossary of: Local Mitigation Planning How-To Guide: Integrating Manmade Hazards (2003) Version 2.0. Appendix B, p. b-1

- 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 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.

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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.

[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.

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 "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)*

Critical Systems - Systems 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.

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.

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[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.

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.

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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 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)*

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.

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 a 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

[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.

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 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

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[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.

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]

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*)

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

[38] Ibid

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]

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

Disaster *(emergency management application)* - A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to rapidly and 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 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, Ecological - Hazard impacts "that are caused principally by human beings and that initially affect, in a major way, the earth, its atmosphere, and its

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[39] U.S. 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.

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)*

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)*

[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.

Drill - A training application that develops a combination or series of skills (for example, a drill of 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").

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 Management Application)*: A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to rapidly and 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).

- *(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 that 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 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.

- *(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.[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 the facility 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.

Emergency Management Operations - A term that can be used to denote the activities that occur during the response phase of an emergency event, based at

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

the Emergency Operations Center and managed and directed by an Emergency Management Team. Emergency Management Operations include management of the EOC and activities administered by the Emergency Support Functions. Emergency Management Operations are intended to support the incident management team and the incident response, address countywide incident-related issues that are outside the scope of the incident management team, support the coordination with other jurisdictions and levels of government, and assist with keeping political authorities adequately informed.

Emergency Management Program - A program that implements the organization's mission, vision, management framework and strategic goals and objectives related to emergencies and disasters. It uses a comprehensive approach to emergency management as a conceptual framework, combining mitigation, preparedness, response, and recovery into a fully integrated set of activities. The "program" applies to all departments and organizational units within the organization that have roles in responding to a potential 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 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"). 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.

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, 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 domestic incident management 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 facility 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 emergency operations.
    - Information gathering and dissemination.
    - Coordination with local governments and the operational area. *(SEMS)*[42]

Emergency Operations Plan (EOP) -

- 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 maintains for responding to any hazard event. 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 event; identifies authorities, relationships, and the actions to be taken by whom, what, when, and where, based on predetermined assumptions, objectives, and existing capabilities. *(Adapted from the FEMA Higher Education Project.*)

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[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.

- An ongoing plan for responding to a wide variety of potential hazards. *(NIMS 12/08*)

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 (also referred to as Emergency Preparedness Coordinator, Emergency Program Coordinator, and Emergency Management Director) - 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.

Emergency Program Manager (EPM) - The individual primarily responsible for developing, implementing and maintaining a health care 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 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 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. 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

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[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.

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 and 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 required to be performed by statute, Executive Order, or otherwise deemed essential by the heads of principal organizational elements to meet mission requirements.

Evacuation - 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.

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[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.

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.

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]

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[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.

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 planned, non-emergency activity. 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)*
- 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, 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]

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[48] Ibid.

[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.

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-based discussion that permits evaluation of the EOP and/or Recovery Plan, or elements thereof, through oral interaction 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 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-Based - 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 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 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 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

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

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.

Exposure *(risk and emergency management application)* - The condition of being subjected to a source of risk.

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

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".)

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[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.

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 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].

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 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.

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

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[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.

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 a pre-plan appropriate for the missions they are likely to complete. The FOG is a short form version of the pre-plan and serves as a resource document. *(CPG 101 3/09)*

- 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)*

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[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 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)*

[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).

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*)

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.

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. 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 Care Coalition - A group of health care 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 health care coalition include a more efficient interface with responsible jurisdictional authorities. (See “Tier 2 (MSCC)”.) *(MSCC 2007)*

Health Care Facility - Any asset where point-of-service medical care is regularly provided or provided during an incident. It includes hospitals, integrated health care 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 health care 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.

Health Care System - A system that may include one or several health care facilities that provides patient evaluation and medical interventions (for illness and injury) and/or preventive medicine/health services. (See “health care facility” and “system”.)

Heat Wave - Marked warming of the air, or the invasion of very warm air, over a large area; that 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 U.S. 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 "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

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[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.

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

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 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)*

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

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 through the Incident Command System through the organization's Emergency Operations Plan.

- An occurrence or event, natural or human-caused that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, 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, which 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 "Action Plan".)

- The document in ICS/IMS that guides the response for that operational period. It contains the overall incident objectives and strategy, general tactical actions and supporting information to enable successful completion of objectives. The

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[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.

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 incident, all other "action plans" are subsets of the IAP and their titles should be qualified accordingly (for example, the water purification action plan).

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 for the adoption of 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.

Incident Commander (IC) - The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the 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 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 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 System (IMS) - 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.

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.

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 event conducted with the relevant section leaders and other response personnel (as appropriate). This is conducted as soon as possible after the event, with a primary goal of clearing up any misunderstandings and providing relevant parties with a more complete picture of “what happened and why.” This “IR” is distinct from the formal After-Action Review (usually conducted at a later time) that serves 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.

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.

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.

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 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)*

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

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

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)*

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)*

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)*

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)*

- 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.

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.

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 that 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 coordinating 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)*

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.

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

- 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)*

- 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 incident 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, response, or support capability or capacity 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 health care 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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[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

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)*

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

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 Critical Systems - The combination of personnel, facilities, equipment, supplies and operating systems that are 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" equates to an "emergency", whereas "Mass casualty" equates to a human casualties "disaster".

Mutual Aid - Voluntary aid and assistance by the provision of services and facilities 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

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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.

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)*

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 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) -

- 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)*

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

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[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 transforming 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 organization's 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

[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.

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)*

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 (that 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**, or may be called the **Occupant Emergency Program** or 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]

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

Operating Status Checklist and Reports (OSCAR) - As used in this guidebook OSCAR refers to the Operating Status Checklist and Reports, which are internal VAMC 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 Section (IMT) -

[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.

- 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.

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)*

Pandemic Influenza - Virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

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.

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 12/08)*

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)*

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 describes 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 refer 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, 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 - 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. (Also another term for “Incident Action Planning”.)

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 - Health care system 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.

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, and 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)*

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 risk-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 health care emergency management.

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

Privileging, Health Care - The process where appropriately credentialed personnel (see "credentialing") are granted permission to provide specified services within the health care 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", "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.

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 Health Care 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.

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

[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

- **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)*

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,

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[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

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 and improvement of community health by organized community effort, including preventive medicine and sanitary and 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".

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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.

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)*

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 -

[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.

- 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 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, 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, Health Care System - The ability to maintain operational continuity, or the ability to maintain mission critical business operations and regular health care services despite the effects of a hazard impact.

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

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[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).

[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, D.C.; accessed December 21, 2009 at: http://www.dhs.gov/xlibrary/assets/dhs_risk_lexicon.pdf

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, 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:

- 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.

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. 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 health care 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)*

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 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 -

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

- 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 that collects information and assigns values to risks for informing priorities, developing or comparing courses of action, and informing decision making. 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 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]

- 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)*

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

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)*

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)*

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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 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. 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 reducing the work-place risk of personnel casualties (injuries and deaths) to some acceptable level. Safety Officer (SO) is a member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

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-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.

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)*

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 for 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 “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.

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

[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.

throughout aviation, and increasingly in other dynamic, complex, situations requiring human control. *(The Free Online Dictionary)*

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)*

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 that 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 that 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 that 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.

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[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

- The learning objective standard reflects the demonstrated knowledge, skills and abilities (outputs) that must be achieved from the learning.

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 that would have been attained in the absence of the meteorological disturbance (i.e., astronomical tide). *(WMO 1992, 584)*

Strategic (emergency management) -

- 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.[89]

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.[90]

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-

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[89] 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

[90] Definition from the Centers for Disease Control, Atlanta Georgia, accessed December 4, 2007 at: http://www.cdc.gov/EPO/dphsi/syndromic/index.htm

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".)

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)*[91]

- "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)*[92]

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.

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)*

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[91] Homeland Security Act of 2002, Section 2 (15), Pub. L. 107-296, 116 Stat. 2135 (2002).

[92] 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.

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 health care organization or other health care assets and their integration into a local health care 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 health care 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 health care 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 "health care coalition", which organizes individual health care 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 "Health Care Coalition".)

Tier 3 (MSCC) - The local jurisdictional authority and its agency resources that directly integrates the health care 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 health care 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, U.S. 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 health care emergency management, "triage" usually refers to sorting of patients based upon matching their health care needs with available health care 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.)*[93]

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

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[93] 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.

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)*

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.[94]

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

[94] 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.

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).

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)*

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)*[95]

- 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

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[95] 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.

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”.
- ***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)*[96]

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 that 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.

Watch - 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.)*[97] As such, a "watch" notification for individuals is equivalent to an "alert" notification for response systems.

Weapons of Mass Destruction (WMD) -

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[96] Cited in FEMA Higher Education Project; Simeon Institute. Penultimate Glossary of Emergency Management Terms (1998). Claremont, CA, http://www.cyberg8t.com/simeon/glossary.html.

[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.

- 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”.

14.2. Acronyms

For additional VA acronyms, please use the following link to the VA Acronym Lookup intranet web page, which provides an online searchable database of acronyms used in the VA (http://vaww1.va.gov/acronyms/index.cfm).

Acronym	Description
AAR	After Action Report
ACM	Asbestos Containing Material
ADP	Automated Data Processing
AHRQ	Agency for Healthcare Research and Quality
AEM	Area Emergency Manager
AIA	American Institute of Architects
AAR	After Action Report
AMA	American Medical Association
A&MMS	Acquisition and Materiel Management Service
AOD	Administrative Officer of the Day
AP	All Personnel
APIC	Association for Professionals in Infection Control & Epidemiology
ARS	Acute Radiation Syndrome
ASISTS	Automated Safety Incident Surveillance & Tracking System
ASPR	Assistant Secretary for Preparedness and Response
ASTM	American Society of Testing and Materials
AWOL	Absent Without Leave
BAA	Business Area Analysis
BC	Business Continuity

Acronym	Description
BDLS	Basic Disaster Life Support
BETR	Biological Event and Terrorism Readiness
BIA	Business Impact Analysis
BPA	Blanket Purchase Agreements
BSL	Biosafety Level
CA	Cooperative Agreements
CAM	Capital Asset Manager
CAP	Corrective Action Program
CBC	Complete Blood Count
CBOC	Community Based Outpatient Clinic
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CCP	Common Communications Plan
CDC	Centers for Disease Control and Prevention
CDHAM	Center for Disaster and Humanitarian Assistance Medicine
CEM	Comprehensive Emergency Management
CEMP	Comprehensive Emergency Management Program
CEO	Chief Executive Officer
CEOSH	Center for Engineering & Occupational Safety and Health
CERCLA	Comprehensive Environmental Response, Compensation and Liability Act
CERT	Community Emergency Response Team
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
ChETR	Chemical Event and Terrorism Readiness

Acronym	Description
CII	Critical Infrastructure Information
CI/KR	Critical Infrastructure/Key Resources
CIM	Complex Incident Mangement
CIO	Chief Information Officer/Office
CLO	Chief Logistics Officer
CMO	Chief Mental Health Officer
CMOP	Consolidated Mail Outpatient Pharmacy
CNC	Coalition Notification Center
COBRA	Consolidated Omnibus Budget Reconciliation Act
COG	Continuity of Government
CONPLAN	Concept Plan
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COS	Chief of Staff
CRNA	Certified Registered Nurse Anesthetist
CRT	Crisis Response Team
CP	Command Post
CSEPP	Clinical Stockpile Emergency Preparedness Program
CSG	Counterterrorism Security Information
CSS	Clinical Support Services
CWAD	Clinical Warnings, Alerts and Directives
DASHO	Designated Agency Safety & Health Official
DASI	Deployment Area Specific Information
DECON	Decontamination
DEMPS	Disaster Emergency Medical Personnel System

Acronym	Description
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMTP	Disaster Management Training Program
DOC	Department Operations Center
DoD	Department of Defense
DRG	Domestic Readiness Group
DRP	Decontamination Readiness Plan
DSCA	Defense Support of Civil Authorities
DUSHOM	Deputy Under Secretary for Health for Operations & Management
DVA	Department of Veterans Affairs
EC	Environment of Care
EDM	Executive Decision Memorandum
EEG	Exercise Evaluation Guide
EES	Employee Education Service
ELC	Executive Leadership Council
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMAP	Emergency Management Accreditation Program
EMC	Emergency Management Committee
EMCG	Emergency Management Coordination Group (VHA Central Office)
EMI	Emergency Management Institute
EMPG	Emergency Management Program Guidebook
EMPM	Emergency Management Program Manager

Acronym	Description
EMP&P	Emergency Management Program and Practices
EMRT	Emergency Medical Response Team
EMS	Emergency Medical Service
EMSHG	Emergency Management Strategic Health Care Group
EMTALA	Emergency Medical Treatment and Active Labor Act
ENDEX	End of Exercise
EOC	Emergency Operations Center
EOD	Explosive Ordinance Disposal
EOP	Emergency Operations Plan
EP	Elements of Performance
EP	Emergency Planner
EPA	Environmental Protection Agency
EPC	Emergency Program Coordinator (Emergency Preparedness Coordinator; Emergency Management Coordinator)
EPCRA	Emergency Planning and Community Right-to-Know Act
EPM	Emergency Program Manager
ER	Emergency Room
ER	Evaluation Report
ERC	Emergency Response Council
ERS	Emergency Recall System
ERU	Emergency Response Unit
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
ESP	Emergency Safety Procedures

Acronym	Description
EXPLAN	Exercise Plan
FA	Finance/Admin
FBI	Federal Bureau of Investigation
FCA	Facility Condition Assessment
FCC	Federal Coordinating Center
FCD	Federal Continuity Directive
FCO	Federal Coordinating Officer
FOA	Funding Opportunity Announcement
FOC	FEMA Operations Center
FEMA	Federal Emergency Management Agency
FEP	Facility Emergency Plan
FES	Facilities Engineering Services
FOG	Field Operations Guide
FPC	Federal Preparedness Circular
FRC	Federal Resource Coordinator
FRP	Federal Response Plan
FTEE	Full-Time Employee Equivalent
GAO	Government Accountability Office
GETS	Government Emergency Telephone System
GIP	Generic Inventory Package
GIS	Geographic Information System
GPMRC	Global Patient Movement Requirements Center
GWU	George Washington University
HAZMAT	Hazardous Materials
HAZWOPER	Hazardous Waste Operations and Emergency Response

Acronym	Description
HBHC	Hospital Based Home Care
HCC	Hospital Command Center
HEICS	Hospital Emergency Incident Command System
HEM	Healthcare Emergency Management
HEPA	High Efficiency Particulate Air Filter
HERN	Hospital Emergency Radio Network
HHS	Department of Health and Human Services
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HIRA	Hazard Identification and Risk Assessment
HM	Health and Medical
HPP	Hospital Preparedness Program
HR	Human Resources
HRSA	Health Resources and Services Administration
HSEEP	Homeland Security Exercise & Evaluation Program
HSIN	Homeland Security Information Network
HSL	Health Care System Leaders
HSPD	Homeland Security Presidential Directive
HSS	Homeland Security Staff
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilation and Air Conditioning
IA	Interagency Agreements
IAP	Incident Action Plan
IAW	In Accordance With
IC	Incident Commander
ICDRM	Institute for Crisis Disaster & Risk Management

Acronym	Description
ICP	Incident Command Post
ICS	Incident Command System
ICU	Intensive Care Unit
IDLH	Immediately Dangerous to Life and Health
IEMS	Integrated Emergency Management System
ILSM	Interim Life Safety Measures
IMAT	Incident Management Assistance Team
IM	Incident Manager
IMS	Incident Management System
IMSI	Incident Management Systems Integration
IMT	Incident Management Team
IOC	Integrated Operations Center
IOM	Institute of Medicine
IP	Improvement Program
IR	Incident Review
IRM	Information Resources Management
ISC	Installation Support Center
ISD	Instructional Systems Development
ISO	Information Security Officer
IT	Information Technology
JC	Joint Commission
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JFO	Joint Field Office
JIC	Joint Information Center
JIC/JOC	Joint Information Center/Operations Center

Acronym	Description
JIS	Joint Information System
JOC	Joint Operations Center
KSAs	Knowledge Skills and Abilities
LEPC	Local Emergency Planning Committee
LG	Logistics
LIP	Licensed Independent Practitioner
LMS	Learning Management System
LTC	Long Term Care
MA	Mission Assignment
MAA	Mutual Aid Agreement
MACC	Multiagency Coordination Center
MACS	Multiagency Coordination System
MCI	Mass Casualty Incident
MCS	Mission Critical Systems
MEM	Military and Emergency Medicine
MERT	Medical Emergency Radiological Response Team
MG	Management
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOD	Medical Officer of the Day
MOU	Memorandum of Understanding
MOU/A	Memorandum of Understanding/Agreements
MPAT	Military Patient Administration Team
MRC	Medical Reserve Corps
MRE	Meal, Ready-to-Eat
MSCC	Medical Surge Capacity and Capability

Acronym	Description
MSDS	Material Safety Data Sheet
MSEL	Master Sequence of Events List
NAC	National Acquisition Center
NATO	North Atlantic Treaty Organization
NBHPP	National Bioterrorism Hospital Preparedness Program
NCEH	National Center for Environmental Health
NCRP	National Council for Radiation Protection and Measures
NDMS	National Disaster Medical System
NEMRT	National Emergency Medical Response Team
NFPA	National Fire Protection Association
NHPP	National Health Physics Program
NIC	NIMS Integration Center
NIMS	National Incident Management System
NIOSH	National Institute on Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NRF	National Response Framework
NRP	National Response Plan
NSC	Non-Service Connected
NSPD	National Security Presidential Directive
NWS	National Weather Service
OA&L	VA Office of Acquisition and Logistics
OC	Operations Center
OEP	Occupant Emergency Procedures
OFA	Other Federal Agency

Acronym	Description
OI&T	Office of Information and Technology
OGC	Office of General Counsel
OP	Operations
OR	Operating Room
OSCAR	Operating Status Checklist and Reports
OSHA	Occupational Safety and Health Administration
PA	Public Affairs
PAO	Public Affairs Officer
PAHPA	Pandemic and All-Hazards Preparedness Act
PAPR	Positive Air-Purifying Respirator
PAS	Personal Alert System
PCP	Patient Care Providers
PCR	Polymerase Chain Reaction
PDA	Personal Data Assistant
PHS	Public Health Service
PI	Prevention Index
POC	Point Of Contact
PPE	Personal Protective Equipment
PRA	Patient Reception Area
PRC	Primary Receiving Center
PSS	Police and Security Services
PU	Plant and Utilities
QM	Quality Management
RA	Risk Assessment
RCRA	Resource Conservation and Recovery Act
REAC/TS	Radiation Emergency Assistance Center/Training

Acronym	Description
	Site
REM	Regional Emergency Manager
RERO	Radiological Emergency Response Operations
RESTAT	Resources Status Officer
RF	Radio Frequency
RFA	Request for Assistance
RNP	Registered Nurse Practitioner
ROC	Readiness Operations Center
RSU	Response Support Unit
SA	Supply Air
SARA	Superfund Amendments and Reauthorization Act
SARS	Severe Acute Respiratory Syndrome
SC	Service Connected
SCBA	Self-Contained Breathing Apparatus
SCI/D	Spinal Cord Injury Dependent
SCIP	Strategic Capital Investment Program
SDIC	Security, Disaster, Infrastructure and Construction
SERC	State Emergency Response Commission
SICU	Surgical Intensive Care Unit
SII	Standard Improvement Initiative
SITREP	Situation Report
SITSTAT	Situation Status
SLG	State and Local Guide
SOC	Specified Operations Center
SOG	Standard Operating Guideline

Acronym	Description
SOP	Standard Operating Procedure
SS	Safety and Security
SSC	Secondary Support Center
TCL	Target Capabilities List
TEMPO	Training Education Management Program Office
TJC	The Joint Commission
TRAC^{2}ES	U.S. TRANSCOM (Transportation Command) Regulating and Command & Control Evacuation System
TRADR	Trauma Readiness for All-Hazards Disaster Response
TRANSCOM	U.S. Transportation Command
USH	Under Secretary for Health
VA	Department of Veterans Affairs
VACO	VA Central Office
VA LMS	VA Learning Management System
VAKN	VA Knowledge Network
VAMC	VA Medical Center
VHA	Veterans Health Administration
VHACO	VHA Central Office
VISN	Veterans Integrated Service Network
VISTA	Veterans Health Information System & Technology Architecture
VSAT	Very Small Aperture Terminal
WBC	White Blood Count
WHO	World Health Organization
WMD	Weapons of Mass Destruction

Acronym	Description
XP	Exercise Planner

14.3. Enclosures

63. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 1.

64 Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 2.

65. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 3.

66. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 4.

67. Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies.

68. Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery.

Enclosures

1. Emergency Management Crosswalk 2008-2009.
2. The Joint Commission Crosswalk 2008-2009.
3. Crosswalk of VHA Emergency Management Program Guidebook Steps to Relevant Standards.
4. Key Personnel Resource Matrix (Sample Completed Form).
5. Timeline for Developing and Implementing the Emergency Management Plan (Sample Completed Form).
6. Sample Emergency Operations Plan Template.

   Attachment **6a** - Functional Annex-Command/Incident Management.

   Attachment **6b** - Incident Annexes.
7. VHA Incident Management System General Operational Checklist.
8. VHA Incident Management System Leadership and Direction.
9. Incident Management System Position Descriptions.
10. Sample Issue Brief Format.
11. Operating Status and Capability Assessment Report (OSCAR).
12. Sample Form - Incident Action Plan (IAP) Summary.
13. Incident Management Team (IMT) Organizational Chart.
14. After Action Report (AAR).
15. VHA Memorandum, NIMS Compliance.

    Attachment **15a** - Crosswalk of NIMS Compliance.

    Attachment **15b** - Recommended Staff Designations for Incident Command System (ICS) Positions.
16. Essential Functions and Interdependency Matrix Tool.
17. Disaster Sustainability Tool.
18. Patient Reception Operations Pre-Plan.
19. Sample Hazard Vulnerability Analysis Tool.

20. Sample Hazard Vulnerability Analysis Infrastructure and Utilities Ranking Tool.

21. Sample Pre-Plan Template.

Attachment **21a** - Key Activity Management Tool.

Attachment **21b** - Key Activity Management Structure.

22. Operations Section of ICS.

23. Sample Pre-Plan Listing.

24. Sample Healthcare First Receiver Decontamination Readiness Plan.

25. Sample Biologic Event And Terrorism Readiness Plan.

Attachment **25a** - FBI Field Office Contact Listing.

Attachment **25b** - Response Algorithm - Surveillance Plan (The Symptomatic Patient).

Attachment **25c** - Response Algorithm - Biologic Event Plan.

Attachment **25d** - EMP Mission Critical Considerations for Biologic, Chemical, and Radiological Events.

26. Sample Radiological Event And Terrorism Readiness Plan.

Attachment 26a - Radiological Performance Evaluation Matrix.

27. Sample Chemical Event and Terrorism Readiness Plan.

28. Sample Trauma Readiness for All-Hazards Disaster Response Plan.

29. Special Considerations.

Attachment **29a** - VA Form 3524, Evidence or Property Custody Record.

Attachment **29b** - VA Form 10-0018, Air Sample Data Sheet.

30. New FEMA (FCD 1) Requirements for VAMC Continuity of Operations Plans (COOP).

31. Critical Infrastructure and Key Resources (CI/KR) Readiness Plan.

32. Crisis Communications Plan.

Attachment **32a** - Contact Information for Key Facility Staff.

Attachment **32b** - Contact Information VA/VHA Chain of Command.

Attachment **32c** - Contact Information for Internal and External Stakeholders.

Attachment **32d** - Contact Information for Community Organizations.

Attachment **32e** - Equipment, Supplies, Communications Support for Media Information Center.

Attachment **32f** - Crisis Communications Plan Checklist.

33. Sample Operating Unit Template.

34. Operating Unit Template Listing.

35. DUSHOM - VAMC Participation in HHS ASPR Hospital Preparedness Program.

Attachment **35a** - The HPP Program.

Attachment **35b** - FY09 HPP Funding Opportunity Announcement (FOA).

36. OGC Regional Counsel List.

37. National Disaster Medical System, Federal Coordinating Center (FCC) Guide.

38. Emergency Program Manager Professional Development Program.

Attachment **38a** - Personal Development Plan.

Attachment **38b** - EPM 101 Pilot Course Training Plan.

Attachment 38c - Personal Development Opportunities.

39. VHA Emergency Management Competency Framework.

40. VHA EMA Certification Program.

41. VHA Strategy for Emergency Management Education and Training, FY10.

42. DEMPS and NEMRTS at the VISN and Facility Level.

43. VHA Comprehensive EMP Capability Assessor's Guide.

Attachment **43a** - Final Report, 2007-2010 VHA CEMP Studies and Analysis.

44. Exercise Builder/Hospital Pilot Familiarization Webinar.

45. HSEEP, Volume 1.

46. HSEEP, Volume 2.

47. HSEEP, Volume 3.

48. Example Exercise Scenarios.

49. Sample Form - Pre-Drill Disaster Drill Evaluation.

50. VHA After Action Report Format and Instructions.

Attachment **50a** - Blank VHA After Action Report Form.

51. HSEEP AAR/IP Template.

52. Sample Decontamination Evaluation Tool.

53. Emergency Operations Center Tool.

54. General Observation Evaluation Tool.

55. JC Emergency Management Matrix; Phase 1 of Standards Improvement Initiative (SII).

56. JC History Tracking Report: 2009 to 2008 Requirements - Emergency Management.

57. JC Crosswalk of 2008 Management of Environment of Care Standards to 2009 Emergency Management Standards.

58. JC Emergency Management Standard Tool.

59. JC Standard EM.02.01.01 and EM.03.01.03 Catastrophes and Escalating Emergencies - 96-Hour Capability Tool/Exercise.

Attachment **59a** - 96-Hour Capability Tool - Severe Weather.

Attachment **59b** - 96-Hour Capability Tool - Hospital Surge.

Attachment **59c** - 96-Hour Capability Tool - Power Failure.

60. 96-Hour Consumable Supply Operational Impact Chart.

61. 96-Hour Operational Impact Chart - Critical Systems or Services Failure.

62. Sample VISN EOP.

63. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 1.

64. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 2.

65. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 3.

66. Emergency Management Principles and Practices for Health Care Systems, 2nd Edition, Unit 4.

67. Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies.

68. Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery.