

Emergency Management Principles and Practices for Health Care Systems

Unit 5:
Appendices

Emergency Management Principles and Practices for Healthcare Systems

This educational curriculum was developed by The Institute for Crisis, Disaster and Risk Management (ICDRM) at The George Washington University (GWU) under contract to the Veterans Health Administration (VHA).

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Unit 5.

Appendices

Emergency Management Glossary of Terms*

* Terminology is defined for the purposes of emergency management education, and therefore uses an emergency response and recovery context. Where appropriate, terminology definitions from NIMS are cited. Definitions not referenced are products of substantive research and development efforts by the authors themselves during the current or prior academic initiatives. References that are recurrently cited have their full citations listed at the end of this document.

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

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

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

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

Activate (emergency management definition): To begin the process of mobilizing a response team, or to set in motion an emergency response or recovery plan, process, or procedure for an exercise or for an actual hazard incident.

Activation: 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 may be **partial** (stipulating the

¹ Cited in FEMA Higher Education Project: Australian National, 1994.

² Credentialing the Nation’s Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington D.C.

³ Standardized Emergency Management System (SEMS) Guidelines, Part I. System Description Section A (Draft 12/23/94), p. 5, available

at:<http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/b49435352108954488256c2a0071e038?OpenDocument>, accessed April 24, 2006.

components of the EOP to activate, or some other indication of the level of commitment to be made by the notified entity) or **full** (stipulating full activation of the notified entity's EOP). 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.

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

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. An advisory can be used for notification that something has occurred or is anticipated, and provide actionable information for notified personnel even though the response entity is not being activated. For example, a weather advisory that includes recommended actions for individuals. (See "update" - "alert" – "activation" for contrast between the other notification categories.)

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

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

After Action Report 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 ICS, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). (NIMS) See below for common ICS definition of "agency" that includes non-governmental organizations.

Agency: A division of government with a specific function, or a nongovernmental organization (e.g., private contractor, business, etc.) that offers a particular kind of assistance. In ICS, agencies are defined as jurisdictional (having statutory responsibility for incident mitigation) or assisting and/or cooperating (providing resources and/or assistance). See Assisting Agency, Cooperating Agency, and Multi-agency. (*FIRESCOPE California*)⁴

Agency Administrator: See “Executive” and “Chief Executive Officer.”

Agency, 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. (*NIMS*) See also Supporting Agency.

Agency, Cooperating:

- An agency supplying assistance other than direct operational or support functions or resources to the incident management effort. (*NIMS*)
- 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, Supporting: An agency providing suppression or other support and resource assistance to a protecting [fire] agency. (*FIRESCOPE/NIIMS 1999*)

Agency Representative: A person assigned by a primary, assisting, or cooperating Federal, State, local, or tribal government agency or private entity 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*)

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. Throughout the four phases of EM, management structure, processes and procedures are developed so they are applicable to every significant identified hazard. 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.

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

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*)

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.

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

Antiterrorism:

- Defensive measures used to reduce the vulnerability of individuals, forces, and property to terrorist acts. (*US Department of Defense*)⁶
- Actions designed to prevent attacks on citizens, facilities, and other assets. Such programs usually involve structural [and other] mitigation measures, such as redesigning... to make it easy to maintain surveillance and to limit access to areas where terrorists might try to launch armed attacks or leave bombs” (adapted from Waugh)
- Also defined as “passive or defensive measures against terrorism...” (Sauter & Carafano 2005) “...generally used to describe passive or defensive measures against terrorism...” (*Sauter & Carafano 2005*)⁷
- Antiterrorism is distinguished from counterterrorism, which actively seeks to disrupt terrorist activity (see Counterterrorism).

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

Area Command (Unified Area Command): An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. 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

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

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

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

Unified Area Command when incidents are multijurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post. (*NIMS*)

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

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

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

Assessment: The evaluation and interpretation of measurements and other information to provide a basis for decision-making. (*NIMS Appendix A: Incident Command System*)

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

Assessment, Situation: See "Situation Assessment."

Assignments: Tasks given to resources to perform within a given operational period that are based on operational objectives defined in the IAP. (*NIMS*)

Assistant: 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*)

Assumptions (management definition): 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.

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

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

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)

Badging: The act 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.

Benchmark: Similar to a "standard," but more broadly described and, consequently, less specific and objectively measurable. HRSA has used benchmarks to establish metrics for healthcare system performance in its emergency preparedness funding program. (HHS-HRSA)⁸

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

Branch: The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section 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)

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

⁸ 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.

impact and consequences. The Business Impact Analysis (see below) is more analogous to the HVA.

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)

Calamity: "A massive or extreme catastrophic disaster that extends over time and space." The Black Death of the 14th century as an example. (Drabek 1996)⁹

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.

Capabilities-based planning: capabilities-based planning is described in the National Preparedness Goal¹⁰ 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,

⁹ FEMA Higher Education Project; Drabek 1996, Session 2, p.4.

¹⁰ Quoted from the "National Preparedness Goal" in the Metropolitan Medical Response System Program Requirements; FY2006 Homeland Security Grant Program – see next reference footnote.

and presents guidance on the levels of capability that Federal, State, local, and tribal entities will be expected to develop and maintain. (DHS)¹¹

Case: A person in the population identified as having a particular disease, health disorder, or condition under investigation (HHS)¹²

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

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

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

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

Catastrophe: “An event in which a society incurs, or is threatened to incur, such losses to persons and/or property that the entire society is affected and extraordinary resources and skills are required, some of which must come from other nations.” (Drabek1996)¹³

Certification: Certification “entails authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions.” (NIMS). “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.”¹⁴ In ICS, the term certification may also be applied to equipment (verifying its appropriateness and adequacy for the intended use).

¹¹ U.S. Department of Homeland Security. Metropolitan Medical Response System Program Requirements; FY2006 Homeland Security Grant Program (October 5, 2005), p. 7, available at: <http://www.mwcog.org/uploads/committee-documents/tVtYVlk20051031174251.doc>, accessed December 17, 2005.

¹² 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.

¹³ 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.

¹⁴ Credentialing the Nation’s Emergency Responders: Working Group Guidelines – Draft Version 1.6 (November 2005), NIMS Integration Center, Federal Emergency Management Agency, Washington DC.

Chain of Command: A series of command, control, executive, or management positions in hierarchical order of authority. (*NIMS*)

Check-In: The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site. (*NIMS*) 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*)

Chief: The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section). (*NIMS*)

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*)

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

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

Civil Disturbances: Group acts of violence and disorders prejudicial to public law and order within the 50 States, District of Columbia, Commonwealth of Puerto Rico, U.S. possessions and territories, or any political subdivision thereof. As more specifically defined in DoD Directive 3025.12 (Military Support to Civil Authorities), “civil disturbance” includes all domestic conditions requiring the use of Federal Armed Forces. (*Title 32 CFR 185*)¹⁵

¹⁵ 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.

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

Command: “The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.” (*NIMS*)

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. (*VHA Emergency Management Guidebook 2005*)

Command Staff: In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed. (*NIMS*)

Common Operating Picture:

- A broad view of the overall situation as reflected by situation reports, aerial photography, and other information or intelligence. (*NIMS*)
- An optimal response state where all decision-makers have a common understanding of the incident and incident response situation. See “situation assessment.”

Communications: a focused process that is a narrow but vital component of Information Management, referring only to the method(s) of conveying information.

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

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

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.

Complex: A complex is two or more individual incidents located in the same general proximity assigned to a single Incident Commander or Unified Command to facilitate management. (*The National Interagency Complex Incident Management Organization Study*)¹⁶

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*)¹⁷

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): A conceptual framework that encompasses all hazards and all levels of government (including the private, non-profit and volunteer sectors). It views disaster management activities occurring across four phases: mitigation, preparedness, response and recovery. (*VHA Emergency Management Guidebook 2005*)

Consequence:

- 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 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*)

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*)

Contingency: A future event 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. (*VHA Emergency Management Guidebook 2005*)

Contingency Planning: Developing plans to prevent, minimize, respond to and/or recover from an identified contingency. This is a component of preparedness planning during the preparedness phase of CEM, and it is also an important task of the incident plans section during incident response and recovery.

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.

¹⁶ 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.

¹⁷ 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.

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

Continuity Planning: An internal effort within an organization to assure that the capability exists to continue essential business and service functions across a wide range of potential emergencies, including localized acts of nature, accidents, and technological and/or attack/terrorist-related emergencies. Accordingly, an effective Emergency Management program for healthcare systems not only addresses the four phases of mitigation, preparedness, response and recovery, but also includes continuity planning activities to ensure that mission critical business operations, patient care services, and ancillary and support functions would continue with little or no interruption. (*Adapted from VHA Emergency Management Guidebook 2005*)

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*).

Controller¹⁸/control staff: Individuals assigned to exercise locations as required to accomplish the responsibilities of the Master Exercise Controller under his/her direction. They provide the scenario injects (MSELS) and facilitate “player” (see below for definition of these terms) information and actions as indicated by the type of exercise and the exercise plan.

Controller, Master Exercise¹⁹: 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.

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

¹⁸ Homeland Security Exercise and Evaluation Program. Volume III: Exercise Program Management and Planning Process. Chapter 4 (July 2004). Washington, D.C.

¹⁹ Adapted from Guide to Emergency Management Exercises. Federal Emergency Management Agency Emergency Management Institute. Emmitsburg, MD. 1997.

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

Counterterrorism:

- Offensive measures taken to prevent, deter, and respond to terrorism. (*US Department of Defense*)²⁰
- Offensive measures taken to prevent, deter, and respond to a terrorist act, or the documented threat of such an act. (*U.S. Intelligence Community*)²¹ These include discouraging recruitment, attacking terrorist training bases, locating and confiscating terrorist finances, restricting travel, and apprehending and trying suspected terrorists.

Credentialing: According to the NIMS: “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.”²²

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

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

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

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*)

Damage Assessment: An appraisal or determination of the effects of the disaster on human, physical, economic, and natural resources. (*NFPA 1600, 2004*)

²⁰ Report of the Secretary of Defense to the President and the Congress (2000). US Department of Defense. Reported in the glossary of: State and Local Mitigation Planning How-To Guide: Integrating Manmade Hazards (2003) Version 2.0. Appendix B, p. b-1 <http://www.fema.gov/plan/mitplanning/howto7.shtm>, accessed March 15, 2006. Document subsequently removed.

²¹ United States Intelligence Community. Intelligence Terms And Definitions, October 20, 2005, <http://www.intelligence.gov/0-glossary.shtml>, accessed January 10, 2006.

²² 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.

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)²³

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)²⁴ 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 ICS/IMS phase that begins the transition of Management, Operations, and Support functions and elements from the incident activities back to normal operations or to their baseline standby state as their operational objectives are attained.

Department Operations Center (DOC): A type of multiagency coordination entity. DOCs “normally focus on internal agency incident management and response and are linked to and, in most cases, are physically represented in a higher level EOC. ICPs should also be linked to DOCs and EOCs to ensure effective and efficient incident management. (NIMS)

Deputy: 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)

Disaster (emergency management application): A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to rapidly & effectively respond. Despite a stepped up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, **the outcome is lower than expected** compared to a smaller scale or lower magnitude impact (See “emergency” for important contrast between the two terms).

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

Disaster:

- (General) – Accidental or uncontrollable events, actual or threatened, that are concentrated in time and space, in which a society undergoes severe danger and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented.

²³ Dynes RR, Quarentelli EL, Kreps GA. A Perspective on Disaster Planning, 3rd Edition (1981). Newark, DE: University of Delaware Disaster Research Center.

²⁴ Ibid

- *(Facility Specific)* – Any **internal** or **external** emergency incident generated by a force, or an event occurring on or off campus, that endangers the well-being and safety of medical center patients, visitors, staff, property or records. (*VA Emergency Management Guidebook 2005*)

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

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*)

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*)

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

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*)

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*)²⁵

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

²⁵ 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.

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 time, effort 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*)

Emergency (emergency management application): A Hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to rapidly & effectively respond. It requires a stepped up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command/management process in order to achieve the expected outcome (See “disaster” for important contrast between the two terms).

Emergency: Absent a Presidentially declared emergency, any incident(s), human-caused or natural, 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*)

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

Emergency Management: The science of managing complex systems and multidisciplinary personnel to address emergencies and disasters, across all hazards, and through the phases of mitigation, preparedness, response, and recovery.

Emergency Management. Organized analysis, planning, decision making, and assignment of available resources to mitigate (lessen the effect of or prevent) prepare for, respond to, and recover from the effects of all hazards. The goal of emergency management is to save lives, prevent injuries, and protect property and the environment if an emergency occurs. (*FEMA 1995, I-6*).²⁶

Emergency Management Assistance Compact (EMAC): A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement. (*EMAC web site*)²⁷

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

Emergency Management Operations: A term that can be used to denote the activities that occur during the response phase of an emergency event, based at 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. (*Adapted from NFPA 1600, 2004 and the VHA Guidebook, 2004*)

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

²⁶ FEMA. Introduction to Emergency Management (1995). Emergency Management Institute, Emmitsburg, MD.

²⁷ Emergency Management Assistance Compact, available at: <http://www.emacweb.org/>, accessed February 16, 2006.

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. It now commonly is 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, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof. (*NIMS*)
- An emergency operations center (EOC) is a location from which centralized emergency management can be performed during response and recovery. The use of EOCs is a standard practice in emergency management, and is one type of multiagency coordinating entity. Local governments should have designated EOCs. The physical size, staffing, and equipping of a local government EOC will depend on the size and complexity of the local government and the emergency operations it can expect to manage. The level of EOC staffing will also vary with the specific emergency situation.

A local government's EOC facility should be capable of serving as the central point for:

- Coordination of all the jurisdiction's emergency operations.
- Information gathering and dissemination.
- Coordination with other local governments and the operational area. (*SEMS*)²⁸

Emergency Operations Plan (EOP):

- The "response" plan that an entity (organization, jurisdiction, State, etc.) 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. (*From the FEMA Higher Education Project*)
- The "steady-state" plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards. (*NIMS*)

Emergency 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*)

²⁸ Standardized Emergency Management System, Section C. Local Government Level, available at:<http://www.oes.ca.gov/Operational/OESHHome.nsf/0/B49435352108954488256C2A0071E038?OpenDocument>, accessed November 21, 2005.

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

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

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

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*)²⁹

Emergency Support Function (ESF): A grouping of government and certain private-sector capabilities into an organizational structure to provide support, resources, and services. (*NRP*)³⁰

Emergency Worker: A term used to encompass all personnel involved in an incident addressing either hazard generated demands or response generated demands. This term includes first and second responders, incident management personnel, support personnel including organizational

²⁹ 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.

³⁰ National Response Plan (NRP), p. 10., available at www.dhs.gov.

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 services 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 referred to as “engineered system failure” or “managed degradation of incident response.”

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

Epidemiology (public health application): The study of the distribution and determinants of disease & other adverse health factors in human populations by time, place and person.³¹

Epidemiological 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.

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. (*VHA Emergency Management Guidebook 2005*)

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*)

Evaluation (emergency management application): A systematic assessment process that leads to judgments and decisions about plans, programs or policies (*adapted from Schalock, 2001*).³² “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.

Evaluation, Formative: A process of evaluation 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)³³

³¹ 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.

³² Schalock, R. L. (2001). *Outcome-based Evaluation*. New York, Kluwer Academic/Plenum Publishers. p.6.

³³ 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 of evaluation 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 on the evaluated entity.

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. (*NIMS*)
- 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*)³⁴

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*)³⁵

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

³⁴ 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/oa/publications/gcrs/04871.pdf>, accessed January 30, 2006.

³⁵ 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.nwccg.gov/pms/forms/ics_courses/ics_courses.htm#l-402, accessed January 20, 2006.

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, 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 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.”³⁶ The Exercise Planning Team performs its responsibilities under the leadership of the Exercise Director.

³⁶ Homeland Security Exercise and Evaluation Program. Volume III: Exercise Program Management and Planning Process. Chapter 4 (July 2004). Washington, D.C..

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*)³⁷

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*).³⁸ 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 & emergency management application): The condition of being subjected to a source of risk.

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

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*)

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

Federal Coordinating Officer (FCO): Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended,³⁹ the FCO is appointed by the President. He/she is

³⁷ FEMA IST training manual, available at: http://www.fema.gov/pdf/emergency/usr/mod1_u4.pdf, accessed January 6, 2006.

³⁸ Los Alamos National Laboratories. Eliciting and Analyzing Expert Judgment, available at: <http://www.stat.lanl.gov/research/exjudge.shtml>, accessed December 14, 2005.

³⁹ Robert T. Stafford Disaster Relief And Emergency Assistance Act, As Amended By Public Law 106-390, October 30, 2000 § 5143. Coordinating Officers {Sec. 302}, available at: <http://www.fema.gov/library/stafact.shtm#sec203>, accessed January 31, 2006.

responsible for an initial appraisal of the impact area, establishing field offices, and coordinating relief and support with state and local coordinating officers.

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

Federal 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. (*adapted from the VHA Emergency Management Guidebook 2005*)

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.

Finance/Administration: The ICS functional area that addresses the financial, administrative, and legal/regulatory issues for the incident management system. It monitors costs related to the incident, and provides accounting, procurement, time recording, cost analyses, and overall fiscal guidance.

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*)⁴⁰ 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.”

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*)⁴¹

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*)

⁴⁰ 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.

⁴¹ National Oceanic and Atmospheric Administration Coastal Services Center Glossary, available at: <http://www.csc.noaa.gov/vata/glossary.html>, accessed March 1, 2006.

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*)

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:

- Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs. (*NIMS*)
- In the Incident Command System, refers to the five major activities (i.e., Command, Operations, Plans/Information, Logistics, and Finance/Administration). The term function is also used when describing the activity involved (e.g., the planning function). Intelligence is not considered a separate function under ICS.

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).

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

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. (*NIMS*)

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. (*VHA Emergency Management Guidebook 2005*)

Goal (emergency management application): A description of the end state – where the organization wants to be at the end of the activity, program, or other entity for which the goal was defined.

Group: 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. Groups, when activated, are located between branches and resources in the Operations Section. (*NIMS*) See “division.”

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*)

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 Types:

- **Natural Hazard:** Any hazard produced primarily by forces of nature that result in human or property impact of sufficient severity to be deemed an emergency (see definition of an emergency). Natural hazards include hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, drought, fire, infectious disease epidemic, or others.
- **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.

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.

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

Hazard Mitigation: 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 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.

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*)

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.

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

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

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

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

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*⁴² - No superseding definition has been published.)

Homeland Security Exercise and Evaluation Program (HSEEP): Doctrine and policy provided by the US Department of Homeland Security for exercise design, development, conduct and evaluation. The terminology and descriptions related to exercise in this document is a homeland security industry application of emergency management concepts and principles.

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."⁴³

Homeland Security Presidential Directive-8 (HSPD-8): A Presidential directive issued December 17, 2003 on the subject of "National Preparedness." The purpose is to establish "policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities." (*White House web site*)⁴⁴

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. 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.

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

Incident: Multiple definitions:

- An unexpected occurrence that requires immediate response actions through an ICS organization. (*ICS 300, Unit 4*)

⁴² National Strategy for Homeland Security, Office of Homeland Security (July 2002), available at: http://www.dhs.gov/interweb/assetlibrary/nat_strat_hls.pdf, accessed January 25, 2006.

⁴³ Available at: <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>, accessed February 16, 2006.

⁴⁴ Available at: <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>, accessed February 16, 2006.

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

Incident 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*) See also “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 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 Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light. (*NIMS*)

Incident Command Post: 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)

- A standardized on-scene emergency management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. (NWCG 1994)

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and 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)

Incident Management System (IMS):

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

Incident Management Team (IMT):

- “The IC and appropriate Command and General Staff personnel assigned to the incident.” (NIMS)
- 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 necessary for selecting appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished have been effectively deployed (sic). Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.” (NIMS)

Incident Recognition: The first stage of Response. Incident recognition is the process that identifies an “anomaly” (independently or through communication from others), develops a situational assessment of the anomaly and related details, and determines whether an “incident response” by the organization may be indicated.

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.

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 of the collection, analysis, formatting and transmission of data and information during an incident.

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*)

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

Initial Response: Resources initially committed to an incident.

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*)

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.”⁴⁵

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.*)

Joint Field Office (JFO): a temporary Federal facility established locally to coordinate operational Federal assistance activities to the affected jurisdiction(s) during Incident of National Significance (*NRP, page 16*).

⁴⁵ FEMA. The Integrated Emergency Management System: Process Overview (1983), pp. CPG 1-100. Federal Emergency Management Agency, Washington D.C.

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 at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC. (NIMS)

Joint Information System (JIS): Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely 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 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)

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., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health). (NIMS)
- 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.

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)

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)

Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies. (NIMS)

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

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

Local Government: 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 organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. (*HSPD-5 definition*)⁴⁶

Logistics: Providing resources and other services to support incident management. Logistics Section: The [ICS] section responsible for providing facilities, services, and material support for the incident. (*NIMS*)

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*)

Managed degradation: See “engineered failure.”

Management (general): Management consists of decision-making activities undertaken by one or more individuals to direct and coordinate the activities of other people in order to achieve results that could not be accomplished by any one person 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. (*Unknown source*)

Management (ICS/IMS –noun): The IMS/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.

⁴⁶ Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Management (ICS/IMS – verb): The act of providing 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 four-step process for achieving the incident goal. The... approach includes the following: establishing overarching objectives; developing and issuing assignments, plans, procedures, and protocols; establishing specific, measurable objectives for various incident management functional activities and directing efforts to fulfill them, in support of defined strategic objectives; and documenting results to measure performance and facilitate corrective action.” (NIMS)
- The proactive management strategy in ICS/IMS that directs and coordinates resources across the incident command system/incident management system by:
 1. Setting overall (control) objectives for the incident and objectives for each specific operational period.
 2. Assigning resources to achieve those objectives and to provide support.
 3. Providing plans, procedures and protocols to establish parameters within which assigned resources operate.
 4. Monitor progress towards achieving the incident objectives, reassess and revise the objectives, and revise assignments as indicated.

Management Meeting: In the incident management process, the meeting that establishes or revises the incident goals and objectives, and may alter the ICS response structure for the incident. NIMS/ICS does not separate this meeting from the Planning Meeting, although they are commonly separated in wildland fire and Urban Search and Rescue incident management.

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.

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

Master Sequence of Events List (MSEL): The list of scenario injects that drive play and the scenario progression through time and incident evolution.

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 performance of the system for the circumstances in which the system is being used. The outcomes may be goods and/or services. Outcomes in an emergency management program are defined by the overall system’s goals and objectives.

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).⁴⁷ 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 that can be used when evaluating for determining whether satisfactory progress is being accomplished toward achieving the incident objectives.

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.

⁴⁷ Adapted from: General Accountability Office, Performance Measurement and Evaluation (May 2005), GAO-05-739SP, available at: <http://www.gao.gov/new.items/d05739sp.pdf>, accessed December 13, 2005.

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 that reduce or eliminate the probability of a hazard occurrence, or eliminate or reduce the impact from the hazard if it should occur. In comprehensive emergency management, mitigation activities are 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)*
- The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard- related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury. *(NIMS)*

Mobilization: Activities and procedures carried out that ready an asset to perform incident operations according to the EOP. During the response phase of CEM, it is the **stage that transitions functional elements from a state of inactivity or normal operations to their designated response state.** 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.

Mobilization: The process and procedures used by all organizations— Federal, State, local, and tribal—for activating, assembling, and transporting all resources that have been requested to respond to or support an incident. *(NIMS)*

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)*

Multiagency Coordination Systems: Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multiagency coordination systems include facilities, equipment, emergency operation centers (EOCs), specific

multiagency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS. (*NIMS*)

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

Multiple Casualty Incident: A hazard impact with casualties in which the available organizational and medical resources, or their management systems, are severely challenged. A stepped up capacity and capability beyond the normal “first response,” usually involving the use of ICS for expanded management, is required to adequately meet the medical needs of the affected population. “Multiple casualty incident” equate to an “emergency,” whereas “Mass casualty” equates to a “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. (*SEMS*)⁴⁸ Some authorities differentiate “mutual aid” from “cooperative assistance,” where the assisting resources are compensated for their response costs. Other authorities designate this as “compensated mutual aid.”

Mutual-Aid Agreement:

- Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner. National: Of a nationwide character, including the Federal, State, local, and tribal aspects of governance and polity. (*NIMS*)
- A pre-arranged agreement developed between two or more entities to render assistance to the parties of the agreement. (*NFPA 1600, 2004*)

National Disaster Medical System (NDMS):

- A cooperative, asset-sharing partnership between the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Homeland Security, and the Department of Defense. NDMS provides resources for meeting the continuity of care and mental health services requirements of the Emergency Support Function 8 in the Federal Response Plan. (*NIMS*)
- 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

⁴⁸ 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.

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 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*)

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.⁴⁹

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, that 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 Floridians’ needs was a complex, formal response needs assessment.⁵⁰ Conversely, a “suggestion box” is a very simple example of a programmatic needs assessment.

⁴⁹ 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.

⁵⁰ 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.

Nongovernmental Organization (NGO): An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government, but 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. (NIMS)

Notification: Information distributed to relevant personnel that contains important information regarding an actual or potential hazard impact and the response status of the organization. There are generally four categories of notification: **update, alert, advisory, and activation.**

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

Objectives, Control: These are broad organizational objectives (goals or desired end states related to the organizations mission) that change little during the response. “The control objectives are not limited to any single operational period but will consider the total incident situation” (NIMS Appendix A: The Incident Command System). An example would be to “provide adequate care to patients presenting as a result of the hazard impact” or to “provide for the safety and welfare of healthcare facility personnel.”

Objectives, Incident: “statements of guidance and direction necessary for selecting 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 Glossary p 130)

Objectives, 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.

Objectives, Operational Period: More specific objectives (compared to control objectives) for the organization to accomplish during a specific operational period (also called operational objectives). An example would be to “establish procedure to provide prophylaxis of hospital staff.”

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.**

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.⁵¹

Occupational Safety and Health Agency (OSHA): A federal agency chartered 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 not over 24 hours. (*NIMS*)

Operations: the IMS/ICS functions that develop and directly implement tactics to achieve the objectives established by Management.

Operations Section: The section responsible for all tactical incident operations. In ICS, it normally includes subordinate branches, divisions, and/or groups. (*NIMS*)

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.

Performance Measure: See "measures, performance."

Performance Metrics: See "metrics, performance."

⁵¹ 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.

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)

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)

Plan: A plan is a proposed or intended method of getting from one set of circumstances to another. A plan provides guidelines and/or directives on moving from the present situation towards the achievement of one or more objectives or goals. The term "Plans" in emergency management has multiple connotations:

- **Component plans:** 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.
- **Incident plans:** plans developed during incident response (often customized from pre-plans) that guide the response actions and achieve "management by objective."
- **Plans section:** (see below)
- **Pre-plans:** Guidelines that describe processes and procedures to be followed, plus other response considerations, for specific events and/or for specific geographic locations (stadiums, government facilities, special security events, etc.). These build upon the guidance in the functional annexes, and are included in the incident (i.e., hazard-specific) annexes of the EOP. Most of the guidance and accompanying considerations in the per-plan can be accomplished within the usual EOP construct. The VHA refers to these detailed pre-plans for complex events as "Standard Operating Procedures" ("SOPs").
- **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.
- **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:** the incident planning documents that support the Incident Action Plan. These include the Safety Plan, the Medical Plan, Communications Plan and others.

Plan: A plan mandated by HSPD-5 that integrates Federal domestic prevention, preparedness, response, and recovery plans into one all-discipline, all-hazards plan. (NIMS)

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.

Planning Meeting: A meeting held as needed prior to 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 (IAP). (NIMS)

Planning Meeting: A meeting held as needed throughout the duration of an incident to select specific strategies and general tactics for incident operations, and for service and support planning. In the incident management process, the planning meeting establishes strategy and priorities based upon the goals and objectives developed in the management meeting. Remaining decisions for the action plan are achieved during this meeting. In some widely used ICS, it is preceded by a management meeting

Planning Section: Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the IAP. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident. (NIMS)

Player: Healthcare 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)

Position Description: Position description is a written summary of the critical features of an emergency response or recovery job, including the nature of the work performed and the specific duties and responsibilities. It is intended to help assigned personnel understand their specific role and to clarify relationships between positions. The position description is augmented by position qualifications or competencies.

Position Qualifications: See “qualification.”

Pre-plan: See “plan.”

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. (adapted from the VHA Emergency Management Guidebook, 2005)

- 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*)
- The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management. (*NIMS*)

Preparedness Organizations: The groups that provide interagency coordination for domestic incident management activities in a nonemergency context. Preparedness organizations can include all agencies with a role in incident management, for prevention, preparedness, response, or recovery activities. They represent a wide variety of committees, planning groups, and other organizations that meet and coordinate to ensure the proper level of planning, training, equipping, and other preparedness requirements within a jurisdiction or area. (*NIMS*)

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. (*NIMS*)

Prevention: “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 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. (*VA*)

Private Sector: Organizations and entities that are not part of any governmental structure. It includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry, and private voluntary organizations (PVO). (*NIMS*)

Privileging: The process where appropriately credentialed personnel (see credentialing) are accepted into an incident 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*)

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: 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*)

Program (emergency management application): An organized collection of projects, activities and/or individual plans in an established framework that directs them toward a common goal. The term “program” implies that regular, ongoing activities are occurring. This contrasts with the term “plan,” which may be a set of guidelines that are inactive until “activated.”

Program evaluation: 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.

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

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

Public Health: The art and science that addresses the protection & improvement of community health by organized community effort, including preventive medicine and sanitary & social science, or, simply put: “what we, as a society, do collectively to assure the conditions in which people can be healthy” (*Institute of Medicine: The Future of Public Health – 1988*).

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 Officer: A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements. (NIMS)

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.

Publications Management: The publications management subsystem includes materials development, publication control, publication supply, and distribution. The development and distribution of NIMS materials is managed through this subsystem. Consistent documentation is critical to success, because it ensures that all responders are familiar with the documentation used in a particular incident regardless of the location or the responding agencies involved. (NIMS)

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. ^{52, 53, 54}

⁵² National Society of Professional Engineers. Licensure and Qualification for Practice, available at: <http://www.nspe.org/govrel/gr2-ps1737.asp>, accessed January 11, 2006.

⁵³ American Society for Clinical Laboratory Science (ASCLS). Personnel Licensure, available at: http://www.ascls.org/jobs/grads/personnel_licensure.asp, accessed January 11, 2005.

⁵⁴ Federation of State Medical Boards. About State Medical Boards, available at: http://www.fsmb.org/smb_overview.html, accessed January 11, 2005.

- A term that refers to competencies, certifications, experience, physical abilities and other requirements required for an individual to successfully perform in a specific job position. Also called “position qualifications.”

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

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*)

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*)

Recovery:

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

Recovery Plan: A plan developed by a State, local, or tribal jurisdiction with assistance from responding Federal agencies to restore the affected area. (*NIMS*)

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.

Reliability: A term indicating that different evaluators would reach similar conclusions on the basis of the evaluation methods used.⁵⁵

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. (*Buckle 1995, 13*)

Resiliency: The ability of an individual human or an organization to quickly recover from change or misfortune. It is commonly thought of as a “buoyancy” and an ability to “bounce back.”⁵⁶

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 EOC. (*NIMS*)

Resources, Assigned: Resources checked in and assigned to work tasks on an incident.

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

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

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*)

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

⁵⁵ 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.

⁵⁶ 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.

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.”

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

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

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

Response:

- The phase of Comprehensive Emergency Management that addresses the immediate and short-term effects of the disaster or emergency. (*Adapted from the VHA Emergency Management Guidebook 2005*) It includes activities immediately before (for an impending threat), during, and after a hazard impact to address the immediate and short-term effects of the disaster or emergency.
- In disaster/emergency management applications, activities designed to address the immediate and short-term effects of the disaster/emergency. (*NFPA 1600, 2004*)
- Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice. (*NIMS*)

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 hazard⁵⁷ 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).

⁵⁷ Adapted from - Ansell, J. and F. Wharton. 1992. *Risk: Analysis, Assessment, and Management*. John Wiley & Sons. Chichester. p. 100.

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.

Risk Assessment: The process, including both risk analysis and risk management alternatives, of establishing information regarding an acceptable level of that risk for an individual, group, society, or the environment. (*Gratt 1987, 244*)

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.⁵⁸

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, or avoided.⁵⁹ 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.⁶⁰

Risk Reduction: Long-term measures to reduce the scale and/or the duration eventual adverse effects of unavoidable or unpreventable disaster hazards on a society which is at risk, by reducing the vulnerability of its people, structures, services, and economic activities to the impact of known disaster hazards. Typical risk reduction measures include improved building standards, flood plain zoning and land-use planning, crop diversification, and planting windbreaks. The measures are frequently subdivided into “structural” and “non-structural”, “active” and “passive” measures. N.B. A number of sources have used “disaster mitigation” in this context, while others have used “disaster prevention.” (*Simeon Institute 1992*)

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): A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

⁵⁸ Adapted from: Baruch Fischhoff. Risk Perception and Risk Communication. prepared for D. Kamien (ed) The McGraw-Hill Handbook of Terrorism, August 11, 2004.

⁵⁹ Adapted from Shaw, G, Harauld 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.

⁶⁰ Carnegie Mellon Software Engineering Institute – Risk Management Web Site, available at: <http://www.sei.cmu.edu/risk/main.html>, accessed August 10, 2005.

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

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

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

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.

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

Simulation, 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)⁶¹: This is the physical location for controllers (or other qualified personnel) generating injects and receiving player communications/responses.

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: An assessment produced 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 and

⁶¹ Adapted from Homeland Security Exercise and Evaluation Program. Volume III: Exercise Program Management and Planning Process. Chapter 4, Page 42. (July 2004). Washington, D.C.

dissemination of a comprehensive situation assessment (through situation reports and other means) creates the “common operating picture.”

Situational awareness:

- 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.
- “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)⁶²
- Situation awareness was originally an aviation term used to describe awareness of tactical situations during aerial warfare. It has now been adopted throughout aviation, and increasingly in other dynamic, complex, situations requiring human control. (*The Free Online Dictionary*)

Situation report (SITREP): A document that is developed and distributed during response as a means for disseminating a current situation assessment.

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.) (NIMS)

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

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas [where assets assigned to operations are staged]. (NIMS)

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

Standard, Performance: A statement which establishes the criteria for how well a task or learning objective must be performed. The standard should specify how well, completely, or

⁶² 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.

accurately a process must be performed or product produced. The term “standard” is most commonly used in summative evaluations in place of the term “metric.” In formative system evaluation, other terms more applicable to systems process and evaluation science may be used (metrics competencies, objectives, metrics). Standards may have specific applications:

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

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

- Field Response Level: The level where emergency response personnel and resources carry out tactical decisions and activities in direct response to an incident or threat.
- Local Government Level: Cities, counties and special districts; local governments manage and coordinate the overall emergency response and recovery in their jurisdictions.
- Operational Area Level: A county and all political subdivisions within the county area.
- Regional Level: An area defined by state OES for the purpose of efficiently administering disaster services, includes multiple operational areas.
- State Level: The state level manages state resources in response to needs of other levels; coordinates the mutual aid program; and serves as coordination and communication link with the federal disaster response system.⁶³

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

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

Strategic: 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*)

⁶³ Standardized Emergency Management System (SEMS) Guidelines; Part I. System Description Section A (Draft 12/23/94): 5; available at: <http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/b49435352108954488256c2a0071e038?OpenDocument>, accessed 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.

Strategy:

- The general direction selected to accomplish incident objectives set by the IC. (*NIMS*)
- The approach to how a goal 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. (*NIMS*)

Supporting Technologies: Any technology that may be used to support the NIMS is included in this subsystem. These technologies include orthophoto mapping, remote automatic weather stations, infrared technology, and communications, among various others. (*NIMS*)

Surge capability: See “capability, surge.”

Surge capacity: See “capacity, surge.”

Surge, Medical: Describes the ability to provide adequate medical evaluation and care in events 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, Public Health: The ongoing, systematic collection, analysis, and interpretation of data about a specific health event, or to determine if a health event is occurring.

Sustainable Communities: A term used by hazard managers (for example, floodplain managers) and development experts that encompasses a strategy of considering resource limitations and minimizing hazard risk when developing human living areas.

Sustainable Development: “In its broader sense, sustainability is defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. In the context of emergency management, this meaning remains and it is linked to creating places that are less vulnerable to natural and technological hazards and that are resilient to those events. Sustainable hazard management has five components: environmental quality; quality of life; disaster resilience; economic vitality; and inter- and intra-generational equity. Reducing the risk from hazards, reducing losses from disasters and working toward sustainable communities go hand-in-hand” (*Britton 1998*).

System: A clearly defined functional structure, with defined processes, that coordinates disparate parts to accomplish a common goal.

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: Overall system architecture and its components, including how they are organized and what they do.

Systems Approach: A management strategy that recognizes that disparate components must be viewed as inter-related components of a single system, and so employs specific methods to achieve and maintain the overarching system. These 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 referred to as “systems-based methods.”

Tactics: Tactics in incident management are specific actions, sequence of actions, procedures, tasks, assignments and schedules used to fulfill strategy and achieve objectives.

Tactical element: Tactical elements of ICS are specific organizational elements that execute the tactics (see tactics) set by a management element.

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*)

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*)

Terrorism:

- Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources and is a violation of the criminal laws of the United States or of any State or other subdivision of the United States in which it occurs and is intended to intimidate or coerce the civilian population or influence a government or affect the conduct of a government by mass destruction, assassination, or kidnapping. (*NIMS*)⁶⁴
- “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*)⁶⁵

⁶⁴ Homeland Security Act of 2002, Section 2 (15), Pub. L. 107-296, 116 Stat. 2135 (2002).

⁶⁵ 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.

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities. (NIMS)

Threat:

- An indication of possible violence, harm, or danger. (NIMS)
- The possibility of a hazard occurrence; something that has the potential to cause harm.

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)

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)

TRAC²ES (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.

Tribal: 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)

Type: A classification of resources in the ICS 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. Unified Area Command: A Unified Area Command is established when incidents under an Area Command are multijurisdictional. (NIMS)

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)

Unified Command:

- An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single IAP. (*NIMS*)
- This management structure brings together the Incident Managers of all major organizations involved in the incident, to coordinate an effective response while allowing each manager 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*)⁶⁶

Unit: The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

Unity of Command: The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective. (*NIMS*)

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).

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.⁶⁷

Vertical Evacuation: The evacuation of persons from an entire area, floor, or wing of a hospital to another floor (either higher or lower based upon the threat/event). (*VHA Emergency Management Guidebook 2005*)

⁶⁶ 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.

⁶⁷ 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.

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)⁶⁸
- For purposes of the NIMS, a volunteer is 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, e.g., 16 U.S.C. 742f© and 29 CFR 553.101. (NIMS)

Volunteer:

- **Accepted volunteer:** Volunteers who have been fully registered and credentialed, rostered into the volunteer management system, **and** assigned to an incident task.
- **Affiliated volunteer:** Volunteers who possess a pre-disaster association with an agency or organization that is incorporated in the disaster response, but their pre-event training, registration information, and skills verification may vary. Rostering of affiliated volunteers by the volunteer management system during an incident may be expedited by transfer of the information for each affiliated volunteer from their volunteer organization.
- **Non-pre-registered volunteer:** Volunteers who have not received prescreening, rostering, or briefing.
- **Pre-registered volunteer:** Volunteers who have received pre-screening, maintain up-to-date personal and credential information, and have a current understanding of the orientation briefing material to the satisfaction of the appropriate volunteer management system personnel, and therefore satisfy the criteria for rostering.
- **Recruited volunteer:** Volunteers with skills that could address unique or short-supply needs of the disaster response, and are individually requested by the response system (by name or by technical ability) to assist in the effort. They may be affiliated or unaffiliated volunteers.
- **Rostered volunteer:** A volunteer who has completed the registration process, having credentials verified, and has been entered into the volunteer management system database for potential assignment.
- **Spontaneous volunteer:** Volunteers presenting to help at the disaster scene that were neither recruited nor affiliated with an organization. Also referred to as “unsolicited volunteers.”

⁶⁸ Healthcare Resources and Service Administration (HRSA/DHHS). Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), available at: <http://www.hrsa.gov/bioterrorism/esarvhp/guidelines/>, accessed January 29, 2006.

- **Support volunteers:** Volunteers 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: The likelihood of an organization being affected by a hazard, and its susceptibility to the impact and consequences (injury, death, and damage) of the hazard. (*Adapted from the VHA Emergency Management Guidebook 2005*)

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*)⁶⁹

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*)

Warning: Dissemination of notification message signaling imminent hazard which may include advice on protective measures. See also “alert.” (*Adapted from U.N. 1992, 5*). For example, a warning is issued by the National Weather Service to let people know that a severe weather event is already occurring or is imminent, and usually provides direction on protective actions. A “warning” notification for individuals is equivalent to an “activation” notification for response systems.

Watch: A watch is a notification issued by the National Weather Service to let people know that conditions are right for a potential disaster to occur. It does not mean that an event will necessarily occur. People should listen to their radio or TV to keep informed about changing weather conditions. A watch is issued for specific geographic areas, such as counties, for phenomena such as hurricanes, tornadoes, floods, flash floods, severe thunderstorms, and winter storms. (*adapted from Simeon Institute 1992*).⁷⁰ As such, a “watch” notification for individuals is equivalent to an “alert” notification for response systems.

Weapons of Mass Destruction (WMD): Generally refers to chemical, nuclear, biological agents or explosive devices that could be deployed against civilian populations (differentiates from military use).

⁶⁹ Cited in FEMA Higher Education Project; Simeon Institute. Penultimate Glossary of Emergency Management Terms (1998). Claremont, CA, <http://www.cyberg8t.com/simeon/glossary.html>.

⁷⁰ Cited in FEMA Higher Education Project; Simeon Institute. Penultimate Glossary of Emergency Management Terms (1998). Claremont, CA: <http://www.cyberg8t.com/simeon/glossary.html>.

Worker, Disaster. A term that collectively describes all personnel involved with an incident. It is considered a more inclusive term than “responder.”

Recurrent Reference Citations:

- NIMS National Response Plan (NRP): www.dhs.gov
- Federal Emergency Management Agency, FEMA, Higher Education Project (Appendix: Select Emergency Management-Related Terms and Definitions - 501KB MS Word): <http://training.fema.gov/EMIWeb/edu/hazdisusems.asp>
- Federal Emergency Management Agency, FEMA, State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning: <http://www.fema.gov/plan/gaheop.shtm>
- Department of Veterans Affairs. Emergency Management Program Guidebook. 2005: <http://www1.va.gov/emshg/page.cfm?pg=114>
- NFPA 1600, Standard on Disaster/Emergency Management and Business Continuity Programs 2004 Edition: <http://www.nfpa.org/assets/files/pdf/nfpa1600.pdf>
- WMO – World Meteorological Organization. A United Nations Specialized Agency: <http://www.wmo.ch/index-en.html>

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Emergency Management Acronyms

Emergency Management Acronyms

AAR	After Action Report
ACEP	American College of Emergency Physicians
AE	All Employees
AEM	Area Emergency Manager
ALS	Advanced Life Support
AP	Action Plan
ASTM	American Society for Testing Materials (now known as “ASTM International”)
APTR	Association for Prevention Teaching and Research
BAA	Business Area Analysis
BCO	Business Continuity Office
BCP	Business Continuity Program
BIA	Business Impact Analysis
CD	Civil Defense
CEM	Comprehensive Emergency Management
CEMP	Comprehensive Emergency Management Program
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CFR	Code of Federal Regulations
CIM	Complex Incident Management
CMOPs	Consolidated Mail Outpatient Pharmacies
COBRA	Consolidated Omnibus Budget Reconciliation Act (1985)
CON OPS	Concept of Operations
COO	Chief Operations Officer
COOP	Continuity of Operations Planning
CP	Command Post
CRNA	Certified Registered Nurse Anesthetist
CSP	Clinical Support Personnel
DHHS	Department of Health and Human Services
DECON	Decontamination
DMAT	Disaster Medical Assistance Team
DOC	Department Operations Center
DoD	US Department of Defense
DRC	Disaster Recovery Center
ED	Emergency Department
EEG	Exercise Evaluator Guidance
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMC	Emergency Management Committee
EMI	Emergency Management Institute
EMP	Emergency Management Program
EMS	Emergency Medical Services
EMSHG	Emergency Management Strategic Healthcare Group
EMTALA	Emergency Medical Treatment for Active Labor Act
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPC	Emergency Program Coordinator

EPM	Emergency Program Manager
ERT	Emergency Response Team
ERT-A	Emergency Response Team- Advanced
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
ESP	Emergency Safety Procedures
EST	Emergency Support Team
FBI	Federal Bureau Investigation
FCC	Federal Coordinating Center
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FEP	Facility Emergency Plan
FIRST	Federal Incident Response Support Team
FL	Facility Leader
FPC	Federal Preparedness Circular
FRERP	Federal Radiological Emergency Response Plan
FRP	Federal Response Plan
GPMRC	Global Patient Movements Requirements Center
GPRA	Government Performance and Results Act (1993)
GSA	General Services Administration
GWU	George Washington University
HAZMAT	Hazardous Materials
HCF	Health Care Facility
HCFA	Health Care Financing Administration
HCS	Health Care System
HEICS	Hospital Emergency Incident Command System
HHS	Department of Health and Human Services
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HPT	Human Performance Technology
HRSA	Health Resources and Services Administration
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HVA	Hazard Vulnerability Analysis
IAP	Incident Action Plan
IC	Incident Commander
ICDRM	Institute for Crisis Disaster & Risk Management (George Washington University)
ICP	Incident Command Post
ICS	Incident Command System
IC/UC	Incident Command or Unified Command
ID	Identification
IEMS	Integrated Emergency Management System
IMP	Incident Management Post
IMS	Incident Management System
IMT	Incident Management Team

Emergency Management Acronyms

INCMCE	International Nursing Coalition for Mass Casualty Education
IR	Incident Review
IS	Independent Study
ISC	Installation Support Center
ISD	Instructional Systems Development
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
LEPCs	Local Emergency Planning Committees
LNO	Liaison Officer
LO	Learning Objective
NDMS	National Disaster Medical System
NVOAD	National Voluntary Organizations Active in Disasters
MAC	Multi Agency Coordination
MACC	Multi Agency Coordination Center
MACE	Multi Agency Coordination Entity
MaHIM	Medical and Health Incident Management
MCI	Mass Casualty Incident
MCS	Mission Critical Systems
MMI	Modified Mercalli Intensity
MOU	Memoranda of Understanding
MSCA	Military Support to Civil Authorities
MSCC	Medical Surge Capacity and Capability
MSEL	Master Sequence of Events List
NAICS	North American Industry Classification System
N/A	Not Applicable
NCR	National Capital Region
NFES	National Fire Equipment System
NFPA	National Fire Protection Association
NGO	Nongovernmental Organization
NIMS	National Incident Management System
NIIMS	National Interagency Incident Management System
NRCC	National Response Coordination Center
NRP	National Response Plan
NSP	Non-clinical Support Personnel
NVOAD	National Voluntary Organizations Active in Disasters
NWCG	National Wildfire Coordinating Group
OEP	Occupant Emergency Plan
OES	Office of Emergency Services
OSCAR	Operating Status Checklist and Reports
OSHA	Occupational Safety and Health Administration
PA	Public Assistance
PCP	Patient Care Provider
PM	Program Manager

POLREP	Pollution Report
PIO	Public Information Officer
PNP	Private Non-Profit
PPE	Personal Protective Equipment
PRC	Primary Receiving Center
PVO	Private Voluntary Organizations
R&D	Research & Development
RESTAT	Resources Status
RF	Radio Frequency
RNP	Registered Nurse Practitioners
ROSS	Resource Ordering and Status System
RRCC	Regional Response Coordination Center
SARS	Severe Acute Respiratory Syndrome
SBA	Small Business Administration
SDO	Standards Development Organizations
SEMS	Standardized Emergency Management System
SIMCELL	Simulation Cell
SITREP	Situation Report
SO	Safety Officer
SOP	Standard Operating Procedure
SSC	Supply Service Center
START	Simple Triage and Rapid Treatment
TCL	Target Capabilities List
TOPOFF	Top Officials (an exercise designed to test top officials in the U.S. government)
TRAC ² ES	United States Transportation Command [USTRANSCOM] Command and Control Evacuation System
UC	Unified Command
UM	Unified Management
UN	United Nations
US&R	Urban Search and Rescue
USC	United States Code
USCA	United States Code Annotated
USCG	United States Coast Guard
USTRANSCOM	United States Transportation Command
VA	US Department of Veterans Affairs
VHA	Veterans Health Administration
VAMC	Veterans Affairs Medical Center
VISN	Veteran's Integrated Service Network
WMD	Weapons of Mass Destruction
WMO	World Meteorological Organization
Y2K	Year 2000

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VHA-EMA Emergency Response and Recovery Competencies:
Competency Survey, Analysis, and Report*

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Introduction

In December 2004, the Veterans Health Administration (VHA) Emergency Management Strategic Healthcare Group awarded the Institute for Crisis Disaster & Risk Management (ICDRM) a contract to participate in establishing innovative training and personal development curricula for the VHA Emergency Management Academy (VHA-EMA). The objective of the project is to develop a nationally peer-reviewed, National Incident Management Systems (NIMS) compliant, instructional outline and course content. The curriculum is intended to educate VHA personnel for response and recovery in healthcare emergencies and disasters, to provide a resource for future VHA training programs, and to be placed in the public domain for use by other healthcare personnel.

The initial phase of the EMA project is presented in this paper, and consisted of developing peer-reviewed emergency response and recovery competencies for select VHA job categories. The competencies primarily describe knowledge and skills essential for adequate job performance during the emergency response and recovery phases of an incident. Peer review was accomplished through a web-based survey of the proposed competencies, which was distributed to a select, nationwide sampling of emergency management personnel who were identified as having extensive experience or advanced expertise in healthcare emergency response. The survey process was designed to obtain a balanced expert opinion as to whether the project team's written competencies were valid, and to assess the appropriate level of proficiency for each primary competency (i.e., awareness, operations, or expert). The competencies will be used to guide the development of learning objectives for the instructional curriculum.

Background

Historical development of competencies

Competency modeling originated in business management research, and has evolved extensively over the past 25 years as other disciplines began adopting the practice (Newsome, Catano & Day, 2003). The original intent of competency development was to enhance the then common "job analysis" by relating a position's requisite knowledge, skills and abilities to the overall objectives of the organization in which the position existed. This approach aligns the objectives (i.e., desired outputs) of individual jobs with the overall objectives of the organization, such that organizational objectives are achieved through effective individual job performance. While this was the original intent of competencies, their definitions have varied widely as time has progressed. Competency definitions range from emphasizing *underlying characteristics* of an employee (e.g., a motive, trait, skill, aspects of one's self-image, social role, or a body of knowledge) that produce effective and/or superior performance (Boyatzis, 1982) to *performance characteristics* (i.e., how an employee conducted their job in relation to the organization's objectives) (US Office of Personnel Management, 2000).

The application of competencies across the many organizations that use them has also varied widely. The private sector has commonly employed competencies to define "superior performers" (Klein, 1996) and therefore, as a selection tool for hiring, promotion, and/or salary enhancement. In other organizations, competencies have been used for job-specific performance feedback and

improvement. Still others have used competencies to guide future program training and development. Because of this variation in definition and application, it becomes critically important to address these vagaries at the outset of any competency development project. This concept was well-described by one competency research team:

“The first step in the implementation of any competency-based management framework must be the organizational consensus on how to define ‘competency.’ This agreed upon definition will drive the methodology used to identify and assess the competencies within the organization.” (Newsome, Catano & Day, 2003)

The GWU-ICDRM project team strongly agreed with this concept, and started the project by defining how the competencies within this initiative would be applied. The VHA-EMA competencies are intended to serve as a formative tool to guide healthcare facility personnel in the development of knowledge, skills and abilities for effective performance during emergency response and recovery. The competencies are also intended to serve as a guide for developing preparedness education and training, and therefore, serve as a basis for the VHA-EMA curriculum. Finally, the competencies may be employed as a tool for assessing individual healthcare facility personnel performance during emergency response and recovery operations.

Defining a competency framework

Despite an extensive search of published articles related to competencies, the GWU-ICDRM project team determined that no single authoritative source presented a consistent competency definition and competency framework to adequately support the VHA-EMA project needs. A framework was therefore developed, analyzed through pilot competency development, refined and completed before establishing the individual emergency response and recovery competencies for this project. The competency framework was therefore used to impose a strict methodological consistency when developing and defining the emergency response and recovery competencies.

The GWU-ICDRM project team first recognized the need for an alternative competency framework to the usual business management approach to establishing competencies. Business management models establish competencies by observing performance and relating it to individual and organizational outputs. Because emergencies are rare events, and therefore emergency response and recovery outputs occur very infrequently, the related competency framework and definitions for this project are based less upon observed outputs. Instead, the basis is the VHA’s response and recovery objectives, together with the incident management structure and processes used by the VHA. Central to this framework is the critical importance of competencies being objective and measurable, internally and externally consistent, and tightly described within the context of the organization’s specific objectives.

Within this framework, the project team defined a ‘competency’ as *a specific ‘capability’ required for effective performance, within the context of a job’s responsibilities, which achieves the objectives of the organization.* A ‘capability’ is comprised of knowledge elements, skills, and abilities and is objective and measurable (i.e., demonstrable) on the job.

Focus upon response and recovery competencies

Published articles describing emergency management competencies commonly do not differentiate between preparedness and response competencies, and list them in an intermixed

fashion. (INCMCE, 2004; ACEP, 2003). The GWU-ICDRM project team sought to maintain a separation of these two categories, with their primary focus on response and recovery competencies. Critical preparedness issues are addressed through supporting competencies.

Preparedness competencies are commonly based upon everyday organizational objectives, structure, processes, and relationships to other organizations. In contrast, response competencies in systems using the Incident Command or Incident Management System should be based upon incident objectives for the organization's response, and upon the organizational structures, processes, and relationships (with other organizations) that are *established during response* rather than those used during everyday experience. Emergency competencies are commonly developed without this relationship to a defined response system (ATPM, 2003), making it difficult to define how scientific or medical knowledge is to be implemented in an emergency response. Because of the NIMS mandate to use ICS/IMS to manage incident response, the GWU-ICDRM project team specifically included reference to the Incident Management System and processes in developing the project competencies.

Preparedness is unquestionably important, but for it to be accurate, comprehensive and successful in establishing an effective emergency response capability, a thorough understanding of the response system must be established first, and preparedness guided by this. It can therefore be reasoned that specific competencies for emergency response should be established and validated first, and then used to guide the development of valid preparedness competencies.

Developing draft emergency response and recovery competencies and establishing appropriate levels of proficiency

Using the competency framework established in this project, response and recovery "core" competencies were developed for all employees within the VHA organization, regardless of their emergency response and recovery function. Additional competencies were then established for three functionally based job groups within the VHA system. These were designated as (1) healthcare facility leaders, (2) patient care providers, and (3) emergency management program managers.

Initial competency identification and development was accomplished through an analysis of ICS as presented in NIMS, an extensive literature review, and an evaluation of the VHA system and processes for emergency response. Additionally, the GWU-ICDRM project team relied upon their extensive emergency management and disaster response experience, and upon related previous research efforts (Barbera & Macintyre, 2002; Barbera & Macintyre, 2003; CNA Corporation, 2004). Supporting competencies were established as a means to more fully define and clarify the primary competencies. Designating primary and supporting competencies helps to maintain a priority in the framework, which is important when listing a large number of individual competencies.

Concurring with other authors that competencies are not an all-or-none phenomenon, the GWU-ICDRM project team then qualified each primary competency by an indicated level of proficiency (awareness, operations, expert). Proficiency levels delineate the "The degree of understanding of the subject matter and its practical application through training and performance..." (FEMA, 2004)

Survey Methods

The project team developed a web-based survey to obtain expert peer review assessment of the competencies. The survey was designed to determine if identified healthcare emergency management experts judge the competencies as valid. The survey therefore presented, in a simplified fashion, competencies for all VHA personnel ('core competencies') and then three job groups that were pre-determined by the VHA.

Healthcare personnel were selected to participate, for both the pilot study and the full survey, based upon an informal judgment that they were experts (i.e., represented advanced expertise in their functional area), by either the GWU-ICDRM personnel or the VHA project officer. Because no acceptable, objective and published definition for 'expert' in this area was available, the judgment was based upon extensive experience or other 'demonstration of expertise' in healthcare emergency management. Demonstrated expertise was, in this instance, established through past participation in VHA emergency management initiatives, through speaker panels from the annual National Disaster Medical System conference (which identified preparedness, response, and research experience), and through the research/educational activities of the GWU-ICDRM project team members. The largest survey cohort was drawn from VHA personnel, representing the spectrum of VHA job types. A smaller but similarly balanced cohort of non-VHA personnel was included for comparison.

The survey was designed using Ultimate Survey v. 7.1-Advanced Edition, 2004 software. Demographic information was limited to data necessary for analyzing the survey results, and the survey participants remained anonymous. Respondents were asked to provide the following demographic data:

- Whether the respondent was a VHA employee (yes or no answer)
- The respondent's routine position within their healthcare organization (free-text answer)
- The respondent's self-assessment of his or her level of expertise in emergency management and response (three choices were provided: novice, intermediate, expert)
- The number of healthcare facility emergencies or disaster responses in which the respondent had participated (the choices were: 0 responses, 1 response, 2 responses, 3 responses, and 4 or more responses).

Four sets of primary emergency response and recovery competencies were included in the survey instrument. They were partitioned according to 'core' competencies for all healthcare facility personnel, designated as All Employees (AE), and the three specific job group categories, designated as Patient Care Providers (PCP), Facility Leaders (FL), and Emergency Management Program Managers (PM). Each job group was defined for survey participants within the body of the survey instrument (see Table 1).

All respondents were asked to assess the primary competencies in the AE category, and then, if one of the three designated job groups encompassed their routine professional job title, they were instructed to assess the competencies in that specific category. Survey participants were asked to rate the criticality of each primary competency, and then asked to indicate the level of proficiency necessary for each of the competencies they rated. Supporting competencies were provided to present a clearer understanding of each primary competency, but the supporting competencies

were not rated. Respondents were only permitted to assess one job group category beyond the AE group of competencies.

Patient Care Providers (PCP)	Physicians, physician assistants, registered nurses, licensed practical nurses, nurses working within expanded roles (CRNA, RNP, and others), emergency medical technicians, paramedics, and respiratory therapists and others who provide direct clinical patient care. Not included are clinical support staff who provide patient care services under the direct supervision of patient care providers: e.g., nurse's aides, procedure technicians, orderlies, and others.
Facility Leaders (FL)	Hospital-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, and/or senior managers in large departments. The project team assumes that members of this group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS/IMS structure during a VHA facility's emergency response.*
Emergency Management Program Managers (PM)	Personnel primarily responsible for developing, implementing and maintaining VHA facility emergency management programs that include the Emergency Operations Plan. VHA Area Emergency Managers are also included in this job group.

Table 1 – Job Group Definitions

All respondents were asked to assess the primary competencies in the AE category, and then, if one of the three designated job groups encompassed their routine professional job title, they were instructed to assess the competencies in that specific category. Survey participants were asked to rate the criticality of each primary competency, and then asked to indicate the level of proficiency necessary for each of the competencies they rated. Supporting competencies were provided to present a clearer understanding of each primary competency, but the supporting competencies were not rated. Respondents were only permitted to assess one job group category beyond the AE group of competencies.

For each primary competency, respondents were instructed to:

- Read the primary competency and its supporting competencies.
- Designate their assessment of the primary competency's criticality by selecting from a five-point Likert Scale gradient. The gradient range was defined as: 1 = 'unimportant', 2 =

* Command and general staff, as defined by NIMS and ICS, include the manager, management staff, and section chiefs (leaders) of the individual sections: operations, logistics, plans, and finance/administration.

‘slightly important’, 3 = ‘moderately important’, 4 = ‘significantly important’ and 5 = ‘essential’.

- Assign an appropriate level of proficiency for each primary competency. The levels of proficiency were defined in the survey (see Table 2). The level of proficiency was graded on a 3-point scale, with a default proficiency level that could be changed by the respondent. The default assignment represented the proficiency level proposed by the Project Team, determined by their understanding of how the competency related to adequate knowledge, skills and abilities for emergency response and recovery by the VHA organization.
- Insert any additional competencies that should be added to the competency inventory for each work group category. This was accomplished through free text input in each survey section.

Awareness	Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization’s system.
Operations	Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary
Expert	Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

Table 2 – Definition of the Levels of Proficiency

Twenty-one experts were invited to take the pilot survey by the VHA-EMA project manager. Participants were all VHA personnel, selected by the VHA project manager in an effort to provide a cross section of experts from all job groups within the VHA. Of the 21 pilot respondents, 10 were emergency managers (representing Program Managers in the competency groups), 4 were facility leaders, 3 were patient care providers, and 4 respondents belonged to other job group categories. The pilot survey included an additional free-text comments box for respondents to provide feedback on any aspect of the survey instrument (e.g. format, content, instructions, etc.).

The results of the pilot survey, including text comments and recommended additional competencies, were analyzed and the survey was modified in the following manner:

- Instructions for respondents were clarified.
- Supporting competencies were added to the AE group that clarified the importance of this group’s knowledge related to incident response stress.
- The term “rehabilitation,” as it applies to emergency workers, was defined and provided in the final version of the survey. Rehabilitation was presented as procedures and methods utilized to restore an asset (person, place, or things) to baseline operational capability. For

response personnel, this can involve both physical as well as psychological processes. Rehabilitation may occur during an event, to return an asset to its operational status, or during recovery, to return an asset to baseline readiness.

- The definition for each level of proficiency was slightly modified to emphasize the key differences between awareness, operational and expert. These definitions are presented in Table 2.
- The invitation to provide general comments was removed when constructing the final operational version of the survey. Free-text entry remained for respondents to suggest additional response and recovery competencies.

Technical problems with the survey software were also recognized during the pilot survey and addressed. For example, it was noted during the pilot survey that occasionally a respondent accessed the competencies for a specific job group, but then didn't submit any answers. When this occurred, the survey software auto-populated the database with the default (pre-selected) proficiency levels, thereby providing survey answers where the survey participant had provided none. This technical problem was addressed by identifying and manually removing the data specific to these cases, both for the pilot and in the subsequent final survey.

The competencies and supporting competencies are presented in Appendix A.

The revised survey was posted on the Internet for a total of 34 days. Access to the survey was password protected, and the password was provided to those invited to take the survey. One hundred forty VHA invitees, 12 non-VHA federal personnel (including HHS and DHS healthcare facility experts), and 18 non-federal invitees received brief project explanations and an invitation to participate. Throughout the active survey period, the Project Team monitored the evolving responses, but intervened only to address individual technical problems that survey respondents experienced (for example, a few noted difficulty in accessing the survey using a specific web browser, or experienced problems due to their computer system protection). A reminder notice was sent to the VHA cohort midway through the survey period.

After the survey closed, the data was aggregated and analyzed as a whole, and by demographic and job group comparisons for each competency. The analysis utilized relatively basic statistical methods: percentages, calculation of means, standard deviations, and correlations. These methods were applied to the respondents' ratings of level of criticality and level of proficiency for the specified competencies and for comparisons between the demographic and job groupings within the responding cohort. The project team assumed that a criticality rating of 3 (moderately critical) or above indicated that the respondent assessed the competency as important enough to be included in competencies for that category of jobs. In addition, the ranked calculated means of criticality for each respondent group were analyzed by simple correlation methods.

The respondents' free-text submissions of additional competencies, and any other comments included in these free-text boxes, were collected, analyzed, and either accepted to modify the response competencies or deferred to be considered during the VHA-EMA curriculum development. A tracking document was developed to group the recommended additional competencies and other comments, and to summarize the analysis and disposition of each. This document was provided in a separate communication to the VHA-EMA project manager.

Survey Results

In total, the survey produced 94 useable responses. The vast majority (>90%) of survey respondents entered data for all indicated data fields, although the survey protocol did not require a respondent to answer any or all of the demographic questions, or to rate all of the competencies in their appropriate job group section(s). Due to some cases where demographic data entry or competency rating fields weren't submitted, the total number of demographic entries does not add up to the total number of responses. This discrepancy in numbers is easily identifiable for the above reasons and did not affect the accuracy of the data analysis methods used in this project.

Demographic data

Seventy-six of 140 VHA invitees (54.3%) responded to the survey; thirteen of 30 non-VHA invitees (43.3%) responded; and five respondents (2.9% of total invitees) did not specify their VHA status. The number of respondents, completed job categories, and number with unspecified demographic data (VHA status or self-assessment of expertise) are displayed in Table 3. For the purpose of analysis, the expertise categories of 'intermediate' and 'novice' were combined into a single category, 'non-expert'.

Number of responses

	AE	PCP	FL	PM
VHA employee	76	16	16	44
Non VHA employee	13	5		4
Not Specified	5	1	1	1
Total resp.	94	22	17	49
Expert	43	6	5	29
Non Expert	50	16	11	20
Not Specified	1		1	
Total resp.	94	22	17	49

Table 3 – Demographic results

(AE=All Employees, PCP=Patient Care Providers, FL=Facility Leaders, PM=EM Program Managers)

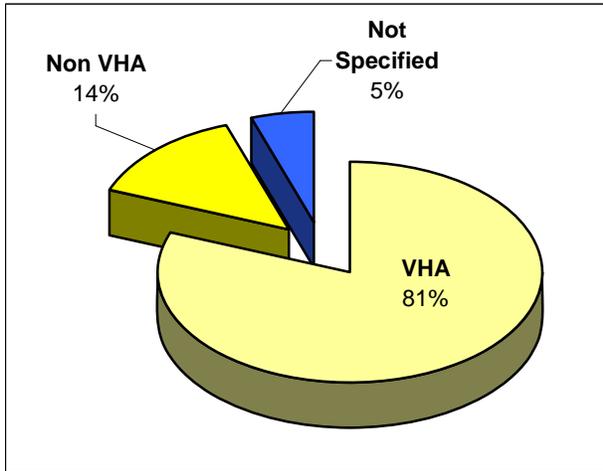


Fig. 1 – VHA employees as percent of total respondents

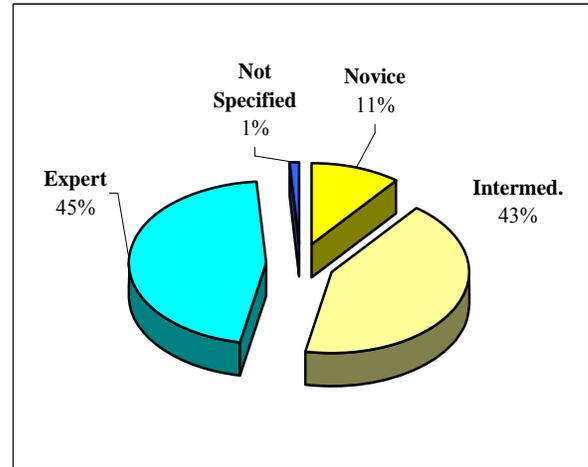


Fig. 2 – Job Group category

(AE=All Employees, PCP=Patient Care Providers, FL=Facility Leaders, PM=EM Program Managers)

The demographic distribution of the respondent population as being affiliated with the Department of Veterans Affairs is presented in Figure 1.

The breakdown of the respondents into their self-selected job categories is displayed in Figure 2. For this figure, respondents who did not designate one of the three job categories are presented as All Employees (AE) (i.e., 15% of respondents evaluated only this set of competencies).

The reported self-assessment by respondents of their level of expertise is presented in Figure 3. Figure 4 presents what was used as an assumed component of expertise for the respondents, experience in healthcare facility emergency response.

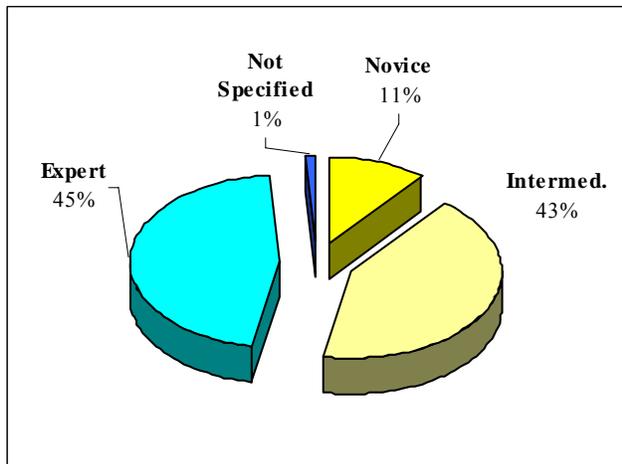


Fig. 3 – Self-assessed Level of expertise

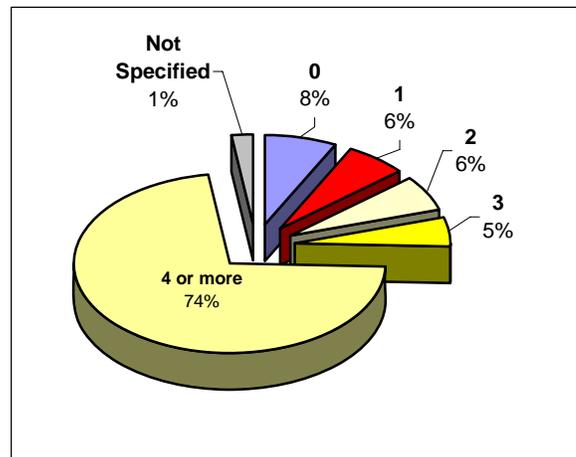


Fig. 4 – Number of times respondents participated in a health care facility emergency response requiring activation of the facility Emergency Operations Plan.

This was evaluated by the number of times in which the respondents had participated in a healthcare facility incident that activated the Emergency Operations Plan.

Respondents also listed their normal, day-to-day job position title as a component of their demographic profile. Due to the disparity in job title designations made by the respondents (presented in Appendix B), no attempt was made to analyze the list other than to demonstrate the wide range of job positions obtained through the participant selection process.

Competency data

The data and analysis tables in Appendix C provide all of the details of the competency ratings. For simplicity, the individual primary competencies from Appendix A are presented using abbreviated titles in the data tables in this report. As representative of the overall study data, Tables 4 and 5 display an analysis for responses to the AE competencies. As indicated in Table 4, the calculated mean values for the criticality of AE competencies range from a low of 3.670 (AEC-4: Applying the VHA core mission to response) to a high of 4.728 (AEC-9: Prioritizing assigned EOP roles and responsibilities). Also, Table 4 shows the distribution of responses for each criticality rating and the fact that for each of the 15 AE competencies, over 90% of the respondents rated the criticality of the competency as: 3 = moderately important; 4 = significantly important; or 5 = essential. Table 4 also shows that only two of the competencies (AEC-5: Applying the VHA code of ethics to response – 1 response; and AEC-7: Maintaining a personal “go kit” – 2 responses) received any criticality rating of 1 = not important, *from any respondent*.

	AEC-1 Utilizing ICS/IMS Principles	AEC-2 Recognizing job-related triggers for EOP activation	AEC-3 Participating in facility mobilization	AEC-4 Applying the VHA core mission to response	AEC-5 Applying the VHA Code of Ethics in response	AEC-6 Personal/family preparedness plans	AEC-7 Maintaining a personal "go-kit"	AEC-8 Following the Facility Emergency Plan (FEP)	AEC-9 Performing assigned EOP responsibilities	AEC-10 Following reporting requirements and communication plan	AEC-11 Following VHA safety rules and plan	AEC-12 Utilizing equipment, supplies and personnel	AEC-13 Following demobilization procedures	AEC-14 Following facility recovery procedures	AEC-15
1					1%		2%								
2	1%	2%		9%	5%	1%	7%					1%	3%	2%	
3	4%	5%	4%	36%	20%	16%	22%	5%	2%	2%	9%	8%	7%	20%	17%
4	38%	33%	42%	34%	40%	42%	30%	47%	23%	41%	43%	30%	43%	48%	48%
5	57%	59%	52%	21%	33%	38%	37%	47%	75%	57%	47%	60%	49%	28%	32%
mean:	4.500	4.495	4.484	3.670	3.989	4.200	3.956	4.418	4.728	4.543	4.385	4.533	4.402	4.022	4.099
stdev:	0.638	0.705	0.584	0.907	0.925	0.753	1.038	0.598	0.494	0.543	0.646	0.640	0.664	0.789	0.761

Table 4 – Criticality level: percentage, mean and standard deviation for AE Competencies

As indicated in Table 5, respondents selected the default proficiency value, for each AE competency, at a rate of 68% or higher across all AE primary competencies.

AEC-1	AEC-2	AEC-3	AEC-4	AEC-5	AEC-6	AEC-7	AEC-8	AEC-9	AEC-10	AEC-11	AEC-12	AEC-13	AEC-14	AEC-15	
Utilizing ICS/IMS Principles	Recognizing job-related triggers for EOP activation	Participating in facility mobilization	Applying the VHA core mission to response	Applying the VHA Code of Ethics in response	Personal/family preparedness plans	Maintaining a personal "go-kit"	Following the Facility Emergency Plan (FEP)	Performing assigned EOP responsibilities	Following reporting requirements and communication plan	Following VHA safety rules and plan	Following the EOP safety rules and plan	Utilizing EOP security measures personnel	Following demobilization procedures	Following facility recovery procedures	
9%	5%	9%	9%	15%	4%	10%	8%	4%	5%	7%	8%	2%	5%	8%	A
71%	74%	75%	80%	73%	22%	22%	79%	70%	80%	79%	80%	82%	87%	82%	O
21%	21%	16%	11%	12%	74%	68%	13%	26%	14%	14%	12%	16%	8%	11%	E
O	O	O	O	O	E	E	O	O	O	O	O	O	O	O	Default:

Table 5 – Proficiency level: default level of proficiency and percentage for AE Competencies (A=Awareness, O=Operations, E=Expert)

Table 6 further summarizes the data provided in Appendix C as a summary of the range of competency ratings and selected proficiency levels across the primary competencies in each of the four survey categories: AE, PCP, FL and PM.

Work Group	Range of Calculated Means of Criticality Ratings	Lowest Rated Competency and Value	Highest Rated Competency and Value	Competencies and number of responses 1 = not important	Lowest Percent of Responses Selecting the Default Value for Required Level of Proficiency
AE	3.670 : 4.728	AEC - 4 : 3.670	AEC - 9 : 4.728	AEC - 5 : 1	68.0%
PCP	4.136 : 4.727	PCP - 12 : 4.136	PCP - 2 : 4.727 PCP - 3 : 4.727 PCP - 9 : 4.727	None	81.8%
FL	3.882 : 4.824	FL - 12 : 3.882	FL - 1 : 4.824	None	70.6%
PM	0.167 : 4.592	PM - 8 : 4.000	PM - 1 : 4.592	PM - 2 : 1 PM - 8 : 1 PM - 10 : 1	71.4%

Table 6 – Summary of Competency Criticality and Level of Proficiency Ratings (AE=All Employees, PCP=Patient Care Providers, FL=Facility Leaders, PM=EM Program Managers)

To determine if any significant assessment differences existed between the various demographic groups of survey participants, the mean value of competency criticality ratings were sorted. The ordering was determined by the value of the calculated means rating of criticality, from highest to lowest, within the job groups and demographic categories. The ordered lists of calculated means were then compared two at a time by demographic grouping and job group to determine the correlation of the ordering. Table 7 displays the correlation values for these comparisons. Correlations in these comparisons range from (-1) to (+1), with any value above +0.5 considered significant for correlation. The small number of respondents within some of the demographic groups and job groups should be noted in evaluating the meaning of some correlations.

		VHA	Non VHA	Expert	Non Expert	PCP	FL	PM
AE	VHA employee	1.000	0.768					
	Non VHA employee		1.000					
	Expert			1.000	0.907			
	Non Expert				1.000			
	PCP					1.000	0.805	0.774
	FL						1.000	0.783
	PM							1.000
PCP	VHA employee	1.000	0.583					
	Non VHA employee		1.000					
	Expert			1.000	0.501			
	Non Expert				1.000			
FL	VHA employee	1.000	0.750					
	Non VHA employee		1.000					
	Expert			1.000	0.740			
	Non Expert				1.000			
PM	VHA employee	1.000	0.810					
	Non VHA employee		1.000					
	Expert			1.000	0.820			
	Non Expert				1.000			

Table 7 – Correlations of Competency Criticality Ratings between Demographic Groups

(AE=All Employees, PCP=Patient Care Providers, FL=Facility Leaders, PM=EM Program Managers)

In summary, the calculated mean level of criticality assigned each competency by respondents across all job groups was high, and the level of proficiency designated by respondents largely matched the default level initially assigned by the survey authors. The calculated means of competency criticality remained consistent across job groups and demographic cohorts when the survey results were compared/correlated between demographic groups.

Finally, the submitted free-text competency recommendation by participants resulted in the addition of three supporting competencies and minor word changes in a small number of the primary competencies. The finalized competencies are therefore the version presented in Appendix A, with a copy of the survey version available upon request.

Discussion

This competency survey completed the initial component of a project that will ultimately result in a public domain curriculum for educating VHA personnel about preparedness, response and recovery in healthcare emergencies and disasters. The emergency response and recovery competencies were established with rigorous methods in an effort to guide the second phase of this project: the establishment of learning objectives and overall content of the curriculum. The survey results indicate that across the respondent cohort, by job group and demographic groupings and by comparison between groups, respondents support the established competencies.

The high correlation of agreement (through ranking of criticality) with the survey competencies was not surprising, since the competencies were developed using a systems approach and a carefully pre-constructed competency framework. Furthermore, the competencies describe critical response and recovery activities that are consistent with the National Incident Management System (NIMS) as applied to healthcare facilities, and it was expected that the respondents would recognize the importance of using Incident Management System processes for response and recovery activities. The pre-designation of default proficiencies, where the respondents then agreed or disagreed with the project team's selection, was specifically intended to assess expert agreement with that selection, rather than to obtain an independent and highly variable proficiency designation by respondents.

Many competencies, benchmarks (HRSA, 2004), performance measures (JCAHO, 2005) and other informal measures of effectiveness for normal healthcare and for emergency preparedness have been put forth, with little formal research to validate preparedness measures that predict optimal response (i.e., predictive indicators). Similarly, some organizations (ACEP, 2003 and others) have promulgated preparedness competencies that are meant to establish adequate emergency response performance, but the authors do not indicate any process that validates their competencies, either by actual experience or by wide peer-review expert judgment. This VHA project was conceived to obtain independent expert opinion on the validity of the competencies prior to their use in guiding curriculum development. The competencies were constructed to be objective and measurable, with the intent that they can be further evaluated, and potentially validated, in the future through exercises and actual emergency response experience.

Interestingly, the project team and the VHA project officer selected the survey participants based upon the informal assessment that the invitees were experts within the domains of emergency preparedness, response and/or recovery. The respondents, however, were less favorable to themselves in assessing their own level of expertise, with less than 50% indicating they should be considered ‘experts’ in emergency preparedness or response from a healthcare facility perspective. This discrepancy may be explained by a variance between the selection criteria and the individuals’ self-assessment criteria. Invitees were selected based upon past experience, or upon demonstration of expert knowledge during committee, work group, and conference presentation activities. The selection criteria are reinforced by the responses to the demographic question asking for respondents’ experience (Figure 4), demonstrating that 79% reported participating in at least three significant healthcare emergencies. The discrepancy between expertise assessments may be interpreted to represent the lack of a uniform, accepted definition of ‘expert’ in healthcare emergency management and response. By defining objective, measurable competencies for response and recovery during healthcare emergencies, this project takes an important first step in providing this expert definition.

During development of the proposed project scope, the VHA project manager delineated the three job groups (PCP, FL, PM) that are presented in this survey. The job group titles describe “non-response” positions, but were established through judgment that they have similar enough “response” activities that competencies could be described for them as groups. It is recognized that every job position in a healthcare facility has competencies that exceed the AE competencies described. By recognizing similar capabilities of individual positions within an organization, proper grouping of jobs allows for a layer of large-group competencies before describing very specific competencies for each specific job title. The importance of developing job *group* competencies, rather than jumping from competencies for ‘all employees’ to competencies for individual positions, is evident when considering the use of competencies for education, training, and evaluation of job performance:

- Grouping allows greater efficiency of training by minimizing the amount of individualized training that must be developed and conducted.
- Job groups that train together receive a wider understanding of the overall response and recovery system.
- Group training promotes the progression of personnel towards becoming proficient in multiple jobs within a job group.

This strategy should be further examined in order to provide the most efficient basis for systems implementation in the current time-demanding environment of day-to-day healthcare operations.

Only three job groups beyond “All Employees” were studied. Analysis of job titles that were not included in these job group categories suggests that two additional groupings of “non-response” positions may be necessary to encompass all hospital-related jobs relevant to healthcare facility emergency response and recovery. These additional job groups can be delineated by 1) those positions that provide direct support to the clinical providers (pharmacy, biomedical engineering, laboratory and imaging services, and others); and 2) those jobs that provide vital facility and non-clinical support (security, physical plant and engineering, food services, and others) that address logistics for the facility. Any remaining competencies beyond these job groups are specific to individual positions *during response and recovery*, and therefore should be described through

position titles that are used in the healthcare facility's emergency response plan (or emergency operations plan), rather than through 'non-response' job titles and positions.

As the VHA Emergency Management Academy project continues, the finalized competencies will be used in developing the educational curriculum outline and objectives. The detailed curriculum outline will also be peer-reviewed by a panel of VHA and non-VHA personnel to evaluate completeness and consistency with NIMS and other standard emergency management concepts.

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APPENDIX A

Primary and Supporting Competencies

Introduction

For the Competencies presented in this appendix, the following definitions apply:

Primary Competency: Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

Supporting Competency: Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

Competencies

See page 101 for the Response and Recovery Competencies

APPENDIX B

Survey Respondents Self-Reported Position Titles

Survey Respondents' Self-Reported Position Titles	
Acting Associate Director Administration and Admin. Director of Safety and Corp. Risk	Director, VA Healthcare System
Area Emergency Manager	Emergency Management Coordinator
Area Emergency Manager	Emergency Management Coordinator
Area Emergency Manager	Emergency Management Coordinator, Office of the Emergency Manager
Area Emergency Manager	Emergency Manager
Area Emergency Manager	Emergency Manager
Area Emergency Manager	Emergency Manager
Area Emergency Manager	Emergency Manager
Area Emergency Manager	Emergency Manager
Area Emergency Manager	Emergency Medical Preparedness Planning Specialist; Area Emergency Manager
Area Emergency Manager	Emergency Preparedness Coordinator
Area Emergency Manager	Executive Vice President
Area Emergency Manager	Facility Planner
Area Emergency Manager	Family practice physician in a TRICARE/CHAMPUS-VA clinic
Area Emergency Manager	Global war on Terrorism Clinical Coordinator
Area Emergency Manager	Hospital Epidemiologist, Medical Director of Infection Control, Board Certified Infectious Disease Physician
Area Emergency Manager	Health Systems Specialist - External Affairs
Area Emergency Manager	Industrial Hygienist/Safety Manager
Area Emergency Manager	Infection Control Nurse
Area Emergency Manager	Inpatient Pharmacist
Area Emergency Manager	Licensed Practical nurse
Area Emergency Manager	Licensed Practical Nurse in the outpatient department
Area Emergency Manager	Licensed Practical nurse
Area Emergency Manager	Medical director for emergency preparedness; emergency physician
Area Emergency Manager (Emergency Management Specialist)	Medical Director, Poison Control Center and Professor of Pediatrics and Emergency Medicine
Associate Chief Nurse Operations	Network Director
Associate Director	Network Program Safety Manager
Associate Director	Network Industrial Hygienist
Associate Director	Network Patient Safety Officer
Associate Director	Network Pharmacy Benefit Manager
Associate Director	Nurse Liaison - Ambulatory Care
Bioterrorism and Emergency Management Program Manager -Statewide Primary Health Care Assoc. Chaplain	Nurse Manager, Ambulatory Care
Chief Engineer	Primary Care Coordinator, Nurse Practitioner
Chief Facilities Management - Supervisory Engineer	Professor and Chair, Emergency Medicine; Director, Department of Emergency Medicine
Chief of Organizational Performance Improvement	Professor of Clinical Emergency Medicine, Director of Public Health Preparedness
Chief of Staff	Program Support Assistant
Clinical Program Coordinator, Infectious Diseases Program	Program Support Assistant/OA.
Clinical psychologist	Readjustment Counseling Therapist
Clinical Specialist in Adult Psychiatric and Mental health Nursing	Registered nurse, project manager
Consulting	Registered Nurse in Cardiac Catheterization Lab
Dental Chief, VA Medical Center	Registered Nurse, Intensive Care Unit
Director	Safety Manager
Director- Health Systems Program	Service Chief
Director Institute for Public Health Emergency Readiness - civilian tertiary care Medical Center	Staff nurse
Director of Critical Care; Emergency Management Coordinator	Staff Registered Nurse, Relief Nursing Coordinator, Travel Registered Nurse
Director of Network Support	Unit Manager

APPENDIX C

Data analysis tables

Distribution of the responses for the Level of Proficiency by demographic groups

		AEC-1	AEC-2	AEC-3	AEC-4	AEC-5	AEC-6	AEC-7	AEC-8	AEC-9	AEC-10	AEC-11	AEC-12	AEC-13	AEC-14	AEC-15	
		O	O	O	O	O	E	E	O	O	O	O	O	O	O	O	Default *
		Utilizing ICS/IMS Principles	Recognizing job-related triggers for EOP activation	Participating in facility mobilization	Applying the VHA core mission to response	Applying the VHA core mission to response	Personal family preparedness plans	Maintaining a personal "go-kit"	Following the Facility Emergency Plan responsibilities	Performing assigned EOP roles and communication plan	Following VHA safety rules and	Following the EOP security requirements and personal	Utilizing equipment, supplies and	Following demobilization procedures	Following facility recovery procedures		
TOTAL responses for AE	A	8.7%	5.4%	8.7%	8.7%	15.2%	4.3%	9.8%	7.6%	4.3%	5.4%	6.5%	7.6%	2.2%	5.4%	7.6%	
	O	70.7%	73.9%	75.0%	80.4%	72.8%	21.7%	21.7%	79.3%	69.6%	80.4%	79.3%	80.4%	81.5%	87.0%	81.5%	
	E	20.7%	20.7%	16.3%	10.9%	12.0%	73.9%	68.5%	13.0%	26.1%	14.1%	14.1%	12.0%	16.3%	7.6%	10.9%	
VA	A	9.2%	5.3%	7.9%	7.9%	14.5%	5.3%	10.5%	7.9%	5.3%	6.6%	6.6%	7.9%	1.3%	6.6%	9.2%	
	O	69.7%	75.0%	75.0%	80.3%	71.1%	23.7%	25.0%	77.6%	67.1%	77.6%	76.3%	78.9%	80.3%	84.2%	78.9%	
	E	21.1%	19.7%	17.1%	11.8%	14.5%	71.1%	64.5%	14.5%	27.6%	15.8%	17.1%	13.2%	18.4%	9.2%	11.8%	
Non VA	A	6.3%	6.3%	12.5%	12.5%	18.8%	0.0%	6.3%	6.3%	0.0%	0.0%	6.3%	6.3%	6.3%	0.0%	0.0%	
	O	75.0%	68.8%	75.0%	81.3%	81.3%	12.5%	6.3%	87.5%	81.3%	93.8%	93.8%	87.5%	87.5%	100%	94%	
	E	18.8%	25.0%	12.5%	6.3%	0.0%	87.5%	87.5%	6.3%	18.8%	6.3%	0.0%	6.3%	6.3%	0.0%	6.3%	
Expert	A	0.0%	0.0%	0.0%	7.1%	11.9%	2.4%	2.4%	2.4%	0.0%	2.4%	2.4%	4.8%	0.0%	4.8%	4.8%	
	O	64.3%	69.0%	76.2%	76.2%	73.8%	16.7%	21.4%	76.2%	64.3%	71.4%	73.8%	73.8%	76.2%	81.0%	76.2%	
	E	35.7%	31.0%	23.8%	16.7%	14.3%	81.0%	76.2%	21.4%	35.7%	26.2%	23.8%	21.4%	23.8%	14.3%	19.0%	
Non Expert	A	16.0%	10.0%	16.0%	10.0%	18.0%	6.0%	16.0%	12.0%	8.0%	8.0%	10.0%	10.0%	4.0%	6.0%	10.0%	
	O	76.0%	78.0%	74.0%	84.0%	72.0%	26.0%	22.0%	82.0%	74.0%	88.0%	84.0%	86.0%	86.0%	92.0%	86.0%	
	E	8.0%	12.0%	10.0%	6.0%	10.0%	68.0%	62.0%	6.0%	18.0%	4.0%	6.0%	4.0%	10.0%	2.0%	4.0%	
PCP	A	13.6%	13.6%	13.6%	9.1%	13.6%	9.1%	13.6%	13.6%	13.6%	13.6%	4.5%	4.5%	4.5%	4.5%	4.5%	
	O	81.8%	77.3%	72.7%	81.8%	68.2%	31.8%	18.2%	86.4%	59.1%	86.4%	81.8%	86.4%	81.8%	90.9%	90.9%	
	E	4.5%	9.1%	13.6%	9.1%	18.2%	59.1%	68.2%	0.0%	27.3%	0.0%	13.6%	9.1%	13.6%	4.5%	4.5%	
FL	A	12.5%	0.0%	0.0%	0.0%	6.3%	0.0%	12.5%	0.0%	0.0%	6.3%	6.3%	6.3%	0.0%	6.3%	12.5%	
	O	81.3%	75.0%	81.3%	93.8%	87.5%	18.8%	31.3%	87.5%	93.8%	87.5%	93.8%	87.5%	87.5%	93.8%	75.0%	
	E	6.3%	25.0%	18.8%	6.3%	6.3%	81.3%	56.3%	12.5%	6.3%	6.3%	0.0%	6.3%	12.5%	0.0%	12.5%	
PM	A	2.5%	2.5%	2.5%	10.0%	17.5%	2.5%	2.5%	7.5%	0.0%	2.5%	5.0%	7.5%	0.0%	5.0%	7.5%	
	O	62.5%	75.0%	80.0%	77.5%	70.0%	20.0%	25.0%	75.0%	65.0%	72.5%	77.5%	80.0%	80.0%	82.5%	80.0%	
	E	35.0%	22.5%	17.5%	12.5%	12.5%	77.5%	72.5%	17.5%	35.0%	25.0%	17.5%	12.5%	20.0%	12.5%	12.5%	

* The highlighted (yellow) designations were the default choice provided by the project team

Distribution of the responses for the Level of Proficiency by demographic groups

		Recognizing patient care triggers for EOP activation	Participating in patient care mobilization	Executing the FEP clinical area	Performing the FEP clinical area actions	Providing clinical care duties	Providing surge capacity needs	Processing clinical care capacity information	Minimizing the clinical care area	Incorporating safety practices and procedures	Integrating new resources into the clinical area	Following clinical area demobilization procedures	Following clinical area recovery procedures
		PCP-1	PCP-2	PCP-3	PCP-4	PCP-5	PCP-6	PCP-7	PCP-8	PCP-9	PCP-10	PCP-11	PCP-12
		0	0	0	0	0	0	0	0	0	0	0	0
		Default *											
TOTAL responses for PCP	A		4.5%	4.5%	4.5%	9.1%	9.1%				4.5%	9.1%	9.1%
	O	81.8%	86.4%	90.9%	81.8%	86.4%	86.4%	95.5%	86.4%	90.9%	81.8%	81.8%	86.4%
	E	18.2%	9.1%	4.5%	13.6%	4.5%	4.5%	4.5%	13.6%	9.1%	13.6%	9.1%	4.5%
VA	A		6.3%	6.3%	6.3%	12.5%	12.5%				6.3%	12.5%	12.5%
	O	75.0%	81.3%	87.5%	75.0%	81.3%	81.3%	93.8%	81.3%	87.5%	75.0%	75.0%	81.3%
	E	25.0%	12.5%	6.3%	18.8%	6.3%	6.3%	6.3%	18.8%	12.5%	18.8%	12.5%	6.3%
Non VA	A												
	O	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	E												
Expert	A												
	O	66.7%	83.3%	83.3%	83.3%	100%	100%	100%	100%	66.7%	83.3%	83.3%	83.3%
	E	33.3%	16.7%	16.7%	16.7%					33.3%	16.7%	16.7%	16.7%
Non Expert	A		6.3%	6.3%	6.3%	12.5%	12.5%				6.3%	12.5%	12.5%
	O	87.5%	87.5%	93.8%	81.3%	81.3%	81.3%	93.8%	81.3%	100%	81.3%	81.3%	87.5%
	E	12.5%	6.3%		12.5%	6.3%	6.3%	6.3%	18.8%		12.5%	6.3%	

* The highlighted (yellow) designations were the default choice provided by the project team

Mean and Standard Deviation of the Criticality Ratings for Facility Leaders Competencies by demographic groups

	Sample Number														
		FL-1	FL-2	FL-3	FL-4	FL-5	FL-6	FL-7	FL-8	FL-9	FL-10	FL-11	FL-12	FL-13	
		Recognizing event triggers for EOP activation	Activating the EOP	Mobilizing the facility for response	Supervising the facility's incident management	Managing continuous incident planning	Managing efficient incident planning processing	Communicating with the facility stakeholders	Supporting facility-wide response and recovery	Documenting facility-wide response and costs	Addressing tracking and reimbursing issues	Incorporating regulatory and standards	Managing BCP considerations procedures	Managing facility-wide demobilization procedures	
TOTAL responses for FL	17	4.824	4.529	4.588	4.529	4.471	4.412	4.375	4.529	3.941	4.235	4.000	3.882	4.176	mean
		0.393	0.514	0.507	0.514	0.624	0.618	0.806	0.624	0.748	0.752	0.707	0.697	0.809	stdev
VA	15	4.800	4.533	4.533	4.467	4.400	4.400	4.429	4.467	3.933	4.267	4.000	3.867	4.200	mean
		0.414	0.516	0.516	0.516	0.632	0.632	0.852	0.640	0.799	0.704	0.756	0.743	0.862	stdev
Non VA	2	5.000	4.500	5.000	5.000	5.000	4.500	4.000	5.000	4.000	4.000	4.000	4.000	4.000	mean
			0.707				0.707				1.414				stdev
Expert	5	5.000	4.600	4.600	4.400	4.800	4.600	4.400	4.800	4.200	4.400	4.000	4.000	4.600	mean
			0.548	0.548	0.548	0.447	0.548	0.548	0.447	0.447	0.548	0.707		0.548	stdev
Non Expert	12	4.750	4.500	4.583	4.583	4.333	4.333	4.364	4.417	3.833	4.167	4.000	3.833	4.000	mean
		0.452	0.522	0.515	0.515	0.651	0.651	0.924	0.669	0.835	0.835	0.739	0.835	0.853	stdev

Distribution of the responses for the Level of Proficiency by demographic groups

															Default *
		FL-1	FL-2	FL-3	FL-4	FL-5	FL-6	FL-7	FL-8	FL-9	FL-10	FL-11	FL-12	FL-13	
		E	O	O	O	E	E	O	O	O	O	O	O	O	
TOTAL responses for FL	A				11.8%	11.8%	5.9%			5.9%	5.9%	5.9%	5.9%	5.9%	
	O	17.6%	88.2%	82.4%	70.6%	11.8%	17.6%	94.1%	94.1%	94.1%	82.4%	88.2%	94.1%	94.1%	
	E	82.4%	11.8%	17.6%	17.6%	76.5%	76.5%	5.9%	5.9%		11.8%	5.9%			
VA	A				13.3%	13.3%	6.7%			6.7%	6.7%	6.7%	6.7%	6.7%	
	O	20.0%	93.3%	86.7%	80.0%	13.3%	20.0%	93.3%	100%	93.3%	86.7%	86.7%	93.3%	93.3%	
	E	80.0%	6.7%	13.3%	6.7%	73.3%	73.3%	6.7%			6.7%	6.7%			
Non VA	A														
	O		50.0%	50.0%				100%	50.0%	100%	50.0%	100%	100%	100%	
	E	100%	50.0%	50.0%	100%	100%	100%		50.0%		50.0%				
Expert	A														
	O		100%	100%	80.0%			100%	100%	100%	80.0%	80.0%	100%	100%	
	E	100%			20.0%	100%	100%				20.0%	20.0%			
Non Expert	A				16.7%	16.7%	8.3%			8.3%	8.3%	8.3%	8.3%	8.3%	
	O	25.0%	83.3%	75.0%	66.7%	16.7%	25.0%	91.7%	91.7%	91.7%	83.3%	91.7%	91.7%	91.7%	
	E	75.0%	16.7%	25.0%	16.7%	66.7%	66.7%	8.3%	8.3%		8.3%				

* The highlighted (yellow) designations were the default choice provided by the project team

Mean and Standard Deviation of the Criticality Ratings for Program Managers Competencies by demographic groups

	Sample Number	Competency										mean	stdev
		PM-1	PM-2	PM-3	PM-4	PM-5	PM-6	PM-7	PM-8	PM-9	PM-10		
TOTAL responses for PM	49	4.592	4.571	4.429	4.563	4.542	4.429	4.500	4.000	4.041	4.469		
		0.705	0.791	0.612	0.649	0.683	0.791	0.652	0.866	0.935	0.844		
VA	44	4.545	4.568	4.432	4.558	4.512	4.386	4.488	4.000	4.023	4.432		
		0.730	0.818	0.625	0.666	0.703	0.813	0.668	0.915	0.976	0.873		
Non VA	5	5.000	4.600	4.400	4.600	4.800	4.800	4.600	4.000	4.200	4.800		
			0.548	0.548	0.548	0.447	0.447	0.548		0.447	0.447		
Expert	29	4.724	4.655	4.448	4.714	4.643	4.448	4.464	4.000	4.069	4.552		
		0.455	0.484	0.506	0.460	0.559	0.632	0.576	0.756	0.961	0.632		
Non Expert	20	4.400	4.450	4.400	4.350	4.400	4.400	4.550	4.000	4.000	4.350		
		0.940	1.099	0.754	0.813	0.821	0.995	0.759	1.026	0.918	1.089		

Distribution of the responses for the Level of Proficiency by demographic groups

		Competency										Default *	
		PM-1	PM-2	PM-3	PM-4	PM-5	PM-6	PM-7	PM-8	PM-9	PM-10		
TOTAL responses for PM	A	2.0%	2.0%	2.0%	4.1%	6.1%	2.0%	2.0%	4.1%	8.2%	4.1%		
	O	12.2%	6.1%	79.6%	8.2%	6.1%	75.5%	71.4%	81.6%	81.6%	2.0%		
	E	85.7%	91.8%	18.4%	87.8%	87.8%	22.4%	26.5%	14.3%	10.2%	93.9%		
VA	A	2.3%	2.3%	2.3%	4.5%	6.8%	2.3%	2.3%	4.5%	9.1%	4.5%		
	O	13.6%	6.8%	79.5%	9.1%	6.8%	77.3%	70.5%	79.5%	79.5%	2.3%		
	E	84.1%	90.9%	18.2%	86.4%	86.4%	20.5%	27.3%	15.9%	11.4%	93.2%		
Non VA	A												
	O			80.0%			60.0%	80.0%	100%	100%			
	E	100%	100%	20.0%	100%	100%	40.0%	20.0%			100%		
Expert	A				3.4%	6.9%			3.4%	6.9%	3.4%		
	O	10.3%	3.4%	75.9%	6.9%	3.4%	75.9%	69.0%	75.9%	75.9%			
	E	89.7%	96.6%	24.1%	89.7%	89.7%	24.1%	31.0%	20.7%	17.2%	96.6%		
Non Expert	A	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	10.0%	5.0%		
	O	15.0%	10.0%	85.0%	10.0%	10.0%	75.0%	75.0%	90.0%	90.0%	5.0%		
	E	80.0%	85.0%	10.0%	85.0%	85.0%	20.0%	20.0%	5.0%		90.0%		

* The highlighted (yellow) designations were the default choice provided by the project team

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VHA-EMA Emergency Response and Recovery Competencies:
Response and Recovery Competencies

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All Employees Emergency Response Competencies **

All Employees Group: All personnel with assigned job positions within a VHA facility. The competencies within this group are referred to as *core competencies* necessary as a base for every position within the organization.

AEC-1: Utilize general Incident Command System (ICS)/Incident Management System (IMS) principles during incident response and recovery.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-1.1: Describe ICS/IMS as an emergency response and recovery operating system and its application to VHA healthcare facility incident response and recovery, management structure, concept of operations, and planning cycle.

AEC-1.2: Describe your potential role(s) and responsibilities within the healthcare facility response and recovery in terms of ICS/IMS principles.

AEC-1.3: Describe the ICS/IMS-delineated expectations of individual responders in relation to the healthcare facility response and recovery to include: attendance at briefings, reporting requirements, and use of role-related documents such as Job Action Sheets.

Skills

AEC-1.4: Demonstrate an operations level of proficiency in ICS/IMS principles by utilizing appropriate forms, attending indicated meetings, and adhering to appropriate reporting requirements.

AEC-2: Recognize situations that suggest indications for full or partial activation of the healthcare facility's Emergency Operations Plan (EOP), and report them appropriately and promptly.

Recommended proficiency for Primary Competency: Operations level

** *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

Supporting Competency: Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

Proficiency Levels:

Awareness: Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization's system.

Operations: Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary.

Expert: Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

Knowledge

AEC-2.1: Describe the characteristics of emergency events that may indicate the need for full or partial EOP activation.

AEC-2.2: Describe the reporting requirements and methodology for situations that may require full or partial EOP activation.

Skills

AEC-2.3: Identify situations within your areas of regular duty that should be reported for consideration for full or partial activation of the healthcare facility's EOP.

AEC-2.4: Report situations within your areas of regular duty by following EOP notification procedures and contacting the appropriate person as indicated by your specific role and by the situation at hand (e.g., page operator, supervisor, etc.)

AEC-3: Participate in healthcare facility mobilization to rapidly transition from day-to-day operations to incident response organization and processes.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-3.1: Describe the procedures necessary to receive notification of EOP activation and to prepare your work area, as indicated, for EOP response and recovery.

AEC-3.2: Describe the initial reporting requirements for your expected role or position.

AEC-3.3: Describe the location and format of the facility EOP.

Skills

AEC-3.4: Follow your functional areas mobilization plan as outlined in the EOP to prepare your work area for EOP response and recovery.

AEC-3.5: Confirm notification receipt and report to the appropriate EOP position your initial situation, resource status, and any special problems encountered for your specific role or functional area.

AEC-3.6: Locate the facility EOP and access portions applicable to your role and responsibilities.

AEC-4: Apply the VHA core mission statement to your actions during emergency response and recovery.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-4.1: Describe how your emergency operations role and responsibilities support the VHA mission during emergency response and recovery.

Skills

AEC-4.2: Demonstrate your understanding of the VHA mission during emergency response and recovery by ensuring your actions continually contribute to 1) continuity of patient care operations, 2) the safety of patients, families, and staff, 3) the conservation of property, and 4) the VHA support to the community to ensure the nation's safety.

AEC-5: Apply the VHA code of ethics to your actions during emergency operations.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-5.1: Describe how the VHA and Federal codes of ethics apply to your role and responsibilities during emergency response and recovery.

Skills

AEC-5.2: Demonstrate your understanding of the VHA and Federal codes of ethics by applying them to your individual response actions during emergency response and recovery.

AEC-6: Execute your personal/family preparedness plans to maximize your availability to participate in the facility's emergency response and recovery.

Recommended proficiency for Primary Competency: Expert level

Knowledge

AEC-6.1: Describe the importance of both a personal and a family preparedness plan to allow you to perform your VHA emergency response and recovery role.

AEC-6.2: Describe your responsibility as an employee to maintain a personal and family preparedness plan.

AEC-6.3: Describe your responsibility as a supervisor (if applicable) to promote employee maintenance of a personal and family preparedness plan.

AEC-6.4: Identify the personal/family specific requirements and details that must be addressed in your personal/family preparedness plan that allow you to perform your VHA response role in a potentially changed work schedule and environment.

Skills

AEC-6.5: Demonstrate your availability to work in your assigned role during VHA response and recovery by executing your personal/family preparedness plan.

AEC-6.6: Demonstrate an expert level of proficiency in personal and family preparedness planning by executing your personal/family preparedness plan and meeting your personal and family needs across any circumstances.

AEC-7: Respond with your pre-prepared and maintained personal “go-kit” to maximize your ability to perform your assigned role during VHA response and recovery.

Recommended proficiency for Primary Competency: Expert level

Knowledge

AEC-7.1: Describe the importance of your personal “go kit” for self-protection and to allow you to perform your VHA response and recovery role and responsibilities (A “go kit” contains personal supplies that an employee would need to work their emergency response and recovery role beyond a usual work shift, potentially not returning home for 72 hours).

AEC-7.2: Describe your responsibility as an employee to maintain a personal “go-kit.”

AEC-7.3: Describe your responsibility (if applicable) as a supervisor to promote employee maintenance of a personal “go kit.”

AEC-7.4: Describe how the EOP components and related policies and procedures, (evacuation, shelter in place, lock down, etc.) of the healthcare facility Emergency Operations Plans impact your decisions on what should be included in your personal “go kit.”

AEC-7.5: Identify your personal situation (physical ability/constraints, medical needs, personal/family preparedness plan, etc.) and how it impacts on your decisions on what should be included in your personal “go kit.”

Skills

AEC-7.6: Demonstrate your availability to work in your assigned role and operational periods during response and recovery through the use of your personal “go kit.”

AEC-8: Follow the Facility Emergency Plan (FEP)* and assist others (VHA personnel and patients) as necessary to accomplish the FEP directives.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-8.1: Describe the component parts of the FEP and your responsibilities and actions under each.

AEC-8.2: Describe circumstances that could lead to FEP activation and your responsibilities during FEP activation.

AEC-8.3: Describe the reporting procedures for your job position that would activate the FEP.

Skills

AEC-8.4: Execute your roles and responsibilities for the facility FEP by conducting the FEP directives for your job position in evacuation, shelter in place, or other actions during emergency operations.

* The FEP is an annex to the EOP and serves to describe initial evacuation, shelter in place, and other reactive measures during the initial stages of an emergency event directly affecting your VHA facility.

AEC-9: Perform your specific roles and responsibilities as assigned in the VHA facility's Emergency Operations Plan (EOP).

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-9.1: Describe the ICS/IMS framework as applied specifically to the healthcare facility emergency response and recovery.

AEC-9.2: Describe your role and responsibility as assigned in the healthcare facility EOP.

AEC-9.3: Describe how potential changes in event parameters may necessitate changes in the facility IAP objectives and strategies, and hence changes in your job area's tactics and assignments (Management by objectives).

AEC-9.4: Describe the urgent issues that could potentially require a change in your job or job area's response strategies and tactics.

AEC-9.5: Describe your personal accountability requirements during emergency response and recovery.

AEC-9.6: Describe the equipment and technologies for your specific role and responsibilities within the healthcare facility EOP.

AEC-9.7: Describe the facility policy applicable to your role for engaging the media

Skills

AEC-9.8: Demonstrate appropriate EOP-designated reactive actions in response to potential/actual events that have activated the EOP.

AEC-9.9: Demonstrate your specific role and responsibilities as assigned in the healthcare facility's EOP by following your job action sheet, completing assignments, filling out appropriate forms, and fulfilling reporting requirements.

AEC-9.10: Operate all equipment and technologies for your specific role and responsibilities within the healthcare facility EOP.

AEC-9.11: Demonstrate understanding of facility media policies by referring issues to facility management or by responding to media inquiries as directed by facility management.

AEC-10: Follow the Communication Plan and reporting requirements as outlined in the facility's EOP and the specific Incident Action Plan for an emergency event.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-10.1: Describe the policy and methods for communication and reporting during emergency response and recovery.

AEC-10.2: Describe the process for rapidly communicating urgent issues that could require a change in response strategies or tactics for your job area, and the appropriate party to receive your communication.

AEC-10.3: Describe the process for reporting significant hazard or response impacts that you or your job area encounter to the appropriate party as indicated by the EOP.

AEC-10.4: Describe the general content of the communication plan component of the Incident Action Plan as it relates to your emergency response and recovery role.

AEC 10.5: Describe the procedures applicable to your role for interaction with the media.

Skills

AEC-10.6: Demonstrate the reporting requirements within your functional area as delineated in the healthcare facility EOP.

AEC-10.7: Maintain communications with appropriate parties for your role/functional area despite changing requirements and event parameters.

AEC 10.8: Demonstrate an understanding of media interactions by referring requests to appropriate personnel (as applicable), and when interacting with the media, follow designated interview procedures and protocols.

AEC-11: Follow and enforce VHA safety rules, regulations, and policies during emergency response and recovery.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-11.1: Describe the VHA safety rules, regulations, and policies during emergency response and recovery that maintain personal safety and a safe work environment.

AEC-11.2: Describe how to apply the Safety Plan component of the facility Incident Action Plan.

AEC-11.3: Describe the safety specific actions and procedures to be followed when unsafe situations/events are encountered.

AEC-11.4: Describe incident parameters that may serve as stressors for response personnel, how stress may be manifested, and appropriate interventions for your specific role.

Skills

AEC-11.5: Demonstrate your adherence to and enforcement of VHA safety rules, regulations, and policies during emergency response and recovery by wearing appropriate PPE, following pre-defined safety procedures, identifying and addressing unsafe practices, and following the IAP Safety Plan as briefed by your immediate supervisor.

AEC-11.6: Recognize and address incident stress for yourself and others in your functional area by identifying manifestations of stress and, in a fashion appropriate to your specific role, decreasing the stressors, limiting the negative impact of the stressors, or ensuring appropriate assistance in recovering from negative stressors.

AEC-12: Follow and enforce security measures consistent with the nature of the incident that has prompted the EOP activation.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-12.1: Describe VHA security rules, regulations, and policies that apply to your assigned role and responsibilities in the healthcare facility's EOP.

AEC-12.2: Describe the security specific actions and procedures to be followed when a suspicious event or security breach is detected.

Skills

AEC-12.3: Demonstrate your adherence to and enforcement of security measures during emergency response and recovery by following security briefings, instruction from individual security personnel, and badge procedures.

AEC-13: Utilize or request (as appropriate) and integrate equipment, supplies, and personnel for your specific role or functional area during emergency response and recovery.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-13.1: Describe procedures for requesting equipment, supplies, and personnel for your functional area and the integration of these resources during emergency response and recovery.

Skills

AEC-13.2: Demonstrate your ability to request and integrate additional resources by following EOP procedures outlined for these activities.

AEC-13.3: Demonstrate the ability to assess the adequacy of equipment, supplies and personnel to carry out your job assignments during each operational period.

AEC-14: Follow demobilization procedures that facilitate rapid transition to recovery operations for the healthcare facility.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-14.1: Describe demobilization policies and procedures.

AEC-14.2: Describe the policy and procedures for out-processing of personnel during demobilization.

AEC-14.3: Describe the policy and procedures for conducting the Incident Review^{*}

AEC-14.4: Describe the policy and procedures for documenting and reporting incident-related issues for inclusion in After Action Review^{*}, analysis, and corrective measures.

^{*} 'Incident Review' is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to clear up misunderstandings and to provide the relevant parties with a more complete picture of "what happened and why." The 'Incident Review' is in distinction to the formal After Action Review that is conducted later and serves to capture valuable information for EOP improvement.

Skills

AEC-14.5: Demonstrate demobilization procedures for the incident by following the demobilization plan specific to your functional area.

AEC-15: Follow recovery procedures that ensure facility return to baseline activity.

Recommended proficiency for Primary Competency: Operations level

Knowledge

AEC-15.1: Describe policies and procedures for rehabilitation of personnel.**

AEC-15.2: Describe policies and procedures for rehabilitation of equipment (including recertification for use), reordering of supplies specific to your functional area, and rehabilitating your workspace.

AEC-15.3: Describe policies and procedures specific to your role and responsibilities for rehabilitation of the facility.

AEC-15.4: Describe the policies and procedures for formal After-Action Reviews.

Skills

AEC-15.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.

AEC-15.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure your functional area readiness for day-to-day activities and future EOP activations.

AEC-15.7: Demonstrate an understanding of After Action-Reviews by submitting items in the required format.

* 'Incident Review' is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to clear up misunderstandings and to provide the relevant parties with a more complete picture of "what happened and why." The incident review' is in distinction to the formal After Action Review that is conducted later and serves to capture valuable information for EOP improvement.

** Rehabilitation includes the procedures and methods utilized to restore an asset (person, place, or things) to its baseline operational capability. For personnel, rehabilitation can involve both physical as well as psychological interventions. Rehabilitation may occur during an event (i.e., to return an asset to its operational status) or during recovery (i.e., to return an asset to its baseline readiness).

Facility Leader Competencies *

Facility Leader Group: Hospital-wide senior executives (CEO, COO, CFO), hospital-wide managers, department heads, and/or senior managers in large departments. The project team assumes that members of this group, due to their everyday organizational positions, would be assigned to serve in the command and general staff positions of an ICS/IMS structure during a VHA facility's emergency response. **

FLC-1: Identify specific criteria of potential events that require the full or partial activation of the facility Emergency Operations Plan (EOP).

Recommended proficiency for Primary Competency: Expert level

Knowledge

FLC-1.1: Describe the characteristics of potential events that would require EOP full or partial activation.

FLC-1.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.

FLC-1.3: Describe potential sources of information that may assist with incident recognition.

Skills

FLC-1.4: Demonstrate understanding of criteria for EOP full or partial activation by initiating appropriate levels of EOP activation rapidly during specific events.

FLC-1.5: Ensure appropriate decisions are made about EOP activation by considering the impact of EOP activation (full or partial) upon day-to-day facility operations including the provision of essential services to existing patient populations.

* *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

Supporting Competency: Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

Proficiency Levels:

Awareness: Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization's system.

Operations: Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary.

Expert: Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

** Command and general staff, as defined by NIMS and ICS, include the manager, management staff, and section chiefs (leaders) of the individual sections: operations, logistics, plans, and finance/administration.

FLC-1.6: Ensure appropriate information is included in the decision to activate the EOP (as necessary) by coordinating with facility personnel who have relevant information or who have expertise relevant to the incident type.

FLC-1.7: Ensure appropriate information from external sources is considered in the decision to activate the EOP by coordinating with external agencies that may provide incident-related information.

FLC-2: Activate or support activation of full or partial Emergency Operations Plan (EOP) for appropriate events.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-2.1: Describe the EOP activation and notification process.

FLC-2.2: List the types of notification for the facility and specific functional areas.

FLC-2.3: List relevant external agencies that should be notified of the facility EOP activation (full or partial); e.g. VHA/VISN administrators, local public health, local public safety, etc.

Skills

FLC-2.4: Ensure appropriate EOP activation by identifying personnel with authority to activate the EOP and identifying the methods for activation.

FLC-2.5: Ensure awareness of EOP activation by determining and conducting the appropriate level of notification (update, alert, advisory, activation) for the facility, specific functional areas, and external agencies as applicable.

FLC-3: Ensure rapid facility mobilization that transitions day-to-day activities to incident response organization and processes.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-3.1: Describe the initial reporting process from the functional areas in order to determine facility status and resource availability.

FLC-3.2: Describe the layout, location of supplies, and set-up of the facility Incident Command/Management Post (also sometimes called Facility Emergency Operations Center).

Skills

FLC-3.3: Confirm the activation of functional areas (management, operations, logistics, plans/information, finance/administration) by receiving and processing confirmation of notifications.

FLC-3.4: Ensure adequate resources for facility management are available by assisting with or supervising (as indicated by leader position) establishment of the Management Post for the facility.

FLC-4: Ensure that the facility’s incident management is effective, utilizes Emergency Operations Plan (EOP) procedures and processes, and uses a pro-active ‘management by objective’ approach.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-4.1: Describe the functional organization of the facility management during emergency response and recovery.

FLC-4.2: Describe the initial reactive phase of the facility’s incident response and the important transition to pro-active ‘management by objectives.’

FLC-4.3: Describe the facility’s code of ethics and how it is considered/applied during incident planning and management decision-making procedures during emergency response and recovery.

Skills

FLC-4.4: Ensure the facility’s incident management structure is well delineated by formally assigning facility incident management positions and providing the organizational structure with assignments (Facility IMS/ICS diagram) to relevant parties both internal and external to the facility.

FLC-4.5: Provide pro-active incident management by developing, analyzing, and revising, as necessary, facility response objectives during management meetings in the Planning Cycle (management by objectives).

FLC-4.6: Ensure that facility response objectives are efficiently and adequately met by performing continual monitoring of the facility incident response system and outcomes.

FLC-4.7: Ensure the VHA code of ethics is applied, as appropriate, by considering it during response planning and decision-making.

FLC-4.8: Address limitations of the facility EOP capacity and capability by identifying limitations and developing response-appropriate options to address unmet needs.

FLC-5: Manage continuous incident planning through iterative planning cycle procedures that provide strategic and general tactical guidance to facility personnel.

Recommended proficiency for Primary Competency: Expert level

Knowledge

FLC-5.1: Describe the purpose of management meetings, planning meetings, and operations briefings for emergency response and recovery.

FLC-5.2: Describe the key components of a facility response Incident Action Plan and methods of dissemination, both internally and externally.

FLC-5.3: Describe the purpose and the components of long term, alternative, contingency, and demobilization planning.

Skills

FLC-5.4: Ensure the clear delineation of the facility's operations cycle by establishing and disseminating the timing of planning meetings and operational periods.

FLC-5.5: Ensure facility objectives are met by supervising the development, analysis, and revision of facility response strategies and general tactics.

FLC-5.6: Ensure facility personnel safety by identifying, minimizing, or preventing threats/hazards, and by responding to all real or potential safety issues for facility response (Safety plan) throughout the emergency response and recovery.

FLC-5.7: Ensure efficient incident planning, as indicated by your incident management position, by participating in or conducting structured planning and management meetings, and operations briefings.

FLC-5.8: Ensure appropriate dissemination of incident planning decisions by documenting and disseminating the facility's Incident Action Plans to relevant persons internal and external to the facility.

FLC-5.9: Demonstrate comprehensive incident planning by performing or assigning analysis of long term, alternative, contingency, and demobilization plans during response and recovery.

FLC-5.10: Manage efficient exchange of information by participating in shift change briefings.

FLC-6: Manage efficient information processing regarding response activities

Recommended proficiency for Primary Competency: Expert level

Knowledge

FLC-6.1: Describe the components and timing of functional area reporting and how the results can be processed and analyzed to identify progress or problems in meeting the facility's incident objectives.

FLC-6.2: Describe critical sources of incident information external to the facility.

FLC-6.3: Describe procedures for reporting back to functional areas, including dissemination of the facility's Incident Action Plan.

FLC-6.4: Describe types of event parameters that would require sudden changes in response strategies or tactics.

Skills

FLC-6.5: Ensure adequate functional area reporting by establishing the timing of the reporting and verifying that reports include situation description, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered (include patient tracking as necessary).

FLC-6.6: Include information originating external to the facility in the planning process by monitoring external sources for information (including level of response by external organizations) and considering them in the planning process.

FLC-6.7: Ensure awareness of event parameters at the facility by providing continual updates to the leaders of functional areas and to external agencies as appropriate.

FLC-6.8: Provide early response to contingencies by monitoring for sudden changes in event parameters that necessitate immediate revision of response strategies and tactics and by disseminating appropriate notification to relevant parties (internal and external).

FLC-7: Provide information on the facility's emergency response and recovery activities to patients, patient families, facility personnel families, media, and the general public, as appropriate.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-7.1: Describe the methods of delivering information to the media and the important components of the message.

FLC-7.2: Describe procedures used to ensure patients, patient families, and facility personnel families are kept apprised of response operations.

FLC-7.3: Describe coordination techniques that ensure the facility's media message is consistent with other organizations' messages to the public.

FLC-7.4: Describe HIPAA and its application to emergency response and recovery as well as other patient confidentiality measures.

Skills

FLC-7.5: Ensure continuous update of relevant parties by providing, or assigning the task of providing, incident updates and the timing of subsequent update reports.

FLC-7.6: Ensure media messages are appropriate and consistent with that of other organizations by coordinating with the external community incident managers and public information personnel.

FLC-7.7: Identify public perceptions of the facility's response and false information relating to facility response by performing monitoring of media reports (address falsehoods as indicated).

FLC-7.8: Ensure confidentiality of patient information by monitoring response and recovery actions for adherence to these standards where applicable.

FLC-8: Monitor the response and recovery needs of the facility's functional areas, and, if needed, provide support with additional facilities, equipment, communications, personnel or other assistance.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-8.1: Describe resource-tracking processes for the facility.

FLC-8.2: Describe the resource request processes for functional areas in the facility to request both internal and external resources.

FLC-8.3: List the critical elements of a Communications Plan.

FLC-8.4: List potential sources of technical assistance.

FLC-8.5: Describe procedures for ensuring the health and well-being of facility personnel.
FLC-8.6: Describe integration methods of outside donated resources (personnel, equipment, supplies).

Skills

FLC-8.7: Demonstrate the ability to anticipate functional area requests by conducting an adequate incident planning process.
FLC-8.8: Provide logistical support to functional areas, first by identifying functional area needs and then appropriate resources to meet those needs.
FLC-8.9: Provide communication support to functional areas by assisting with the development and approval of the facility Communications Plan, which should document and disseminate contact methods for relevant parties internal and external to the facility.
FLC-8.10: Provide technical assistance to functional areas, as indicated, by identifying outside subject matter experts or other appropriate information resources.
FLC-8.11: Ensure the health and well-being of facility personnel by participating in/approving the Medical Plan for the IAP (as indicated by your management position).
FLC-8.12: Assist with the integration of external assistance and supplies, solicited and unsolicited, by managing them until they are assigned to specific functional areas.

FLC-9: Establish appropriate measures to document, track, or reimburse financial costs associated with facility response and recovery.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-9.1: Describe processes for tracking personnel and resources utilized during response.
FLC-9.2: Describe processes for compensating personnel utilized during response and for claims made by these personnel.
FLC-9.3: Describe processes for reimbursement of external assistance provided during response.
FLC-9.4: Describe processes for tracking other costs of response (e.g. delayed elective procedures, equipment and supplies consumed, etc).

Skills

FLC-9.5: Provide for personnel compensation by maintaining lists of personnel utilized during response and time worked.
FLC-9.6: Provide for incident expense claims by ensuring appropriate documentation is completed and submitted within the required time periods.
FLC-9.7: Provide for equipment and supply reimbursement by tracking lists of supplies and equipment utilized during response and recovery.

FLC-9.8: Provide for compensation of external assistance (contract or cooperative assistance) by tracking utilization of these resources and ensuring prompt payment to the indicated resources.

FLC-9.9: Provide summary of response and recovery impact on facility finances by documenting and analyzing the direct and indirect costs of EOP activation, including lost revenue.

FLC-10: Manage facility response so that it adheres to appropriate regulations and standards or seek relief as required.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-10.1: Describe permissible emergency response and recovery deviations from the normal standard of medical care provided under normal facility conditions, and the processes for seeking temporary suspension or relaxation of regulations during emergencies.

FLC-10.2: Describe, in general, the applicable public health laws and their impact on the facility's emergency response and recovery.

FLC-10.3: Describe the process for verifying the credentials of health and other professionals, from resources external to the facility, who offer assistance to the healthcare facility.

FLC-10.4: Describe potential liability exposures that could occur for the facility and its patient care staff during emergency response and recovery.

Skills

FLC-10.5: Address appropriate healthcare regulatory issues during response and recovery by monitoring response activities for regulatory compliance and correcting deviations or appropriately justifying and explaining them.

FLC-10.6: Request and obtain appropriate regulatory relief by contacting appropriate authorities and providing explanations of, and justifications for, the requests.

FLC-10.7: Ensure appropriate credentialing and privileging of response personnel (from internal or external sources) to perform healthcare tasks, within the facility's operations, by monitoring personnel activities for conformance to their specific expertise.

FLC-10.8: Provide facility and personnel liability protection by documenting incident details surrounding occurrences with potential legal liability.

FLC-11: Ensure that the Business Continuity Program⁷³ considerations are incorporated into the facility Incident Action Planning (IAP) process.

⁷³ *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).

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-11.1: Describe the purpose and importance of a Business Continuity Program that is fully integrated into the facility EOP.

FLC-11.2: Describe the elements and supporting functions of a Business Continuity Program as outlined in the NFPA 1600 *Standard on Disaster/Emergency Management and Business Continuity Programs, 2004 Edition*.

FLC-11.3: Describe how the Business Continuity Program aligns with overall Incident Command System (ICS)/Incident Management System (IMS) organization and procedures.

Skills

FLC-11.4: Include business continuity specific objectives in the Incident Action Planning process in order to address the recovery, resumption, and restoration of facility-specific services.

FLC-11.5: Approve (as appropriate) the Business Continuity components of the EOP and its supporting annexes.

FLC-12: Ensure rapid and effective demobilization of facility emergency response during the transition to recovery operations

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-12.1: Describe the management of demobilization and the important processes that must occur during the demobilization process.

FLC-12.2: Describe methods used to formally announce full or partial demobilization.

FLC-12.3: Describe procedures for out-processing of personnel.

FLC-12.4: Describe the procedures for conducting an initial Incident Review.*

Skills

FLC-12.5: Guide the orderly demobilization of functional areas by ensuring that demobilization occurs as soon as the facility and outside resources are no longer needed for response (i.e. their specific response objectives have been met or otherwise resolved).

FLC-12.6: Provide clear explanation and notification of demobilization to relevant parties (internal and external), usually by demonstrating that response objectives have been met.

FLC-12.7: Provide adequate out-processing of response personnel by ensuring adequate debriefings and assessments of performance as appropriate.

FLC-12.8: Provide for an orderly initial incident review process by utilizing response procedures to conduct the meeting.

* *Incident review* is a brief discussion of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event, to explain any misunderstandings and to provide the relevant parties with a more complete picture of “what happened and why.” The incident review is distinct from the formal After-Action Review, which is conducted later and serves to capture technical performance information for EOP improvement.

FLC-13: Ensure recovery is accomplished to restore facility to baseline operations and to capture important lessons for organizational improvement.

Recommended proficiency for Primary Competency: Operations level

Knowledge

FLC-13.1: Describe the overall process for returning the facility to baseline operations and management, including addressing the backlog of regular workload that accumulated during emergency operations.

FLC-13.2: List critical equipment, priorities for rehabilitation, and the methods for re-certifying the equipment for future use.

FLC-13.3: Describe the process for facility re-certification (if applicable).

FLC-13.4: Describe the personnel rehabilitation process.

FLC-13.5: Describe the After-Action Review process and methods utilized to keep the process orderly and constructive.

Skills

FLC-13.6: Manage the initial recovery operations by employing the same incident management structure and processes as used for the emergency response phase, with new objectives, personnel, and departmental assignments as needed.

FLC-13.7: Manage rehabilitation and re-certification for use of equipment and facilities by prioritizing areas for initial attention.

FLC-13.8: Provide for personnel rehabilitation by disseminating the methods for response personnel to address psychological and/or physical concerns.

FLC-13.9: Oversee the After-Action Review process by using facility procedures and processes that capture response deficiencies and best practices, and that incorporate accepted changes as EOP revisions (i.e., organizational learning).

Patient Care Provider Emergency Response Competencies*

Patient Care Providers Group: Physicians, physician assistants, registered nurses, licensed practical nurses, nurses working within expanded roles (CRNA, RNP, and others), emergency medical technicians, paramedics, and respiratory therapists and others who provide direct clinical patient care. Not included are clinical support staff who provide patient care services under the direct supervision of patient care providers: e.g., nurse’s aides, procedure technicians, orderlies, and others.

PCPC-1: Recognize situations related to patient care that indicate the need for full or partial activation of the healthcare facility’s Emergency Operations Plan (EOP), and report them appropriately and promptly.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-1.1: Describe patient presentation criteria (unusual signs and symptoms indicative of deliberate illness/injury, indications of potentially epidemic illness/injury, unexpected rapid patient deterioration, difficult patient interventions such as decontamination, etc.) that indicate the possible need for EOP activation.

PCPC-1.2: Describe patient *population* profiles and other situation-based criteria (unusual numbers, very unusual contagiousness and other indications of increased risk to HCF personnel or current patients, etc.) that indicate the possible need for EOP activation.

PCPC-1.3 Describe resources available to Patient Care Providers in obtaining additional patient or situational information related to determining the need for activating the EOP.

PCPC-1.4: Describe the reporting requirements and the contact methods when events are recognized that may indicate the need for possible EOP activation (full or partial).

Skills

PCPC-1.5: Identify situations within your regular clinical care area that should be reported for consideration of full or partial activation of the healthcare facility’s EOP.

* *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

Supporting Competency: Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

Proficiency Levels:

Awareness: Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization’s system.

Operations: Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary.

Expert: Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

PCPC-1.6: Report situations within your regular clinical care area by following EOP notification procedures and contacting the appropriate person (e.g., page operator, supervisor, etc.) as indicated by your specific role and by the situation at hand.

PCPC-1.7: Assist decision-makers with incident recognition by responding rapidly and adequately to their inquiries and requests for additional pertinent clinical and patient population information.

PCPC-2: Participate in the mobilization of your clinical area to transition from day-to day operations to incident response organization and process.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-2.1: Describe the procedures necessary to prepare your clinical area, as indicated, for EOP response and recovery.

Skills

PCPC-2.2: Ensure maximum patient surge capacity and capability by assisting in the mobilization of your clinical care area as described in the EOP.

PCPC-2.3: Establish and implement triage criteria based on actual and anticipated patient needs, disease parameters, and anticipated resources.

PCPC-2.4: Establish decontamination area and other functions that are inactive during baseline operations, as indicated and per your individual assignment.

PCPC-2.5: Provide surge bed capacity for incident victims by accomplishing rapid disposition of existing patients in the emergency department, outpatient procedures area, and inpatient units as indicated by the EOP.

PCPC-3: Follow the healthcare Facility Emergency Plan (FEP)* for your specific clinical care areas by assuring protective actions for patients and staff and by assisting others as necessary to accomplish the FEP directives.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-3.1: Describe the component parts of the FEP and your responsibilities to protect patients and, as indicated by your position, maintain accountability for patients, patient care information (charts, etc.) and clinical staff.

PCPC-3.2: Describe the methods to be used to maintain patient care during FEP activity, including during shelter-in-place, evacuation, or emergency events in the clinical unit.

* The FEP is an annex to the EOP and serves to describe initial evacuation, shelter in place, and other reactive measures during the initial stages of an emergency event directly affecting your VHA facility.

Skills

PCPC-3.3: Execute your roles and responsibilities in the facility FEP for protecting patients, patient information and others (as indicated) by assisting with evacuating patients, establishing shelter-in-place, or other actions during FEP operations.

PCPC-3.4: Ensure continuous patient care by prioritizing and performing essential clinical interventions during FEP operations.

PCPC-4: Perform your clinical care duties in accordance with the facility’s Emergency Operations Plan (EOP) and the appropriate Incident Action Plan (IAP) in order to support the facility’s incident objectives.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-4.1: Describe the organizational structure and management processes for receiving and performing your clinical assignments as described by EOP.

PCPC-4.2: Describe the procedures for reporting task completion and unanticipated problems, and for receiving additional assignment for your clinical position during emergency response and recovery.

Skills

PCPC-4.3: Assume incident position assignments for your assigned clinical area as defined in the EOP by following the appropriate job action sheets for your position.

PCPC-4.4: Ensure facility objectives are met by formulating and/or implementing specific tactics consistent with the objectives and strategies dictated by the IAP for the current operational period.

PCPC-4.5: Provide input to supervisors, as indicated, to assist with measuring effectiveness of your clinical unit and its contributions to achieving the designated incident objectives.

PCPC-5: Provide Surge Capacity by managing/treating increased numbers of patients (compared with day-to-day activities), regardless of etiology.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-5.1: Describe strategies and tactics appropriate to your clinical area that provide surge capacity for a significantly increased number of patients.

PCPC-5.2: Describe the triage processes necessary to match need with available resources in your clinical area.

Skills

PCPC-5.3: Provide patient surge capacity by instituting and adhering to the EOP measures designated for your clinical area.

PCPC-5.4: Maximize the ability of patients to help themselves (when appropriate) by providing clear instructions and by enhancing their ability to help themselves (e.g., by controlling pain or other interventions).

PCPC-5.6: Manage degradation of overall services by prioritizing critical tasks and activities over less critical ones.

PCPC-5.7: Perform ongoing triage (matching resources to needs) to manage patient load by assigning priorities for services including diagnostic testing, pharmaceutical administration, operative intervention, blood infusion, and others.

PCPC-5.8: Provide continuous input into management decision-making by projecting resource needs for your clinical area.

PCPC-6: Provide Surge Capability by managing/treating all incoming patients with specialty needs that vary significantly from day-to-day facility activities.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-6.1: Describe special etiologies that may tax the facility response, even with limited numbers of patients.

PCPC-6.2: Describe the pathophysiology of injuries and illnesses associated with mass casualties and the indicated interventions for your clinical discipline.

PCPC-6.3: Describe threats or hazards posed by these types of patients.

PCPC-6.4: Describe methods for hazard/threat containment for these types of patients (as applicable).

PCPC-6.5: List resources where technical information may be found that may assist with caring for patients with these needs.

Skills

PCPC-6.6: Demonstrate understanding of injury and illness associated with these specialty-needs patients by providing the appropriate interventions to minimize further injury/illness and to maximize patient recovery.

PCPC-6.7: Provide evidence-based care for these patients by accessing technical expertise as appropriate.

PCPC-6.8: Perform special situation procedures per the EOP annexes and as indicated by event circumstances (e.g., decontamination, isolation, etc.)

PCPC-6.9: Contain hazards/threats posed by patients (as applicable) by removing the hazards from the patients, the use of PPE, appropriately locating patients or other measures.

PCPC-7: Provide for efficient information processing for your clinical area through both reporting and receiving information according to established time schedules.

Recommended proficiency for Primary Competency: Operations level

Knowledge:

PCPC-7.1: Describe the types of relevant information that are required for reporting from your clinical area.

PCPC-7.2: Describe the format and timing of reporting information from your clinical area.

PCPC-7.3: Describe the methods in which your clinical area should receive incident information during emergency response and recovery.

Skills:

PCPC-7.4: Provide input into the facility's incident planning through updates (as requested) on situation, resources, special problems encountered, and tasks completed in your clinical area.

PCPC-7.5: Ensure tracking of incident patients by providing updates (as requested) on numbers, types, and locations of patients as well as interventions required.

PCPC-7.6: Ensure appropriate designations are used for patient tracking ('meets case definition for incident', 'suspicious for case definition,' etc.) as applicable.

PCPC-7.7: Provide prompt notification when patient care activities reveal information that dictates major or sudden changes in response strategies.

PCPC-7.8: Deliver or participate in briefings conducted for your clinical area.

PCPC-8: Manage the psychological impact on victims and victim families through both preventative and therapeutic measures.

Recommended proficiency for Primary Competency: Operations level

Knowledge:

PCPC-8.1: Describe the potential psychological effects on emergency event victims and their families and the indicated interventions for your clinical discipline.

PCPC-8.2: Describe preventative methods that may lessen the psychological impact on victims and their families.

Skills:

PCPC-8.3: Provide psychological and emotional support to patients as indicated by your clinical discipline.

PCPC-8.4: Provide information on the event, its etiology, and facility interventions to patients and family members in your clinical area (written if possible).

PCPC-8.5: Provide frequent updates on expected interventions for individual victims to the family members in your clinical area.

PCPC-9: Incorporate relevant safety practices and procedures in all incident operations for your clinical area.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-9.1: Describe categories of hazards that may pose a risk to clinical staff during emergency response and recovery.

PCPC-9.2: Describe interventions for clinical staff and others to reduce the potential risk created by incident parameters.

Skills

PCPC-9.3: Participate in or conduct safety briefings (based upon the incident Safety Plan) during each work cycle.

PCPC-9.4: Adhere to universal precautions and infection control procedures (whether day-to-day or specific to the incident) as indicated.

PCPC-9.5: Adhere to appropriate work cycles for your clinical area.

PCPC-9.6: Select and use appropriate PPE when applicable.

PCPC-9.7: Provide for safe use of PPE by monitoring those individuals utilizing PPE.

PCPC-9.8: Minimize security-safety risk to clinical personnel by coordinating with facility security personnel.

PCPC-10: Integrate outside resources into your clinical area as required to meet response objectives.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-10.1: Describe procedures for requesting, receiving, briefing, assigning and supervising clinical personnel from other clinical units or from other facilities.

PCPC-10.2: Describe procedures for requesting, receiving, rapid in-servicing and using equipment and supplies (especially items that aren't normally used in your clinical area).

Skills

PCPC-10.3: Initiate requests for outside resources by delineating specific needs in the required format.

PCPC-10.4: Integrate personnel from outside your clinical area by providing them with a briefing on operations in your area and monitoring their response actions.

PCPC-10.5: Integrate equipment and supplies from outside your clinical area by ensuring familiarity with their use and by tracking their use.

PCPC-10.6: Provide appropriate utilization of technical expertise by assessing the source and incorporating applicable recommendations.

PCPC-11: Follow demobilization procedures for your clinical area that facilitate rapid transition to recovery operations for the healthcare facility.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-11.1: Describe demobilization policies and procedures for the clinical area, including procedures to “catch up” on important patient care activities that were suspended or revised during emergency operations.

PCPC-11.2: Describe the policy and procedures for out-processing of patient care and clinical support personnel during demobilization.

PCPC-11.3: Describe the policy and procedures for conducting the Incident Review* for your clinical area.

PCPC-11.4: Describe the policy and procedures for documenting and reporting incident-related patient care issues for inclusion in After Action Review, analysis, and corrective measures.

Skills

PCPC-11.5: Demonstrate demobilization procedures for the incident by following the demobilization plan specific to your functional area.

PCPC-11.6: Prioritize and initiate delayed patient care activities suspended or revised during emergency response.

PCPC-11.7: Ensure that personnel in your clinical area participate in out-processing of facility personnel, to include any indicated physical exam and to include a performance evaluation.

PCPC-11.8: Provide input into the Incident Review as appropriate for your position during emergency response.

PCPC-12: Follow recovery procedures for your clinical area that promote rapid return of the facility to baseline activity.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PCPC-12.1: Describe policies and procedures for rehabilitation of patient care and clinical support personnel.

PCPC-12.2: Describe procedures for reassessing your clinical area’s patient population and planning for resolving surge needs.

PCPC-12.3: Describe the responsibilities, specific to your role, for rehabilitation of your clinical area.

PCPC-12.4: Describe the policies and procedures for formal After Action Review of patient care in your clinical area.

Skills

PCPC-12.5: Demonstrate an understanding of the importance of personnel rehabilitation activities by participating in personnel rehabilitation as instructed.

* Incident Review is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to address misunderstandings and to provide the relevant parties with a more complete picture of “what happened and why.” The incident review is distinct from the formal After-Action Review, which is conducted later and serves to capture technical performance information for EOP improvement.

PCPC-12.6: Demonstrate an understanding of facility and equipment rehabilitation by participating in these procedures to ensure functional area readiness for day-to-day activities and future EOP activations.

PCPC-12.7: Demonstrate an understanding of After Action Reviews by submitting items in the required format.

Emergency Program Manager Emergency Response Competencies*

Emergency Managers Job Group: Personnel primarily responsible for developing, implementing and maintaining VHA facility emergency management programs that include the Emergency Operations Plan. VHA Area Emergency Managers are also included in this job group.

PMC-1: Recognize circumstances and/or actions, across the program manager’s jurisdiction if appropriate, that indicate a potential incident and report the situation to facility leadership and appropriate authorities.

Recommended proficiency for Primary Competency: Expert level

Knowledge

PMC-1.1: Describe the conditions across representative hazard types that indicate a potential incident requiring VHA response and recovery capabilities.

PMC-1.2: List the VHA leadership positions that should be notified in the event of a potential incident and describe the formal notification process.

PMC-1.3: List the outside authorities and resources that can be queried to rapidly obtain information about an evolving event, and describe the communication methods for this purpose.

Skills

PMC-1.4: Identify and obtain information from all non-VHA sources that could indicate the occurrence of an incident and need for VHA response.

PMC-1.5: Report the circumstances of the potential incident to the relevant facility leader(s) and notify outside authorities as appropriate.

* *Primary Competency:* Expressed as a capability demonstrable on the job. The context for the competency, if not otherwise stated, is implied to be emergency response and recovery operations. For the purpose of this project, the emergency response context is stressful, requires emergent decision-making and action despite uncertainty, and proceeds despite incomplete and unstructured information. The primary competency is expressed wherever possible, as an emergency response skill.

Supporting Competency: Provides a critical component of the primary response competency, representing a specific knowledge element, skill, or ability. Supporting competencies are in the preparedness or the response/recovery context.

Proficiency Levels:

Awareness: Represents an understanding of the knowledge/skills/abilities encompassed by the competency, but not to a level of capability to adequately perform the competency actions within the organization’s system.

Operations: Represents the knowledge/skills/abilities to safely and effectively perform the assigned tasks and activities, including equipment use as necessary.

Expert: Represents operations-level proficiency plus the additional knowledge/skills/abilities to apply expert judgment to solve problems and make complex decisions.

PMC-2: Provide guidance to VHA Facility Incident Managers, and other authorities as requested, on the decision to fully or partially activate Emergency Operations Plans (EOP).

Recommended proficiency for Primary Competency: Expert level

Knowledge

PMC-2.1: Describe the criteria that indicate the need for a partial or full VHA facility EOP activation.

PMC-2.2: Describe the impact of EOP activation (full or partial) upon day-to-day facility operations.

PMC-2.3: Describe the process for VHA facility EOP activation.

Skills

PMC-2.4: Assist facility leaders with the decision to activate emergency medical response plans and procedures by communicating relevant information about the nature and consequences of an incident and by explaining the benefits of activating the EOP.

PMC-2.5: Provide the Incident Manager with a list of all facility personnel positions with the authority to activate the EOP, as requested, and outline the methods for activation.

PMC-3: Assist in the rapid mobilization of activated VHA facilities to transition from day-to-day activities to response and recovery operations.

Recommended proficiency for Primary Competency: Operations level

Knowledge

PMC-3.1: Describe processes and procedures used to mobilize VHA facilities for emergency response and recovery.

PMC-3.2: List all the external agencies (non-VHA) that should be notified of the VHA facility's EOP activation and determine their level of response.

Skills

PMC-3.3: As requested by facility leadership, assist in facility mobilization by ensuring appropriate external liaisons are established and ensuring the facility management structure for response is clearly disseminated externally.

PMC-3.4: Provide the facility Incident Management Post with an initial projection of the supplies and resources needed for response and recovery.

PMC-3.5: Provide the Incident Manager with a briefing on the response actions undertaken by external incident response agencies, or assure this is accomplished by the VHA senior liaison.

PMC-4: Ensure full and proper execution of the appropriate VHA emergency operations plan (EOP) for designated VHA healthcare facilities during response and recovery.

Recommended proficiency for Primary Competency: Expert level

Knowledge

PMC-4.1: Describe the VHA facility incident management organizational structure and response roles of all functional areas and key positions.

PMC-4.2: Describe the VHA organizational requirements as well as laws, regulations, policies and precedents that affect VHA emergency operations and principles of emergency management.

Skills

PMC-4.3: Verify that VHA personnel have adopted incident management roles and responsibilities by referring to the response structure and functional roles outlined in appropriate facilities' EOPs.

PMC-4.4: Verify compliance of VHA EOP response actions with applicable rules and regulations, and advise the facility Incident Manager as indicated.

PMC-4.5: Provide assistance with emergency response systems monitoring by assessing the adequacy and effectiveness of the incident management system in place at activated VHA facilities, as appropriate for the Program Manager's jurisdiction.

PMC-4.6: Address any apparent deficiencies noted in the incident management system during response and recovery by notifying the facility Incident Manager and recommending solutions.

PMC-5: Demonstrate the ability to function as a VHA facility's Plans Chief within ICS/IMS structure as indicated by the facility's Emergency Operations Plan (EOP).

Recommended proficiency for Primary Competency: Expert level

Knowledge

PMC-5.1: Describe the VHA response roles and responsibilities ascribed to the chief of the Planning Section in the EOP.

PMC-5.2: Describe the facility Incident Planning Cycle and the key components for which the Plans Chief is responsible.

PMC-5.3: Describe the methods for functional area reporting and for the collation, processing, and dissemination of this information.

PMC-5.4: Describe methods for monitoring response and recovery actions in order to assist the Incident Manager in determining progress towards achieving the incident objectives.

Skills

PMC-5.5: Establish an effective Incident Planning Cycle by defining operational periods (approved by the facility Incident Manager), coordinating the Planning Cycle timing with non-VHA response agencies, and disseminating the schedule for essential planning activities (management and planning meetings, operational briefings, and others).

PMC-5.6: Ensure adequate functional area reporting by establishing the time schedule for reporting and verifying reports are received, to include situation, resource status, specific tactics utilized, progress accomplished, and unusual problems encountered; include patient tracking as necessary.

PMC-5.7: Include information originating internal and external to the facility in the planning process by monitoring internal and external sources for information, including the level of response by external organizations, and considering the information in the planning process.

PMC-5.8: Ensure awareness of event parameters at the facility by providing continual updates to the leader of functional areas and external agencies as appropriate.

PMC-5.9: Provide rapid contingency response by monitoring for sudden changes in event parameters that necessitate revision of response strategies and tactics, and disseminate appropriate notification to relevant internal and external parties.

PMC-5.10: Manage orderly and concise planning activities (management and planning meetings, operational briefings) by limiting distractions, providing agendas, and ensuring documentation of all relevant information discussed in the meetings.

PMC-6: Perform or assist with the senior facility liaison function and ensure that relevant response and recovery information is exchanged with senior VHA management levels.

Recommended proficiency level for Primary Competency: Operations level

Knowledge

PMC-6.1: Describe the purpose and structure of the Veterans Integrated Service Network (VISN) and its potential role during facility emergency response and recovery.

PMC-6.2: Describe essential components of facility planning that should be disseminated to senior VHA management levels.

PMC-6.3: Describe the assigned VHA responsibilities defined by the VHA-DoD Contingency Plan.

Skills

PMC-6.4: Follow the region-wide Veterans Integrated Service Network (VISN) level emergency operations (response) plan if it is activated.

PMC-6.5: Ensure that senior VHA officials are receiving accurate information from the facility by providing the current facility IAP in communications with them.

PMC-6.6: Ensure that the facility Incident Manager receives appropriate communications from senior VHA officials.

PMC-6.7: Assure responsibilities under the VHA-DoD Contingency Plan are accomplished when the Plan is activated.

PMC-7: Establish (as requested by facilities) senior liaison with all appropriate external (non-VHA) emergency response officials in your area, conduct information exchange, and coordinate incident response strategies and tactics.

Recommended proficiency level for Primary Competency: Operations level

Knowledge

PMC-7.1: List relevant external emergency response agencies in your area and methods of contacting them.

PMC-7.2: Describe how the emergency response and recovery actions of external agencies in your area and VHA facilities impact one another.

PMC-7.3: Describe how VHA facilities and external agencies in your area may support one another during emergency response and recovery.

Skills

PMC-7.4: Ensure the incident management organization and structure of VHA facilities in your area are disseminated to appropriate external emergency response agencies, including contact information.

PMC-7.5: Facilitate VHA facility access to appropriate external emergency response agencies by serving as liaison or providing contact methods.

PMC-7.6: Facilitate coordination of response strategies and tactics by ensuring regular exchange of Incident Action Plans between VHA facilities and appropriate external emergency response agencies.

PMC-7.7: Ensure appropriate needs requests are delineated and assistance is provided to/from VHA facilities or external emergency response agencies.

PMC-8: Participate in demobilization processes within the VHA facility and Veterans Integrated Service Network (VISN) to transition from VHA facility response to recovery operations.

Recommended proficiency level for Primary Competency: Operations level

Knowledge

PMC-8.1: Describe both the general objectives of the demobilization process and the specific management issues associated with demobilization, rehabilitation of response elements, and preparation to return to routine professional roles.

PMC-8.2: Describe the Planning and Management processes for transitioning from response to recovery.

Skills

PMC-8.3: Assist in the demobilization of VHA facilities by verifying that operational objectives have been met (or are reassigned to continuing units) and that appropriate internal and external notification is made regarding demobilization.

PMC-8.4: Participate in initial Incident Reviews* (as appropriate) and assist facility leaders with ensuring appropriate procedures are followed.

PMC-8.5: Assist with the debriefing and performance assessments of VHA personnel under your supervision, and others as requested by facility incident managers.

* Incident Review is a brief review of the event conducted with relevant section leaders and other personnel as appropriate attending. This is conducted as soon as possible after the event to address misunderstandings and to provide the relevant parties with a more complete picture of “what happened and why.” The incident review is distinct from the formal After-Action Review, which is conducted later and serves to capture technical performance information for EOP improvement.

PMC-9: Assist with VHA facility recovery (in your area as indicated by your position) to full pre-incident function, including return to routine facility management and medical care activities.

Recommended proficiency level for Primary Competency: Operations level

Knowledge

PMC-9.1: Describe the procedures and priorities for returning VHA facilities to pre-incident operations and management.

EPMC-9.2: Describe the process required to re-evaluate the facility's patient population and post-incident patient care activities, including and addressing the backlog of regular work.

Skills

PMC-9.3: Assist, as requested, with longer-term facility personnel rehabilitation by providing advice on procedures for addressing physical or mental concerns.

PMC-9.4: Assist, as requested, with longer-term facility and equipment rehabilitation by identifying priority areas for attention and identifying external resources that may be required.

PMC-9.5: Assist, as requested, with addressing backlogs of regular work by providing advice to facility leaders on surge capacity methods and the prioritization of services.

PMC-10: Fulfill emergency management program requirements for formal incident After-Action Review (AAR), capture and processing of recommended changes and organizational learning (by implementing accepted changes).

Recommended proficiency level for Primary Competency: Expert level

Knowledge

PMC-10.1: Describe the policies and procedures as well as other considerations for formal After Action Review of VHA facility response.

PMC-10.2: Describe procedures for capturing information, analysis and acceptance or recommendations, and implementation of changes to a VHA facility EOP.

Skills

PMC-10.3: Conduct efficient facility After Action Reviews by utilizing response procedures for conducting a meeting and by ensuring After Action Review items are documented in the required format: issue, background, recommended action, responsible party and recommended timeframe.

PMC-10.4: Ensure organizational learning by conducting appropriate analysis of recommendations, obtaining formal administration approval of accepted recommendations, and incorporating the recommended changes into the VHA facility EOP and emergency management program.

Emergency Management Academy

Veterans Health Administration