Disaster Medicine as an Opportunity for Interdisciplinary Care

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Disclosure Statement:

• Nothing to disclose (Government Employee)

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Disasters and Interdisciplinary Teams

TeamSTEPPS

Question: What Is the “I” in “Team”?
Core Competencies For Interprofessional Collaborative Practice

Report of an Expert Panel
May 2011
IPEC sponsors

• American Association of Colleges of Nursing
• American Association of Colleges of Osteopathic Medicine
• American Association of Colleges of Pharmacy
• American Dental Education Association
• Association of American Medical Colleges
• Association of Schools of Public Health
How and why do the other disciplines participate in the implementation of the competencies if they did not participate in the adoption?

WHAT ABOUT THE DISCIPLINES NOT AT THE TABLE?
Fundamental Message

• Interprofessional competencies are best learned and mastered over time in specific interprofessional learning contexts (clinical and nonclinical) around specific healthcare and healthcare improvement goals.
Observations

Agree on Terminology for IPE and IPC (NOT Interprofessional)
Collaboration in education leads to Collaborative practice
Language is formalized
Example-Tower;
“Delta 351 you have traffic @ 10 o’clock, 6 miles out!”
Observations, continued

Need to formalize the foundations:
- competencies
- accreditation
- legislation

• Need meetings according to IPE/IPC method to exchange information
Interprofessional Collaborative Practice Competency Domains

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork

The Learning Continuum: pre-licensure through practice trajectory
Domains With Specific Competencies

Values/Ethics for Interprofessional Practice

• Act with honesty and integrity in relationships with patients, families and other team members.
• Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

Roles/Responsibilities for Collaborative Practice

• Communicate one’s role and responsibilities clearly to patients, families and other professions.
• Explain the roles and responsibilities of other care providers and how the team works together to provide care.
Domains With Specific Competencies (contd.)

Interprofessional Communication

• Choose effective communication tools and techniques, including information systems and communication technologies, for facilitating discussions and interactions that enhance team function.
• Give timely, sensitive, instructive feedback to others about their performance on the team and respond respectfully as a team member to feedback from others.

Interprofessional Teamwork and Team-Based Care

• Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem solving.
• Reflect on both individual and team performance improvement
How to convert to Learning Objectives?

• Skills approach
• Life skills
• Competency based
• Integrative approach
Bloom's Taxonomy divides educational objectives into three "domains": Cognitive, Affective, and Psychomotor (sometimes loosely described as knowing/head, feeling/heart and doing/hands respectively). Within the domains, learning at the higher levels is dependent on having attained prerequisite knowledge and skills at lower levels.
An attending physician on rounds strides into a hospital room with an entourage of medical students and asks his patient this question: “How can we do a better job of caring for you?”

The patient, a 15-year-old boy named Kevin, has been in and out of the hospital 30 or 40 times for treatment of short bowel syndrome, a condition in which nutrients are not absorbed properly and is commonly caused by the need for surgical removal of the small intestine. This veteran of the health care system says he’s been very happy with the care he has received over the years, but, when pressed, says this:

“I have great doctors and nurses here—but can you please talk to each other?”

Donald Berwick, M.D., M.P.P.
Administrator, Centers for Medicare & Medicaid Services
Canadian Interprofessional Health Collaborative (CIHC)

A National Interprofessional Competency Framework

http://www.cihc.ca/files/CIHC_I PCompetencies_Feb1210.pdf

February 2010

Consortium pancanadien pour l'interprofessionnalisme en santé

made up of health organizations, health educators, researchers, students and health professionals

a 2-year initiative funded by Health Canada ... the goal is to evolve into a permanent hub for Canadian interprofessional activity
CIHC activities

Coordinate learnings from numerous projects planned and underway

Identify and share best practices in interprofessional education and collaborative practice

Work with education and health policy makers to build a more patient-centered approach to health care delivery

www.cihc.ca

Dr. John Gilbert, CIHC Project Lead
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(604) 562-1492
Collaborative patient-centered practice

is an interprofessional process for communication & decision making
enables the separate & shared knowledge & skills of care providers
results in “synergy” which leads to better patient care
requires collaboration between patients and various health professionals

IPE & CPCP can positively impact-
wait times
healthy workplaces
HHR planning
patient safety
rural accessibility
primary health care
chronic disease management
Interprofessional Education

Occurs when two or more professions learn with, from and about each other*

Works best when the goal is to improve collaboration and quality of care

Interprofessional Education (IE)

*CAIPE, 1997, revised 2002
VA National Preparedness Events

- VA's role in Emergency Management and Homeland Security
- VA Medical Emergency Radiological Response Team
- Flu - H1N1 and seasonal flu, the Infection: Don't Pass It On campaign
- VHA Comprehensive Emergency Management Program
- OIT Business Continuity
- HRA Personal and Family emergency planning and readiness
- OSP Planning, National Security, and Exercise programs
- VA Continuity of Operations sites
- Citizen Corps
- Communications Security (COMSEC)
- Operations Security (OPSEC)
- Government Emergency Telecommunications System (GETS)
- Very Small Aperture Terminal (VSAT) Satellite Communications
- VA Iridium Satellite Operations
- The Disaster Emergency Medical Personnel System
- OSP Family Planning and Preparedness
FETIG

• “The function of the FETIG is to serve as the coordinating mechanism for core competencies and education and training standards across Federal departments and agencies, as well as state and local government entities, academia, and the private sector in relation to public health emergency and disaster response.”
- FETIG Charter
National Center for Disaster Medicine and Public Health

• “The National Center shall promote standardized education and training in public health and medical disaster preparedness and response based upon collaboratively developed and accepted core competencies, procedures, and terms of reference. The National Center will share their findings with Federal, State, local, and tribal Governments; academia; and the private sector.”

“The National Center shall maintain cooperation, communication, and collaboration with other Federal agencies, as well as public and private entities interested in education, training, and research in disaster medicine and public health. It will serve as DoD's lead agent in academic collaboration related to disaster medicine and public health.”

--National Center for Disaster Medicine and Public Health Charter
Strategic Plan of NCDMPH

Competencies = What: Lead the creation and promotion of national core competencies in disaster health
Core Competencies for Disaster Medicine and Public Health

Published in March 2012

Integration of competencies across health specialties and professions

Achieve consensus on an educational framework and competency set from which educators could devise learning objectives and curricula for all in a disaster

7 Competency Domains

Level of Proficiency varies for Informed worker/student, Practitioner, Leader
Interdisciplinary Competencies

Core Competencies for Disaster Medicine and Public Health

Why do we need these?

…..Existing published competencies are limited primarily to the workplace, a specific discipline, or a practice setting. They lack information needed to address a coordinated health system response to a disaster.
Identity Theft?
Expert Working Groups

Integration of competencies across health specialties and professions

Achieve consensus on an educational framework and competency set from which educators could devise learning objectives and curricula for all in a disaster.
Results....

• 7 core learning domains
• 19 core competencies
• 73 specific competencies
• 3 broad health personnel categories
Details

7 Competency Domains
Preparation and Planning
Detection and Communication
Incident Management and Support Systems
Safety and Security
Clinical/Public Health Assessment and Intervention
Contingency, Continuity and Recovery
Public Health Law and Ethics

Expected Level of Proficiency
Informed worker/student
Practitioner
Leader
Next Steps - Who will be tasked?

Learning Objectives

Performance Metrics

Web address
Practice builder? Disaster Preparedness!
America’s PrepareAthon!

Citizen Corps provides grassroots infrastructure to engage the whole community

Other Resources

- Talking Points
- Communications Toolkit
- Fact Sheet
- PowerPoint
- Online registration*
- Events calendar*
- Preparedness resources
- Branding resources
- Promotional resources
- National research
- Dedicated state pages
- Online discussion boards*

- [www.ready.gov/prepare](http://www.ready.gov/prepare)
Benefits of Participation

- Increase everyone’s knowledge of safety policies and procedures in an emergency or disaster;
- Build morale and trust by showing a commitment to safety and well-being;
- Enhance organizational coordination and continuity of operations;
- Reduce the impact of a disaster, including injury and loss of life, property or inventory damage, and financial loss from disruption of services; and
- Strengthen relationships with local emergency responders and other community sectors to build whole community resilience.
Community of Practice
Connect with Peers

Communities of Practice

- Private Sector/Workplace
- Faith Based Organizations
- First Responders
- Pet Preparedness
- Educators, Parents, and Youth
- Institutions of Higher Education
- Access and Functional Needs
- State/Local/Tribal/Territorial
- Social Media Emergency Management
- K-12 Schools
- Community Based Organizations
- Military
- Medical Provider
- Media
- Individuals and Families
- Federal Workplace
- Communicators in Emergency Management

Connect with peers
Share best practices
Develop preparedness plans
SPRING HAZARDS

Wildfire  Hurricane  Tornado  Flood

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Hurricanes with female names kill more people. That's the conclusion of an actual study from the National Academy of Sciences, not a parody from The Colbert Report. Researchers looked at deaths caused by hurricanes since 1950 (when they were first named) until now, and discovered that storms with female names caused an average of 45 deaths vs. 23 for male storms. That was after they removed Katrina and Audrey as outliers because of their high death tolls. There have been an equal number of male and female names since 1979. The researchers posit that female storms sound less threatening and are therefore less likely to make us to seek shelter. The results aren't exactly convincing if you peruse the study, but maybe it's a good idea to name all hurricanes after Harry Potter villains just in case these guys are right? For a good chuckle on this topic, click below to read the Monkey See parody.

http://www.ceounplugged.com/curios/2014/6/21/curio-353-killing-us-softly
Hurricane Sandy Fall 2012

October 22-November 5, 2012 - Hurricane Sandy, as a hurricane and a post-tropical cyclone, kills at least 117 people in the United States.

Records:
October 29, 2012 - The surge level at Battery Park in New York tops 13.88 feet at 9:24 p.m., surpassing the old record of 10.02 feet, set by Hurricane Donna in 1960.
October 29, 2012 - New York Harbor's surf reaches a record level when a buoy measures a 32.5-foot wave. That wave is 6.5 feet taller than a 25-foot wave churned up by Hurricane Irene in 2011.

October 26, 2012
- Is a category 1 with winds of 80 mph.
- New York, Maryland, Washington, D.C., Pennsylvania, and North Carolina declare a state of emergency.
- Amtrak cancels several of its runs that originate or end in East coast stations.

October 30, 2012
- The New York Stock Exchange remains closed for the second consecutive day, the first time this has happened because of weather since 1888.
- Kennedy Airport reopens for some airlines to land planes beginning at 10 p.m.
- New York's LaGuardia and Newark Liberty International Airport remain closed due to storm damage.
- 7.9 million businesses and households are without electric power in 15 states and the District of Columbia.
- 9,000 people in 13 states spent the night in 171 Red Cross operated-shelters

January 11, 2013 - The Metropolitan Transportation Authority (MTA) estimates that Sandy caused $5 billion dollars in losses: $4.75 billion in infrastructure damage and a further $246 million in lost revenue and increased operating costs.

February 12, 2013
- According to a report released by the National Hurricane Center, Sandy is expected to rank as the second-costliest tropical cyclone on record, after Hurricane Katrina of 2005, and will probably be the sixth-costliest cyclone when adjusting for inflation, population and wealth normalization factors.
- The report indicates Sandy is also the deadliest U.S. cyclone outside of the southern states since Hurricane Agnes of 1972.
Make an Emergency Car Kit
In case you need to leave quickly during a hurricane, always keep an emergency kit in your car, too. Make sure you include:
Food that doesn’t go bad (like canned food)
Flares
Jumper cables (sometimes called booster cables)
Maps
Tools, like a roadside emergency kit Learn more about supplies to include in your first aid kit.
A first aid kit and instructions
A fire extinguisher
Sleeping bags
Flashlight and extra batteries
Having a GPS — either in your car or on your smartphone — can help during an emergency too.
Visit Ready.gov for more information on emergency plans and supply kits.
What’s Next?
If a hurricane comes, you need more than supplies — you need a plan. Check out Make a Plan for tips on how to create your own hurricane plan.
WATER: WHAT’s ENOUGH?

Water storage for hurricane preparedness

Check out the Food and Drug Administration (FDA) tips on food-related preparedness for hurricane season.

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For additional tips, fact sheets, and podcasts, see [CDC's Hurricanes website](https://www.cdc.gov/hurricanes/).

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**Share CDC’s Hurricane Health & Safety Tips on Your Own Website!**

Stay informed about Hurricane Readiness with new social media tools such as twitter, facebook, eCards, buttons, badges, and widgets! The CDC Hurricane Tips widget allows you to display the tips directly on your webpage. You can embed content in personalized homepages, blogs, and other sites. Once you’ve added the widget, there’s no technical maintenance. CDC will update the content automatically.

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Safety Tips and Resources

• Consumer Product Safety Commission: Fireworks Information Center
• FEMA: Summertime Burn Safety
• FEMA: Summer Fire Safety
• Ready.gov: Extreme Heat
• US Fire Agency: Grilling Fire Safety
• Just In Time Disaster Training - How to Recognize and Treat Heat Stroke in Dogs
Fireworks Safety

The National Council on Fireworks Safety offers these common sense safety tips for using consumer fireworks in the hopes that injuries to consumers can be greatly reduced this season. It is up to you to use fireworks in a safe and responsible manner:

• Parents and caretakers should always closely supervise teens if they are using fireworks.
• Parents should not allow young children to handle or use fireworks.
• Fireworks should only be used outdoors.
• Always have water ready if you are using fireworks.
• Know your fireworks; Read the caution label before igniting.
• Obey local laws. If fireworks are not legal where you live, do not use them.
• Only light one firework at a time.
• Never relight a “dud” firework. Wait 20 minutes and then soak it in a bucket of water.
• Avoid using homemade fireworks or illegal explosives.
• Lastly, soak spent fireworks with water before placing them in an outdoor, fire resistant garbage can away from buildings and flammable materials.
Fall Hazard Focus

- Earthquake
- Pandemic flu
- Hazardous materials
- Severe winter weather

Sector Focus:
- Workplace
- K–12 schools
- Houses of worship
- Community-based organizations
- Institutions of higher education
- Local Leaders, Whole Community

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Participant Resources by Hazard

**How to Prepare Guide**

- **Day of Action: Prepare Your People**
  - How to Prepare
    - Basics of Each Hazard
    - How to Protect Yourself and Your Property
    - What Steps to Take NOW
  - Prepare Your People
    - Hold a Preparedness Discussion (15–30 minutes)
    - Conduct a Drill/Activity (10–15 minutes)
    - Conduct a Facilitated Post-Drill Discussion (15–30 minutes)
  - Prepare Your Organization
    - Conduct a Tabletop Exercise (1.5–2 hours)
Tornado Safety Example

Example: Prepare Your People for Tornado Safety: Workplaces

★ Hold a 15–30 minute tornado preparedness discussion with employees to cover the following:
  ▪ Tornado basics;
  ▪ Local and national alerts and warning systems;
  ▪ Your emergency communications, policies, and procedures; and
  ▪ Protective location(s).

★ Conduct a tornado drill/activity.
  ▪ Send sample notifications about severe weather warnings and any important steps to take.
  ▪ Have employees practice going to protective locations.
  ▪ Test your emergency communications mechanisms.

★ Conduct a facilitated post-drill discussion.
  ▪ Ask participants to give feedback on their experiences.

Promotional Materials—Tornado

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Joplin tornado-May 22, 2011
Oklahoma tornado May 20, 2013
'Optometry Strong Tornado Relief Project' helping people of Moore

Volunteers are working to make sure that people in Moore have their basic needs met following the tornado. Tulsa Pediatric Optometrist, Dr. Kathleen Elliott, tells FOX23 that area experts are banding together to provide eye care to tornado victims in need. In partnership with the Vision Council and the American Optometric Association, the Oklahoma Association of Optometric Physicians has created the Optometry Strong Tornado Relief Project. A network of optometric providers will assist the storm victims by providing no-cost eye exams, glasses and contact lenses at Graceway Baptist Church in Moore.

"We just want to be able to provide that service for them and let them know what we care and are there to help," said Elliott. Elliott tells FOX23 that people can experience physical symptoms if they are without their prescription eye glasses for a long period of time, especially children. "They could have headaches, their eyes could water, itch or burn," said Elliott. She says that the service will able to tornado victims through Aug. 30th.

http://m.fox23.com/news/weather/tornadoes/optometry-strong-tornado-relief-project-helping-pe/ndgg6/#sthash.JLsk7R5g.dpuf
In light of the series of devastating tornadoes that struck Oklahoma in May, The Vision Council has partnered with the American Optometric Association (AOA) and the Oklahoma Association of Optometric Physicians (OAOP) to provide free eye exams and replacement eyeglasses to those in the affected areas.

Operating under the newly formed Optometry Strong Tornado Relief Project, The Vision Council will reimburse participating optometrists in the impacted areas, up to $300 for frames, lenses and optical laboratory work for any products offered to tornado victims through Aug. 30, 2013.

Our hearts go out to those affected by the recent storms in Oklahoma. During this difficult time, The Vision Council is proud to work alongside the AOA and the Oklahoma Association of Optometric Physicians to provide some relief to the affected communities as they begin to recover and rebuild, said Ed Greene, CEO of The Vision Council.

Reimbursement requests, along with a copy of the practice's W9, should be sent to Maureen Beddis, The Vision Council's vice president of marketing and communications, at:

The Vision Council
Attn: Maureen Beddis
225 Reinekers Lane, Suite 700
Alexandria, VA 22314
Fax: 703.548.4580
mbeddis@thevisioncouncil.org

Affected residents can contact the OAOP at 405.524.1075 to request an exam by a volunteer optometrist in their area.

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Role of a Mobile Ophthalmic Outpatient Clinic in the Great East Japan Earthquake

The Great East Japan Earthquake of March 11, 2011 triggered powerful tsunami waves off the northeastern Pacific coast of Japan that destroyed almost all of the built-up areas along the coast. The study reported here examined the role played by the Vision Van, a mobile outpatient ophthalmological clinic, in providing eye care to disaster evacuees. This was a retrospective case-series study of 2,070 victims (male: 732, female: 1,338) who visited the Vision Van. The subjects’ medical records were examined retrospectively and analyzed in terms of age, sex, and date of visit to the Vision Van. Information regarding each patient’s chief complaint, diagnosis, medication(s) prescribed, and eyeglasses and contact lenses provided, was also examined.

The Vision Van was used to conduct medical examinations on 39 days between April 23 and June 29, 2011. The average number of subjects visiting the Vision Van each day was 53 ± 31 (range: seven to 135), with examinations carried out in Miyagi Prefecture and Iwate Prefecture. The most frequent complaint was a need for eye drops (871/2,070 [42.1%]). The second and third most frequent complaints, respectively, were the need for contact lenses (294/2,070 [14.2%]) and eyeglasses (280/2,070 [13.5%]). The most frequent ocular disease diagnosis was cataract (497/2,070 [24.0%]). Eye drops were prescribed to 74.1% of the subjects.

Mobile clinics such as the Vision Van provide valuable care, in this case, particularly to individuals who lost or left behind eyeglasses or contact lenses while escaping a natural disaster, and to subjects with chronic eye disease.

According to this new analysis, school-age children accelerated the spread of the pandemic, which was transmitted over short distances, in contrast with widespread reports at the time linking the pandemic to international air travel and population density. The results are published in the journal PLOS Computational Biology. The H1N1 influenza virus spread rapidly around the globe in 2009 after it was first identified in Mexico. The US Centers for Disease Control (CDC) estimates that the global death toll from the 2009 pandemic was more than 284,000.
Researchers Call for Use of Critical Incident Registry in Public Health Responses

David Reddick
Public Health Consultant Top Contributor

With proper incentives in place, a critical incident registry can be a useful tool for improving public health emergency preparedness. Standard protocols for reporting critical events and probing analysis are needed to enable identification of patterns of successes and failures.

http://online.liebertpub.com/doi/pdfplus/10.1089/bsp.2014.0007

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Lessons Learned from the Fukushima Nuclear Accident for Improving Safety of U.S. Nuclear Plants

Committee on Lessons Learned from the Fukushima Nuclear Accident for Improving Safety and Security of U.S. Nuclear Plants; Nuclear and Radiation Studies Board; Division on Earth and Life Studies; National Research Council

Conflict and Security Issues
Environment and Environmental Studies
Energy and Energy Conservation

Buy This Book
Download Free PDF
Tip of the Week: Be Prepared - Inform local authorities about your special needs before a hurricane strikes.

http://emergency.cdc.gov/disasters/hurricanes/preparedness.asp

For additional tips, fact sheets, and podcasts, see CDC's Hurricanes website.
2014 National Preparedness Month (NPM) "Be Disaster Aware, Take Action to Prepare"

Week 1- September 1-7: How to… Reconnect with Family After a Disaster.

Week 2- September 8-14: Know How to plan for specific needs before a Disaster.

Week 3- September 15-21: How to… Build an Emergency Kit.

Week 4 & 5- September 22-30: How to… Practice for an emergency.

Stay tuned: NPM logo and digital engagement toolkit COMING SOON

http://www.ready.gov/september

#aaoptom14
Make a Plan- From the Centers for Disease Control and Prevention

Families can cope with disasters by preparing in advance and working together as a team. If something were to happen, how would you contact one another, how would you get to a safe place, and what would you do in different emergency situations? Planning what to do before a disaster strikes provides the best protection for you and your family. Because you and your family may not be together when a disaster hits, it’s important to create a communication plan to help you and your loved ones connect and get help. Complete a contact card for each family member. Have them keep these cards handy in a wallet, purse, or backpack.

More Tips:
• Identify an out-of-town contact, such as a friend or relative, who family members can call to let them know they are safe. It may be easier to make a long-distance phone call than to call across town, because phone lines can be jammed. An out-of-town contact may be in a better position to communicate among separated family members.
• Teach your family members how to text. It may seem like second nature to some of us, but not everyone texts. During an emergency it’s often easier to get a text message delivered rather than a phone call.
• Subscribe to an emergency alert system. Check with your local health department or emergency management agency to see if there is one offered for your area. Post emergency telephone numbers by home phones or save them in your cell phone (fire, police, ambulance, etc.).
• Teach children how and when to call 911 for help.

Because different disasters may require you to go to different places, make sure you identify a meeting place in your neighborhood, a meeting place just outside your neighborhood, and a meeting place out of town. Review these plans with all members of your family and don’t forget to consider what you would do with your pets who may not be allowed in emergency shelters.
More Tips:

• Learn about your community’s warning signals. What do they sound like and what you should do when you hear them?
• Determine the best escape routes from your home. Find two ways out of each room.
• Find the safe spots in your home for each type of disaster. For example, during an earthquake you would want to practice “drop, cover, and hold on” under a sturdy desk or table. During a tornado, you would want to seek shelter in a lower level room without windows.
• Show each family member how and when to turn off the water, gas, and electricity at the main switches.
• Teach each family member how to use the fire extinguisher, and show them where it’s kept.
• Practice your plan by quizzing your kids periodically and conduct fire and other emergency drills.
• Check your emergency supplies throughout the year to replace batteries, food, and water as needed.
Additional Ways to Prepare

• Check if you have adequate insurance coverage to cover possible flooding or structural damage to your home and property.

• Install smoke detectors on each level of your home, especially near bedrooms. Test and recharge your fire extinguisher(s) and smoke detectors according to manufacturer’s instructions.

• Install at least one battery–powered or battery back-up carbon monoxide alarm in your home, preferably near bedrooms. Test the battery at least twice a year, when you change the time on your clocks.

• Take a Red Cross first aid and CPR class.
What's New on the CDC Emergency Preparedness & Response Site

03/03/2014

You are subscribed to updates from the Centers for Disease Control and Prevention (CDC).

Emergency Health & Safety Tip, March 03, 2014

Be prepared for all natural disasters.
Winter weather is coming to an end. Take steps now to be prepared for all natural disasters. Learn more >>

STAY CONNECTED: CDC on Facebook  CDC on Twitter
Disaster Cycle Services

Introduce yourself to the leadership for the site staff services and operations management and tell them you are there to monitor and support the worksite.

Locations may include:
* Headquarters;
* Kitchens;
* Call centers;
* Commercial lodging facilities;
* Service delivery sites;
* In-processing sites;
* Client and staff shelters;
* Staging areas;

Manager Responsibilities: Provide guidance on these assignments and ensure proper pre-visit communication has been exchanged. Include a method for reporting after the visit is complete. Ensure resolution for any identified issues as appropriate.
The Homeland Security Act, as amended, contains several sections to strengthen the use of ICS by establishing a credentialing guideline and guidance affecting Federal agencies and their authorized contractors to assist State, tribal, and local governments, and other emergency response official organizations. Nothing in this guideline is intended to displace or harm the mutual aid agreements that exist or arise within the United States or with its international mutual aid partners.
Reference Documents

National Incident Management System Documents
- National Incident Management System Training Program (PDF; 2 MB)

National Preparedness System Documents
- The Homeland Security Digital Library (HSDL)
- A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action
- Presidential Policy Directive/PPD-8: National Preparedness (PDF; 1.3 MB)

http://www.fema.gov/ FEMA
Protection and National Preparedness (PNP)

Coordinates preparedness and protection related activities throughout FEMA, including grants, planning, training, exercises, individual and community preparedness, assessments, lessons learned, continuity, and national capital region coordination.
Response and Recovery

• The Response Directorate coordinates federal operational and logistical disaster response capabilities needed to save and sustain lives, minimize suffering, and protect property in a timely and effective manner in communities that become overwhelmed by disasters.

• The Recovery Directorate supports individuals and communities affected by disasters in their efforts to recover. Individual and Public Assistance programs as well as Long Term Community Recovery efforts assist individuals and communities in FEMA’s collective effort to prepare for, respond to, and recover from all hazards.
Doctrinal and strategic products

Doctrinal and strategic products that guide FEMA include the following:

- 1. Federal Emergency Management Agency Publication 1
- 3. FEMA Incident Management and Support Keystone
- 4. National Incident Management System
- 5. National Preparedness Goal
- 7. FEMA Strategic Plan 2011-2014
- 8. Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty
- 10. National Disaster Recovery Framework
- 11. National Disaster Housing Strategy
National Incident Management System

- Identifies courses critical to train personnel capable of implementing all functions of emergency management
- Adequately trains emergency and incident response personnel to all concepts and principles of each NIMS component

Web location for FEMA training courses

- Baseline courses
- Additional and Multi agency courses
- Mutual Aid
- Incident Command/Emergency operations
- Depends heavily on exercises and group discussions
- Emergency Operation Center Management
NIMS OVERVIEW

- Mandated by Homeland Security Presidential Directive 5 (HSPD-5), *Management of Domestic Incidents*, and as outlined in the National Incident Management System (NIMS) FEMA P-501, NIMS provides a consistent nationwide template to enable Federal, State, tribal, and local governments, NGOs, and the private sector to work together to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity. NIMS represents a core set of doctrines, concepts, principles, terminology, and organizational processes that enables effective, efficient, and collaborative incident management. This consistency provides the foundation for utilization of NIMS for all incidents, ranging from daily occurrences to incidents requiring a coordinated Federal response.
The NIMS documents integrate best practices into a comprehensive framework for use by emergency management and response personnel in an all-hazards context nationwide.

HSPD-5 requires all Federal departments and agencies to adopt NIMS and to use it in their individual incident management programs and activities, as well as in support of all actions taken to assist State, local, and tribal governments. State, local, and tribal governments are not required to participate in NIMS or adopt these best practices. As applied to non-Federal entities, the NIMS documents contain guidance that is not legally binding. However, in order to participate in NIMS and to be considered NIMS compliant, it is necessary for entities to adhere to the standards, practices, and/or minimum criteria presented in the NIMS guidance documents.

It is also important to note that although State, local, and tribal governments and NGOs are not required to adhere to NIMS Guidelines, HSPD-5 requires Federal departments and agencies to make adoption of NIMS by State, local, and tribal governments and NGOs a condition for Federal preparedness assistance through grants, contracts, and other activities.
A basic premise of NIMS is that all incidents begin and end locally. The Federal Government supports State, local, and tribal authorities when their resources are overwhelmed or anticipated to be overwhelmed. The intention of the Federal Government in these situations is not to command the response, but rather to support the affected State, local, and tribal authorities. This is most easily achieved when all the entities are participating in a unified system of emergency management and incident response. NIMS also recognizes the role that NGOs and the private sector have in preparedness and activities to prevent, protect against, respond to, recover from, and mitigate the effects of incidents. To ensure unity of effort, NIMS advocates standards to include training, experience, credentialing, validation, and physical and medical fitness. Federal, State, tribal, and local certifying agencies, and professional and private organizations with personnel involved in emergency management and incident response, are encouraged to credential those individuals in their respective disciplines or jurisdictions.
Limited Access!

Access to a disaster should be limited to personnel who have been credentialed and authorized to deploy through a formal agreement between the requesting and providing agencies. The agreements can range from automatic mutual aid agreements, EMAC, and mission assignments to Federal agencies to provide Direct Federal Assistance. Personnel that arrive at an incident who have not been credentialed and authorized should be turned away unless the incident/unified command or the jurisdiction having authority establishes rules specific to the incident, disaster, or emergency.
EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

EMAC, established in 1996, is a congressionally ratified mutual aid agreement that provides form and structure to interstate mutual aid. All 50 States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have enacted legislation to become EMAC members. States may also form other compacts that will have legal standing and jurisdiction if given the consent of the Congress. The Federal Government recognizes that EMAC may issue rules and adopt processes and services in addition to those mentioned in this guideline. Whenever EMAC is invoked, the following guidance applies:

State and local officials provide support and assistance to ensure that a person deployed under EMAC can reach an appropriate incident check-in site or process;

Unless otherwise directed by the incident/unified command, security and access controls should not unreasonably detain an individual deployed for mutual aid under EMAC. This guidance also applies to the accompanying team authorized to deploy with the individual (affiliate-access). If security and access control has the identity of the individual and the authenticity of the EMAC documentation, the responding individuals, team, and resources are to be processed and directed to reach check-in sites or processes as quickly as possible; and

Unless the incident/unified command or the jurisdiction having authority establishes rules specific to the incident, disaster, or emergency, the identity of a person is established by documentation in the form of two government-issued photo IDs or a photo ID and an official EMAC Request for Assistance Form (REQ-A) or an EMAC Mission Authorization Form (Mission Order).
NIMS Job Titles

NGOs should identify, type, and qualify their personnel and volunteers in accordance with the published NIMS Job Titles. For personnel and volunteers that are not covered by the NIMS Job Titles, they should be qualified in accordance with the NGO standard for personnel and volunteers. The NGO should credential these personnel and volunteers based on identity and affiliation with the NGO being served.

8 [www.fema.gov/emergency/nims/ResourceMngmnt.shtm#item3]
Applicability of Credentialing of Personnel

Each Federal agency with responsibilities under the National Response Framework is required to ensure that incident management personnel, emergency response providers, and other personnel (including temporary personnel) and resources likely needed to respond to a natural disaster, act of terrorism, or other manmade disaster are credentialed and typed in accordance with 6 U.S.C. § 320. In addition, Homeland Security Presidential Directive – 5 (HSPD -5), Management of Domestic Incidents, requires that the heads of Federal departments and agencies adopt the National Incident Management System. DHS interprets these authorities to require agencies to ensure that their personnel are credentialed and typed according to these guidelines. Federal Legislative and Judicial Branches, State, local, tribal, private sector partners, and non-governmental organizations (NGO) are not required to credential their personnel in accordance with these guidelines. These non-Federal entities do not need to comply with the Federal Information Processing Standards (FIPS) 201, an open technical standard used by Federal officials for uniform credentialing and access control or other Federal identification requirements for emergency response purposes. However, DHS/FEMA strongly encourages them to do so, in order to leverage the Federal investment in the FIPS 201 infrastructure and facilitating interoperability for personnel deployed outside their home jurisdiction.
Intended Audience

This document, developed and maintained by DHS/FEMA, is written for government executives; emergency management practitioners; private-sector, volunteer, and NGO leaders; and critical infrastructure (CI) owners and operators. It is addressed to senior elected and appointed leaders, such as Federal department and/or agency heads, State governors, mayors, tribal leaders, and city and/or county officials who have a responsibility to provide effective response. It also is intended for use by private-sector entities entering an impacted area to carry out their own response and recovery activities within the Incident Command System (ICS). For these users, this guideline is augmented with online access to supporting documents, further training, and an evolving resource for exchanging lessons learned.
AUTHORIZATION AND ACCESS

- As detailed in Section 1, being credentialed for identity and qualification/affiliation does not automatically serve as the authority for any person to self-deploy. Persons that self-deploy without authorization should expect to be turned away from the disaster site. Authorization for deployment can come from many sources that include a request from the incident commander, through a government emergency operation center, or from owners and operators of critical infrastructure. Owners and operators should follow procedures established by local jurisdictions for access to restricted incident areas. Additionally, the public safety personnel, under the incident commander, tasked with controlling access are responsible for establishing local access to unsafe or controlled areas.
Qualifications

Private sector entities and CI owners and operators are encouraged to pre-identify, type, and qualify their emergency response employees in accordance with the published NIMS Job Titles.

For contracted personnel that are not employees of the company, the private sector companies should make every attempt to pre-identify any contractors who may potentially support restoration of private sector or CI operations.

Personnel qualifications (education, training, experience, and certification/licensure and medical/physical fitness for deployment) are typically position specific.

Departments, agencies, and authorities having jurisdiction over positions are responsible for determining position requirements through a job-task analysis process.

Any person credentialed and authorized for deployment through Emergency Management Assistance Compact (EMAC) is qualified to serve in the role for which he or she is deployed.
Credentialing System Applicability

• Compliance with the guideline is voluntary for non-Federal agencies. Private sector organizations and CI owners and operators do not need to conform their credentialing processes to FIPS 201, the open technical standard used by Federal officials for uniform credentialing and access control, or to other Federal identification requirements for emergency response purposes.

• However, DHS/FEMA encourages them to consider using FIPS 201 and the PIV-I guidance in developing their credentialing system.
SAMPLE-Medical Supply Coordinator

DESCRIPTION: The primary focus of the Medical Supply Coordinator is to acquire and maintain control of appropriate medical equipment and supplies for units assigned to the medical group. The Medical Supply Coordinator coordinates with logistics section of ICS to accomplish medical resupply and ensures distribution to EMS treatment and triage units.

EDUCATION: Completion of State-approved First Responder or Emergency Medical Responder (EMR) program based on NHTSA National Standard Curriculum.

TRAINING: Completion of the following courses/curricula:
1. ICS-100: Introduction to ICS.
2. ICS-200: Basic ICS.
5. HazMat Awareness Training or equivalent basic instruction consistent with:
   the hazards anticipated to be present, or present at the scene
   the probable impact of those hazards, based upon the mission role of the individual
   use of the personal protective equipment consistent with “Guidance on Emergency Responder Personal Protective Equipment (PPE) for Response to CBRN Terrorism Incidents,” Dept of HHS, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (June 2008).

EXPERIENCE: One to three years of active participation with an EMS-providing entity, organization, or agency.

LICENSED: Active status of legal authority to function at the minimum of First Responder or EMR granted by a State, the District of Columbia, or U.S. territory.
Non-Federal Government Identification Alternatives

State, local, and tribal jurisdictions are encouraged to use the Federal CIO’s PIV-I guidance to develop credentials similar to the Federal Government’s PIV cards to promote consistency.

If using a similar format, non-Federal issuers are encouraged to fill Zone 9-Header with the State, local, tribal government, private sector, or volunteer or not-for-profit organization as appropriate.

Additionally, the image underlying Zones 8, 10, and 14 would be the emblem for their organization. Additional optional placements of data are contained in FIPS 201 itself which can be obtained from National Institute of Standards and Technology (http://csrc.nist.gov/).
<table>
<thead>
<tr>
<th>Identity</th>
<th>Qualification</th>
<th>Invitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DL/Gov’t ID/Passport</td>
<td>NWCG (National Wildfire Coordinating Group) Redcard</td>
<td>Letter of Invitation</td>
</tr>
<tr>
<td>ID-Immigration</td>
<td>NIMS (National Incident Management System) Qualification Card</td>
<td>EMAC (Emergency Management Assistance Compact) Verification</td>
</tr>
<tr>
<td>ID-Indian Affairs</td>
<td>Red Cross Card</td>
<td>Deployment Orders</td>
</tr>
<tr>
<td>ID-Company-Employer</td>
<td>Medical Corps ID Card</td>
<td></td>
</tr>
<tr>
<td>ID-Military</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID-Law Enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID-Fire/EMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID-Public Works</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID-Hospital</td>
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<td></td>
</tr>
</tbody>
</table>
Event Based Volunteers (EBV)

- EBVs come forward during a response as individuals, groups or families. There are many opportunities to use this human resource on responses of all sizes.
- Groups with short time commitments are perfect to assist with bulk distribution, initial feeding and shelter operations, and expanding the human resources component to name a few. Care must be given to process them in a timely and efficient manner and not let processes hinder utilization of their talents.
- EBVs may express their interest in volunteering in many different ways. They may enter their basic information into Volunteer Connection from home, school or work; use a mobile application; or come to any identified Red Cross site, such as a shelter, warehouse or Volunteer Intake Center.
EBVs may be assigned to any position on a relief operation before a background check is
successfully completed, except for the following:

* Alone in direct contact with children;
* In shelter dormitories alone overnight; or
* With financial instruments (cash, checks, CACs, etc.).

Until the background check has been completed successfully, EBVs will not:
* Wear any identification that includes the printed words or symbols of the Red Cross; or
* Drive Red Cross vehicles.

Exceptions to wearing any identification are at the discretion of the DRO director for
specific one-day events.

Once the background check has cleared, EBVs may work in any DRO assignment once
trained.

EBVs should receive job orientation and training appropriate for their job assignment and
receive generic name badges.

EBVs, like all disaster responders, receive orientation, a job induction and evaluation.

Manage EBV records in Volunteer Connection by completing the assigning, checking in
work and lodging locations, updating, entering evaluations (when available) and releasing
tasks in addition to entering the background check results.
Local Community Volunteers (LCV)

- As a disaster responder assigned to the LCV activity, you will be expected to provide a wide range of services to the relief operation. In addition to expectations established at the group level, your unique role will require you to:
  - * Recruit, on-board and place volunteers from the local community;
  - * Ensure EBVs receive meaningful training and assignments that support their desire to volunteer;
  - * Team with Community Partner Services (CPS) to include the volunteers from partner businesses and organizations as part of the relief operation;
  - * Support the efficient and effective staffing of the entire relief operation to meet the goals of the SDP.

- LCV works collaboratively with CPS to recruit, on-board and place volunteers from partner agencies and businesses. Our partners may volunteer as individuals or in groups, and should be engaged in meaningful work to support the SDP of the DRO.

- Additional information can be found on the Red Cross intranet, including:
  - * Engaging National Partners;
  - * A list of national agreements or Memoranda of Understanding.
National Incident Management System

The Incident Command System:

• Is a standardized management tool for meeting the demands of small or large emergency or nonemergency situations.
• Represents "best practices" and has become the standard for emergency management across the country.
• May be used for planned events, natural disasters, and acts of terrorism.
• Is a key feature of the National Incident Management System (NIMS).
• A basic premise of ICS is that it is widely applicable.
Incident Command System - Characteristics

- ICS is applicable across disciplines
- Used by all levels of government—Federal, State, local, and tribal
- Many private-sector and nongovernmental organizations.

Five Functional Areas

- Command
- Operations
- Planning
- Logistics
- Finance and administration.
# Standard ICS titles:

<table>
<thead>
<tr>
<th>Organizational Level</th>
<th>Title</th>
<th>Support Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Command</td>
<td>Incident Commander</td>
<td>Deputy</td>
</tr>
<tr>
<td>Command Staff</td>
<td>Officer</td>
<td>Assistant</td>
</tr>
<tr>
<td>General Staff (Section)</td>
<td>Chief</td>
<td>Deputy</td>
</tr>
<tr>
<td>Branch</td>
<td>Director</td>
<td>Deputy</td>
</tr>
<tr>
<td>Division/Group</td>
<td>Supervisor</td>
<td>N/A</td>
</tr>
<tr>
<td>Unit</td>
<td>Leader</td>
<td>Manager</td>
</tr>
<tr>
<td>Strike Team/Task Force</td>
<td>Leader</td>
<td>Single Resource Boss</td>
</tr>
</tbody>
</table>
**Command Staff:** The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Incident Commander.

**Section:** The organization level having functional responsibility for primary segments of incident management (Operations, Planning, Logistics, Finance/Administration). The Section level is organizationally between Branch and Incident Commander.

**Branch:** That organizational level having functional, geographical, or jurisdictional responsibility for major parts of the incident operations. The Branch level is organizationally between Section and Division/Group in the Operations Section, and between Section and Units in the Logistics Section. Branches are identified by the use of Roman Numerals, by function, or by jurisdictional name.
Organization, Functions and Activities

• Identifies the primary activities or functions to effectively respond to incidents
• Specifies the duties of each job description
• Technical specialists with specialized knowledge and expertise may be required, including Medical Advisors, Mental Health services, Epidemiology, and/or mass prophylaxis
• Standard forms and supporting documents
Baseline Courses

- IS-700 NIMS, an Introduction:
  - This independent study course introduces the NIMS concept. NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

- ICS-100 Introduction to the Incident Command System:
  - This independent study course introduces ICS and provides the foundation for higher level ICS training. It describes the history, features and principles, and organizational structure of the system. This course also explains the relationship between ICS and NIMS.
Additional Courses

• ICS-200 ICS for Single Resources and Initial Action Incidents: This independent study course is designed to enable personnel to operate efficiently during an incident or event within the ICS. ICS-200 provides training and resources for personnel who are likely to assume a supervisory position within the ICS.

• IS-800 National Response Framework (NRF), an Introduction: The course introduces participants to the concepts and principles of the NRF.

• ICS-300 Intermediate ICS for Expanding Incidents: ICS-300 provides training and resources for personnel who require advanced knowledge and application of the ICS. This course expands upon information covered in the ICS-100 and ICS-200 courses.

Position-Specific Training

E/L 950: NIMS ICS All-Hazards Position Specific Incident Commander
E/L 952: NIMS ICS All-Hazards Position Specific Public Information Officer
E/L 954: NIMS ICS All-Hazards Position Specific Safety Officer
E/L 956: NIMS ICS All-Hazards Position Specific Liaison Officer
E/L 958: All-Hazards Position Specific Operations Section Chief
E/L 960: NIMS ICS All-Hazards Position Specific Division/Group Supervisor
E/L 962: All-Hazards Position Specific Planning Section Chief
E/L 964: All-Hazards Position Specific Situation Unit Leader
E/L 965: All-Hazards Position Specific Resources Unit Leader
E/L 967: All-Hazards Position Specific Logistics Section Chief
E/L 969: All-Hazards Position Specific Communications Unit Leader
E/L 970: All-Hazards Position Specific Supply Unit Leader
E/L 971: All-Hazards Position Specific Facilities Unit Leader
E/L 973: All-Hazards Position Specific Finance/Admin. Section Chief
E/L 975: All-Hazards Position Specific Finance/Admin. Unit Leader Course
Multi-Agency coordination
Red Cross Disaster Services Activity
Position Requirements:
Competencies for Staff Planning and Support Responders

- [https://intranet.redcross.org/content/redcross/categories/our_services/disastercycleservices/dcscapabilities/disaster_operationshumanresources/disaster_workforceadministration.html](https://intranet.redcross.org/content/redcross/categories/our_services/disastercycleservices/dcscapabilities/disaster_operationshumanresources/disaster_workforceadministration.html)
- Disaster Requisition form 6409
- Staff Transfer/Release Information form
- Mass Care Procurement Card Authority form
- Mass Care Procurement Card – User Information Brochure & Register of Expenses
- Health Status Record DRO Member Pre-Assignment Health
- Questionnaire form
- Confidential Intellectual and Information Property Agreement (CIIPA)
- For all volunteers under the age of 18
- Local Community Volunteers Activity
- Staff Request DRO
- Member Registration form
- Parental Consent form with Media Release
- Document Disaster Workforce Management Handbook_V.1.0_2014_03_27
- Owner: Disaster Cycle Service
Engage Volunteers and Employees
A-5 Meals & Transportation for Local Volunteers and Employees Application for Meals & Transportation (DSC)
Application for Meals & Transportation (DSC)
Disaster Staff Card Request for Additional funds (M & T Disaster Staff Card)
Staff Planning and Support Activity
Staff Services Lodging Request form (DROs)
Hotel Assignment sheet
Disaster Staff Services Lodging Change Request form
Special Travel on Disaster Relief
Operations (STDO) form
Disaster Staff Card Brochure and Authority form (includes brochure, worksheet, and application)
Disaster Staff Card Request for Additional Funds (MDA Disaster Staff Card)
Document Disaster Workforce Management Handbook_V.1.0_2014_03_27
Owner: Disaster Cycle Service
Author: Engage Volunteers and Employees A-6 Staff Relations Activity Title Link Disaster Relief Operation Staff Action Report
Thank you (from DC)
Please complete your session evaluation using EyeMAP™ online at http://eyemap.cistems.net

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