

Department of Homeland Security
Office of Grants and Training

Homeland Security Grant Program

State Administrative Agent: Ohio Emergency Management Agency

Fiscal Year 2006 Citizen Corps Program Grant Application Guide



June 2006



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* These application forms will be sent in a separate MS Word file. They are provided in this application package for reference.

Section 1 – Grant Guidance

Overview

The Citizen Corps mission is to have every citizen participate in making their community safer, stronger, and better prepared. To achieve this, state, county, local, and tribal Citizen Corps Councils have formed nationwide to help educate and train the public, and to develop citizen/volunteer resources to support local emergency responders, community safety, and disaster relief.

Ohio has been awarded the Fiscal Year 2006 Citizen Corps Program Grant (FY06 CCP) in the amount of \$583,359 from the Office of Grants and Training (G&T) as part of the FY06 Homeland Security Grant Program (HSGP). As the State Administrative Agency (SAA), Ohio EMA intends to pass through no less than \$408,352 (70%) in direct funding to support local Citizen Corps projects.

The FY 2006 CCP funds will support Citizen Corps Councils' efforts to engage citizens in all-hazards prevention, protection, response, and recovery. These efforts include planning and evaluation, public education and emergency communications, training, exercises, volunteer programs and activities to support emergency responders, surge capacity roles and responsibilities, and providing proper equipment to citizen volunteers. The FY06 CCP funds provide resources for States and local communities to:

- bring together the appropriate leadership to form and sustain a Citizen Corps Council;
- develop and implement a plan or amend existing plans to achieve widespread citizen preparedness and participation;
- conduct public education and outreach;
- ensure clear emergency communications with the public;
- develop training programs for the public;
- facilitate citizen participation in exercises;
- implement volunteer programs and activities to support emergency responders;
- involve citizens in surge capacity roles and responsibilities; and
- conduct evaluations of programs and activities

The American citizens are the ultimate stakeholders in the homeland security mission and must be an integral component of national preparedness efforts. As such, the general public is included in the vision statement of the National Preparedness Goal which notes that citizens must have:

- a clear understanding of national preparedness
- regular outreach and communication
- alerts, warnings, and crisis communication
- opportunities to be involved

In its application for FY06 Homeland Security funding, the State of Ohio identified an investment initiative for Citizen Corps. The purpose of this investment is to **strengthen linkages between public safety entities and non-governmental organizations, the private sector, citizen groups and individuals** in order to **increase citizen preparedness and participation in the prevention, protection, response, and recovery** mission areas. Ohio has demonstrated commitment to **utilizing and promoting the Citizen Corps model, its charter programs and affiliated partner programs to increase public involvement in awareness activities, training, and volunteer programs focused on disaster preparedness.** This investment will **strengthen the training, exercise, public communications, and volunteer management aspects of Ohio Citizen Corps and each of its local partner councils.** Ohio linked its investment application to several target capabilities, including Community Preparedness and Participation, Citizen Protection: Evacuation and/or In-Place Protection, Mass Care, Volunteer Management and Donations, Medical Surge, and Mass Prophylaxis.

The US Department of Homeland Security (DHS) has defined Citizen Preparedness and Participation is identified as a common Target Capability in the Target Capabilities List version 2.0 (TCL 2.0) that cuts across all mission areas and capabilities. (NOTE: When you click on the Target Capabilities' titles in this document, it will take you to the appropriate section of the TCL 2.0). The TCL 2.0 is available in its entirety at the DHS Lessons Learned Information Sharing Network (LLIS) at <http://www.llis.gov>. It describes both universal and threat-based levels of citizen preparedness, and a support level of citizen participation through year-round volunteer service and surge capacity roles and responsibilities. Applications for FY06 Citizen Corps Program Grant funds must use the Target Capabilities List document as a benchmark for developing, implementing, and measuring the impact of Citizen Corps activities.

Finally, the intent of Citizen Corps Program Grants is not to be the sole source of support for the citizen preparedness mission. All portions of the FY06 HSGP are intended to assist the State and local jurisdictions to achieve the common capability of Community Preparedness and Participation. Citizen Corps Councils should work with local Terrorism Advisory Teams (or equivalent) to promote Citizen Corps activities and leverage available funding.

Eligible Applicants

County Emergency Management Agencies in cooperation with County and Local Citizen Corps Councils are eligible to apply. Programs, organizations, educational institutions and agencies that do not meet the eligibility requirements should approach the County or Local Citizen Corps Council (or the County EMA office in those counties without a council) to propose projects and discuss the possibility of arranging a local contract.

Counties without a Citizen Corps Council may apply for the purpose of establishing one.

Funding Levels

Applicants may submit budget proposals ranging from \$3,000 to \$25,000. Applications requesting more than the maximum \$25,000 will be returned to the applicant without consideration.

FY06 Citizen Corps Program Timeline

The following general timeline has been established for FY06 CCP grant. Additional timeline information will be provided in the grant guidance issued upon award.

<i>Date</i>	<i>Milestone</i>
June 16, 2006	FY06 CCP Grant Application made available
August 1, 2006	Applications due to Ohio EMA
August 31, 2006	Notification of award decisions / Grants issued
On or about June 30, 2006	Performance period begins*
December 31, 2007	Performance period ends*

***This is an estimated performance period; the Notice of Award will indicate the actual performance period.**

Allowable Project Costs

Expenditures must advance the Citizen Corps mission to have everyone participate in hometown safety and security through preparedness activities, training, and volunteer service. In addition to federal preparedness funding, State and local governments are encouraged to consider all sources of funding, to include private sector support, to leverage existing materials, to pursue economies of scale and scope in pursuing this mission, and to make expenditures that benefit multiple programs.

Planning

Allowable planning costs include the establishment of Citizen Corps Councils, including planning and evaluation. Costs associated with activities to develop and implement a State, regional, local, or Tribal Citizen Corps all-hazards strategic plan to engage the full community in hometown security are allowable. Citizen Corps implementation plans are essential tools to guide new and existing Citizen Corps Councils in achieving their goals and objectives for the community.

Examples include:

- Conduct or participate in community assessments of vulnerabilities, resource needs, and determine citizen involvement to meet the needs.
- Work with emergency management structures to design surge strategies using citizen volunteers.
- Demonstrate use of Citizen Corps Councils as a tool to encourage cooperation and collaboration among community leaders when developing plans and implementation strategies.
- Provide opportunities for citizen to train and exercise with emergency responders to test plans, operations, and to participate in lessons learned.

In addition, efforts to include public communication and citizen participation in jurisdiction plans, such as Emergency Operations Plans (EOPs), and to have citizen advocates sit on existing advisory councils and task forces is encouraged. It is also critical to evaluate the impact of Citizen Corps Councils and Citizen Corps programs on the community. Expenditures to evaluate Citizen Corps Council programs and activities is allowable, to include assessing the effectiveness in engaging citizens, the impact on the community safety and quality of life, and a cost/benefit analysis.

Public Education/Outreach

In order to have a prepared and protected community and Nation, citizens must be educated, practiced and trained on how to prepare for and respond to emergencies, including natural disasters and potential terrorist attacks. To meet this goal, Citizen Corps Councils, States, regions and localities, can conduct public education campaigns to promote individual, family and business emergency preparedness. Citizen Corps Councils may develop or reproduce public education and outreach materials to educate and engage the public; conduct outreach and hold community events; and develop alerts, warning, and communications systems to the public, to include tailored materials and communications to special needs populations.

Some examples include:

- Conduct public education campaigns to include promoting the Ready Campaign's preparedness message.
- Conduct education and awareness campaigns to inform the public about local alerts and warning and evacuation plans.
- Develop targeted outreach for all ages, ethnic and cultural groups, individuals with disabilities, and special needs populations.

Allowable public education expenditures include:

- 1) Materials to support public awareness campaigns, media coverage, outreach activities, and public events, such as: public safety announcements
- 2) printed advertising
- 3) billboards
- 4) promotional flyers
- 5) booth displays
- 6) conference backdrops
- 7) podium signs
- 8) recognition pieces for Citizen Corps participants
- 9) informational buttons, pins, key chains, clothing, badges, and magnets
- 10) newsletters, posters, buck slips; and other materials that either educate the public, encourage the public to participate, or recognize and support Citizen Corps partners and participants

At a minimum, all materials must include the "Citizen Corps" or "Ready" logo, tagline, and website, and comply with logo standards (See https://www.citizencorps.gov/pdf/logo_guide.pdf).

- Outreach activities to support a public education campaign or Citizen Corps Council including hosting and participating in public events; facilitating media coverage and establishing partnerships to spread the emergency preparedness message. These activities may include expenditures on items such as: booth displays; media materials; event backdrops or signs; promotional materials such as buttons, pins, key chains, clothing, badges, and magnets; and other materials and activities that educate the public about emergency preparedness and encourage the public to take steps to prepare or get involved in preparing their communities. All materials should include the Ready or Citizen Corps logos, taglines and websites whenever possible.

Citizen Participation/Volunteer Programs

One of the goals for Citizen Corps Councils is to provide volunteer service opportunities across all emergency prevention, preparedness and response disciplines, for community safety efforts, and for disaster relief. Citizen Corps funding may be used to establish or enhance volunteer program and volunteer recruitment efforts for Neighborhood Watch, CERT, VIPS, MRC and Fire Corps; for the Citizen Corps affiliate programs; for other homeland security efforts at the State and local level; for outreach

and training activities; and to support the Citizen Corps Council. Some examples include:

- Implement Citizen Corps programs at the community level to support local emergency responders. These include: Community Emergency Response Teams (CERT); Medical Reserve Corps (MRCs), Neighborhood Watch, Volunteers in Police Service (VIPS), Fire Corps, Ohio's Terrorism Awareness and Prevention Program (TAP), Volunteer Reception Centers, Senior Safety, "Are You Ready?" (IS-22), and affiliate and related programs.
- Include Citizen Corps assets as key components of State and local volunteer and donation management plans.

To assist communities engage citizens and coordinate volunteers, Citizen Corps funds may be used for costs including, but not limited to:

- 1) recruiting
- 2) screening/assessing
- 3) training
- 4) retaining/motivating
- 5) implementing and maintaining a system to track activities and participants (in compliance with applicable privacy laws)
- 6) recognizing
- 7) evaluating volunteers
- 8) the purchase of or subscription to identification/credentialing systems to support the tracking of volunteers

Equipment

Equipment for citizen participants is critical. Allowable equipment costs include: equipment related to specific training or volunteer assignments and outfitting trainees and volunteers with program-related materials and equipment, e.g., issuing CERT kits, credentials/badges, and identifying clothing; and providing necessary equipment to citizen volunteers with a surge capacity role. The FY 2006 AEL is available in its entirety online through the Responder Knowledge Base (RKB) at <http://www.rkb.mipt.org>. This list is updated daily. Please check the online version regularly.

Once you have logged onto the RKB please be sure to de-select all grant programs except for the CCP (Citizen Corps Program). This will ensure that only those pieces of equipment eligible under the CCP are viewed on the AEL. Equipment categories at this time include:

- Information technology
- CyberSecurity enhancement
- Interoperable communications
- Medical supplies and limited pharmaceuticals

- Power equipment
- CBRNE Reference materials
- Other authorized equipment (This is basically a default category for things you will need to run charter programs, such as CERT, that are not listed on the AEL)

Training

Training is a central component of the Citizen Corps mission and training funding by these grants can include all-hazards safety such as emergency preparedness; basic first aid; life saving skills; crime prevention and terrorism awareness; public health issues; mitigation/property damage prevention; safety in the home; CERT; search and rescue skills; principles of NIMS/ICS, community relations, volunteer management; any training necessary to participate in volunteer activities; any training necessary to fulfill surge capacity roles; or other training that promotes community safety.

Training should be delivered in venues throughout the community, to include schools, neighborhoods, places of worship, private sector, non-government organizations (NGO), and government locations with specific consideration to include all ages, ethnic and cultural groups, persons with disabilities, and special needs populations. Jurisdictions are also encouraged to incorporate non-traditional methodologies such as the Internet, distance learning, home study, and to leverage existing training provided via educational/professional facilities. Pilot courses and innovative approaches to training citizens are encouraged. NOTE: Any courses developed locally, or courses not a part of the standard repertoire of the Citizen Corps charter programs, must be approved by Ohio EMA before they are supported with this grant.

Instruction for trainers and training to support the Citizen Corps Council members in their efforts to manage and coordinate the Citizen Corps mission is also an allowable use of the FY 2006 Citizen Corps funding.

Allowable costs for training include:

- 1) instructor preparation and delivery time (to include overtime costs);
- 2) hiring of full- or part-time staff or contractors/consultants to assist with conducting the training and/or managing the administrative aspects of conducting the training;
- 3) quality assurance and quality control of information;
- 4) creation and maintenance of a student database;
- 5) rental of training facilities;
- 6) printing course materials to include instructor guides, student manuals, brochures, certificates, handouts, newsletters and postage (although preference is for an electronic newsletter with email addresses as part of the database unless the individuals or areas to be served have limited access to electronic communications);
- 7) course materials specific to the subject matter, such as instructor guides, student manuals, bandages, gloves, fire extinguishers, and mannequins; and

- 8) outfitting trainees and volunteers with program related materials and equipment, e.g., issuing CERT kits, credentials/badges, identifying clothing

Exercises

Exercises specifically designed for or to include citizens are allowable activities and may include: testing public warning systems, evacuation/shelter in-place capabilities, family/business preparedness, and participating in table-top or full scale emergency responder exercises at the local, State, or national level.

Examples of appropriate volunteer citizen support for emergency preparedness and response exercises include, but are not limited to:

- 1) backfilling non-professional tasks for first responders deployed on exercise,
- 2) administrative and logistical assistance with exercise planning and implementation;
- 3) providing simulated victims, press, and members of the public;
- 4) functioning in a range of surge capacity roles;
- 5) and participating in the after-action review.

Allowable costs include the costs associated with design, development, and conduct of exercises specifically for citizens or to support the citizen component of emergency responder exercises, to include preparing and debriefing citizens regarding their role in the exercise. Exercises should ensure that citizens, including citizens with disabilities, participate in all phases of emergency responder exercises, to include planning, implementation and after-action review.

Exercises conducted with G&T support (grant funds or direct support) must be managed and executed in accordance with the HSEEP. The HSEEP Volumes contain guidance and recommendations for designing, developing, conducting, and evaluating exercises. HSEEP Volume IV provides sample exercise materials. All four volumes can be found at the HSEEP website (<http://hseep.dhs.gov>).

Personnel

Hiring, overtime, and backfill expenses are allowable only to perform programmatic activities deemed allowable under existing guidance. Supplanting, however, is not allowed. Up to 15% of programmatic spending may be used to support the hiring of full or part-time personnel to conduct program activities that are allowable under the entire FY 2006 HSGP (i.e., planning, training program management, exercise program management, etc). **The ceiling on personnel costs does not apply to contractors.**

Grantees may hire staff only for program management functions and not operational duties. Hiring planners, training program coordinators, exercise managers, and grant administrators fall within the scope of allowable program management functions. Grant funds may not be used to support the hiring of sworn public safety officers to fulfill traditional public safety duties.

Management and Administration

Local jurisdiction subgrantees may retain and use up to three percent (3%) of their award for local Management and Administration purposes.

Construction and Renovation

Construction and renovation is not allowed under CCP.

Reporting Requirements

The DHS Office of Grants and Training requires a Bi-annual Strategy Implementation Report (BSIR) to be submitted online (January 10th and July 10th) for the length of the performance period. In addition to federal reporting requirements, grant recipients must submit programmatic reports to Ohio EMA. Report formats and due dates will be included with the final guidance that will accompany the notice of award and grant agreements.

If they have not already done so, grant recipients must list their Council in the directory of Citizen Corps Councils on the National Citizen Corps website (www.citizencorps.gov) within 120 days of the receipt of the Notice of Award and Grant Agreement. Citizen Corps charter programs (i.e. – CERT, Neighborhood Watch, Volunteers in Police Service, Medical Reserve Corps, Fire Corps) must also be registered with the appropriate national website at that time or as they are established.

Application Submission

The deadline for submission of complete applications is August 1, 2006. **One original paper copy (signed) AND an electronic copy of each portion of the application on CD-ROM OR sent as an email attachment to pcsheehan@dps.state.oh.us** must be postmarked on or before the deadline date. Send applications to:

Ohio Emergency Management Agency
Plans Branch – FY06 CCP Application
2855 W. Dublin-Granville Road
Columbus, Ohio 43235

Hand deliveries and faxes will NOT be accepted. Incomplete applications may be returned without consideration.

Application Review

Staff of the State Administrative Agency and select State Agency representatives to the Ohio Citizen Corps Council will review applications. Reviews will be conducted using a pre-established scoring system. Individual scores will be discussed by the review committee and awardees and awards recommended. The Executive Director of the State Administrative Agency will determine final approval of the review committee's recommendations. No appeals will be considered.

Award Process

Applicants will be notified of award decisions on no later than August 31, 2006. A Notice of Award and Grant Agreement document, additional grant guidance, and standard federal assurances and restrictions forms will be mailed to the awardees. Once these documents are signed and returned, and an approved budget worksheet is on file for the award amount, the grant recipient will be able to begin spending and drawing down funds.

Section 2 – Grant Application

General Application Information

Prepare the grant application by completing the forms outlined below. It is suggested that you prepare the forms in the order listed. The paper copy of the application you submit **must** be compiled in this **exact** order:

1. Cover Sheet
2. Questionnaire
3. Work Plan and Budget Narrative Forms (including those for each individual project)

Do NOT submit the instructions pages as part of the application, only the actual forms themselves. The FY06 Citizen Corps Program Grant Application Forms are contained in a separate file, if you do not have a copy of this file please contact the Ohio Emergency Management Agency at 614-799-3693 or pcsheehan@dps.state.oh.us. Use a minimum font size of 10-point on all forms unless instructed otherwise. Most forms have preset fonts between 10- and 12-point.

Questions regarding how to complete the application forms or requests for clarifications of instructions can be addressed to the SAA FY06 CCP program coordinator (See Section 3 – Resource Support).

Award Criteria

In the review process, priority will be given to applicants that demonstrate a history of, or in the case of new programs, the potential for:

- A clear vision of the Citizen Corps mission (i.e. – personal responsibility, training, volunteer service)
- High cost efficiency
- The ability to leverage other sources of funding or resource support
- A high degree of partnership activities
- Success in marketing community-based education and awareness, especially in the area of safety and preparedness
- The willingness to mentor new programs or to encompass significantly more adjacent geographic area than currently covered
- Strong sustainability plans for continuation of programs after the grant period
- A high degree of excellence in implementing past grants (existing programs only)
- In addition, proposals that clearly demonstrate support of the Common Target Capability Citizen Preparedness and Participation and show links to one or more of the specific capabilities (such as Mass Care, Volunteer Management and Donations, Medical Surge, Citizen Protection, and/or Mass Prophylaxis) will be given priority. The Target Capabilities List 2.0 is available in its entirety at <http://www.llis.gov> .

**SAMPLE ONLY – Actual forms are provided to you
in a separate Microsoft Word file to complete**

FY06 Citizen Corps Program Grant Application Cover Sheet

Applicant Name (Agency/Org.)	
Street Address	
City	
Zip Code	00000
Office Phone	000-000-0000
Fax Number	000-000-0000
E-mail Address	

FY06 CCP Grant Point of Contact Information	The POC must be an individual who can answer specific questions about this application.
Name	
Title	
Office Phone	
E-mail Address	

County Fiscal Point of Contact	The POC must be an individual in the county auditor or treasurer's department with access to fiscal information.
Name	
Title	
Office Phone	
E-mail Address	

Total Grant Funds Requested	\$0.00
Geographic Area Served	

To the best of my knowledge, all information provided in this application is true and correct. This application has been duly authorized by the governing body of the applicant and the applicant will comply with the terms and conditions of the grant, if awarded.	
Authorization	Director of the County Emergency Management Agency
Name of Authorizing Person	
Title	
Signature	
Date Signed	

**SAMPLE ONLY – Actual forms are provided to you
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FY06 Citizen Corps Program Grant Application Questionnaire

1.) Which of the following best describes the applicant's current status (check "X" only one option):

A.	Established and Active Citizen Corps Council (Registered on www.citizencorps.gov)	<input type="checkbox"/>
B.	"Start-up" Citizen Corps Council (i.e. – Not registered on www.citizencorps.gov) *	<input type="checkbox"/>
C.	Registered Citizen Corps Council, but in name only. Currently no programs or activities.	<input type="checkbox"/>

* If you checked option **b. "Start-up"** answer questions 1-3 only. Also, if your familiarity with Citizen Corps is limited, it is highly recommended that you refer to **Citizen Corps: A Guide for Local Councils** available on the national website at <http://www.citizencorps.gov/pdf/council.pdf>.

2.) Although this grant has no match requirement, does your Council and/or component programs (e.g., CERT, MRC, etc.) plan to obtain, or currently receive, "in-kind" local support or leverage other Homeland Security funding sources in order to extend outreach/training/volunteer opportunities either in time or scope? **NO** **YES** (If yes, detail "in-kind" functions and dollar amounts below.)

a. List source and dollar amount from local "in-kind" support

b. List source and dollar amount from other grants (including other portions of Homeland Security grants, e.g. – UASI, MMRS, SHSP, LETPP, etc.)

3.) List the various groups, agencies, and organizations represented in your Council and their general category of activity, below. For start-up Citizen Corps Councils, list the partners you foresee represented in your Council. (Your County Emergency Management Agency is an essential partner to have as a member).

4.) Describe any past activities, projects, initiatives or events sponsored or supported by your Council that illustrate successful partnerships with business, disaster relief organizations, community groups, local government agencies, etc.

5.) Address and illustrate the cost effectiveness of your program with reference to your previous CERT/Citizen Corps grants. If you did not receive a previous grant, discuss your program's cost effectiveness in relation to other resources.

6.) Describe any attempts by your Council to evaluate the effectiveness of its programs and/or to assess the needs of the community for particular public safety education/awareness programs.

**SAMPLE ONLY – Actual forms are provided to you
in a separate Microsoft Word file to complete**

FY06 Citizen Corps Program Grant Application Work Plan and Budget Narrative

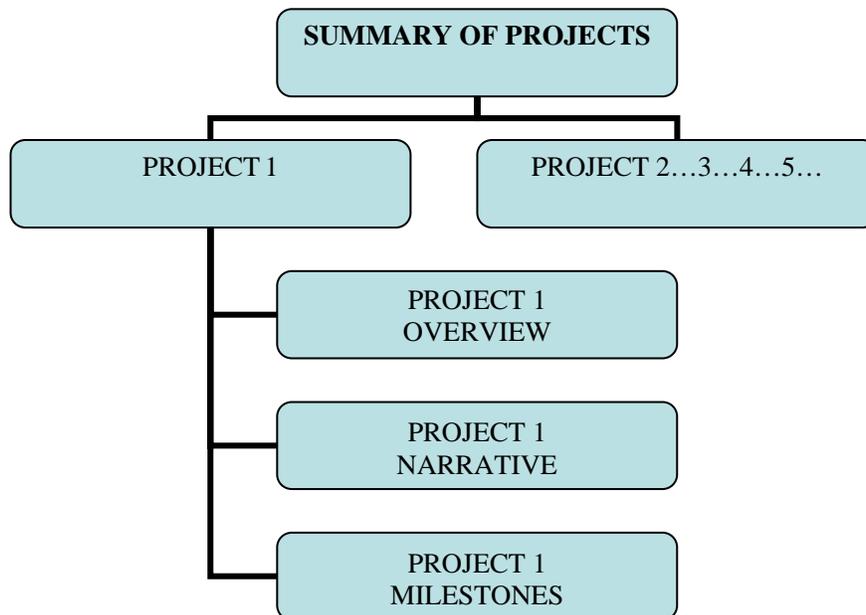
INSTRUCTIONS: Complete all necessary Grant Application Forms for each Project. This packet is preset for five (5) separate projects, however you may select more or less based on your jurisdiction's or Council's needs.

To move between form fields click on the gray shaded area or use the tab key.

For each project, you must complete:

- **Project Overview page**
- **Project Narrative pages**
- **Project Milestones**

Once you have completed the paperwork for your individual projects, you must complete the **Summary of Projects** page. The diagram below indicates the organization of this portion of the application.



(Click on the title of the component form to see the example)

**SAMPLE ONLY – Actual forms are provided to you
in a separate Microsoft Word file to complete**

Summary of Projects		
#	Project Title	Funding Request
1.		\$0.00
2.		\$0.00
3.		\$0.00
4.		\$0.00
5.		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Total Funding:		\$ 0.00

**SAMPLE ONLY – Actual forms are provided to you
in a separate Microsoft Word file to complete**

PROJECT OVERVIEW	
PROJECT #:	1
PROJECT TITLE:	
Which Citizen Corps Programs are related to this project? (Check all that apply)	<input type="checkbox"/> Community Emergency Response Teams (CERT) <input type="checkbox"/> Medical Reserve Corps (MRCs) <input type="checkbox"/> Neighborhood Watch <input type="checkbox"/> Volunteers in Police Service (VIPS) <input type="checkbox"/> Fire Corps <input type="checkbox"/> Other Affiliated Programs <input type="checkbox"/> Volunteer Reception Center (VRC) <input type="checkbox"/> Terrorism Awareness and Prevention Program (TAP) <input type="checkbox"/> Ready! Campaign Please List if Other:

Choose the Budget category(ies) and put an “X” in the box in the left column. Insert the amount of funds requested for each Project Category(ies) in the right column and the total amount of funds requested for the Project. Briefly describe the cost factors in the middle column (e.g. – *contract with ..., 120 CERT kits, display booth for fair, reproducing training materials, etc.*)

<u>Budget Category</u>	<u>Justification:</u>	<u>Funding Request</u>
<input type="checkbox"/> Planning		\$0.00
<input type="checkbox"/> Equipment		\$0.00
<input type="checkbox"/> Training		\$0.00
<input type="checkbox"/> Exercise		\$0.00
<input type="checkbox"/> Management & Administration <i>(Maximum 3% of Project Funds requested)</i>		\$0.00
Total Project Funds:		\$ 0.00

**SAMPLE ONLY – Actual forms are provided to you
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Detail how the project will support the Common Target Capability of Community Preparedness and Participation. If applicable, include information on how the project will support the specific Target Capabilities of Mass Care, Volunteer and Donations Management, Medical Surge, Citizen Protection: Evacuation and/or In-Place Protection, and Mass Prophylaxis, focusing particularly on the Capability Measures sections within each Target Capability. The pertinent sections of the Target Capabilities List 2.0 have been included in this Application package. Click on the Target Capability title that you would like to refer to and you will be taken to that section of the document. You can also refer to the Target Capabilities List 2.0 in its entirety on the Lessons Learned Information Sharing Network (LLIS) website at <https://www.llis.gov> The LLIS requires that you set up a free account.

**SAMPLE ONLY – Actual forms are provided to you
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How do you plan to sustain this project or the results of this project after the grant period?

**SAMPLE ONLY – Actual forms are provided to you
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PROJECT MILESTONES	Project #: 1	Project Title:
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Provide a timeline measured by milestones and dates, for the implementation of this Project. Possible areas for inclusion are: stakeholder engagement, planning, major acquisitions/purchases/ contracts, training, exercises, and process/policy updates. Space is provided for up to 8 milestones.

Reminder: Project implementation must begin within 120 days of the Award date.

<u>Milestone #1</u>	Start Date		End Date	
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Description	
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Related Activities	
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<u>Milestone #2</u>	Start Date		End Date	
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Description	
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Related Activities	
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<u>Milestone #3</u>	Start Date		End Date	
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Description	
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Related Activities	
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<u>Milestone #4</u>	Start Date		End Date	
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Description	
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Related Activities	
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**SAMPLE ONLY – Actual forms are provided to you
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PROJECT MILESTONES	Project #: 1	Project Title:		
<u>Milestone #5</u>	Start Date		End Date	
Description				
Related Activities				
<u>Milestone #6</u>	Start Date		End Date	
Description				
Related Activities				
<u>Milestone #7</u>	Start Date		End Date	
Description				
Related Activities				
<u>Milestone #8</u>	Start Date		End Date	
Description				
Related Activities				

Section 3 – Resource Information

State Administering Agent Contact for FY06 CCP Grant

Please address inquiries regarding the grant application and related procedures to:

Patrick Sheehan
Ohio Emergency Management Agency, Plans Branch
2855 W. Dublin-Granville Rd
Columbus, Ohio 43235

Phone: (614) 799-3693
E-mail: pcsheehan@dps.state.oh.us
Fax: (614) 799-3652

Useful Websites

The following are just some of the Citizen Corps and Citizen Corps Charter Program websites that will provide useful programmatic and contact information.

www.citizencorps.gov – Provides background on Citizen Corps, its affiliates and partners. Includes a directory of local Citizen Corps Councils as well as VIPS, MRC, and Neighborhood Watch programs (Note: USAonwatch has not yet been able to upload all registered Neighborhood Watches to the national Citizen Corps website. To view registered Watch programs by zip code, go to www.usaonwatch.org.)

<http://www.citizencorps.gov/citizenCorps/certsByState.do> – Directory of registered CERT programs by state. CERT curriculum and supplemental information can be accessed through the menu on the left-hand margin of the page.

www.naem.com/connection.html – National newsletter on CERT and other Citizen Corps preparedness initiatives.

www.volunteersinpoliceservice.org – National VIPS website.

www.medicalreservecorps.gov – National MRC website.

www.usaonwatch.org – National Neighborhood Watch Program website.

www.firecorps.org – National Fire Corps website.

www.serveohio.org – Contains information on Ohio Citizen Corps, news and events, and Ohio contact information. Both volunteers and volunteer programs can be registered through this website. Also, visitors can search a database of volunteer opportunities in their area.

www.training.fema.gov/emiweb/IS/crslist.asp – List of EMI Independent Study courses in emergency management-related topics, including “Are You Ready: An In-depth Guide to Citizen Preparedness (IS-244).”

www.ready.gov – DHS website for citizens on the basics of personal and family preparedness.

www.llis.gov – The Lessons Learned Information Sharing Network – a free, password-protected site with a wide-range of useful emergency management and homeland security materials, tools, research, and best practices.

Online Documents

The following documents are available to download from the internet and pertain to Citizen Corps, its programs and related initiatives:

<https://www.llis.gov/member/secure/getfile.cfm?id=15153> – Target Capabilities List 2.0 (NOTE: It is necessary to register on LLIS in order to receive a password to access the material).

<http://www.ojp.usdoj.gov/odp/docs/fy06hsgp.pdf> – Fiscal Year 2006 Homeland Security Grant Program federal guidance, full document.

www.citizencorps.gov/councils/ – Download a guide to establishing a Citizen Corps Council and charter programs as well as a PowerPoint presentation that can be customized for local use. Guidance on each charter program can be accessed through the respective program’s website (see above).

<http://www.citizencorps.gov/cert/start.shtm> – A comprehensive resource for starting and maintaining a CERT program (deemed a “must have” by many program coordinators). Can be viewed online or downloaded by clicking on the “Printable Version of all Resources” icon.

www.serveohio.org/CitizenCorps/2005-VRC-Manual.pdf – Electronic copy of the Volunteer Reception Center manual developed by members of the State of Ohio Security Task Force. Updates to this manual are ongoing. Please contact Ohio Community Service Council for additional information. Contact information is available at www.serveohio.org.

www.volunteerflorida.org/publications/Unaffiliated%20Volunteer%20Management%20-%20Florida%27s%20Record-breaking%202004%20Hurricane%20Season.pdf – Report on the implementation of Volunteer Reception Centers in Florida during the 2004 hurricanes, including recommendations for improving operations in the future.

www.pointsoflight.org/programs/disaster/ – The two documents accessible on this page deal with the issue of unaffiliated volunteers: “Preventing a Disaster within a Disaster: The Effective Use and Management of Unaffiliated Volunteers” and the follow-up to this paper, “Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions.”

Citizen Corps Council POC Directory

Citizen Corps Council POC information can be accessed on the web at <http://www.citizencorps.gov/citizenCorps/councilsforstate.do?state=OH>. If you have difficulty making contact or discover errors in the information, please contact the SAA coordinator for FY06 CCP.

County Emergency Management Agency Directory

Contact information for County Emergency Management offices can be accessed on the web at <http://www.ema.ohio.gov/county.htm#55>. If you have difficulty making contact or discover errors in the information, please contact the SAA coordinator for FY06 CCP.

COMMUNITY PREPAREDNESS AND PARTICIPATION

Capability Definition

The American people have the capability (i.e., the necessary information, knowledge, skills, and abilities) to help prevent, protect against, respond to, and recover from all threats and hazards. Requirements to achieve this capability include collaboration among all levels of government, emergency responders, the private sector, civic organizations, faith-based groups, non-governmental organizations (NGOs), schools, and the general public; public education in the four mission areas of preparedness; training for citizens in life saving first aid, response skills, and surge capacity roles; and citizen participation in exercises, volunteer programs, and surge capacity support.

There are “Universal (U)” capabilities that everyone in America should have for the four mission areas of all-hazards preparedness: prevent, protect, respond, and recover. There are also “Specialized (Sp),” or advanced skills, knowledge, and abilities needed for those that live in high-threat areas, such as the terrorism threat in urban areas, natural hazard areas, and areas in close proximity to technological hazards. In addition to having personal preparedness capabilities, citizens must also have “Support (Su)” capabilities to augment local emergency responders and community safety efforts through year round volunteer programs and to serve in a response or surge capacity role.

While the means to achieve these levels of capability will vary, the full populace attains these capabilities, to include persons with disabilities (people with certain disabilities may require assistance from others to achieve or to perform the capability), those with language barriers, and those with low income.

Outcome

The public is educated in the four mission areas of preparedness; citizens are trained in life saving first aid, response skills, and surge capacity roles; and citizens participate in exercises, volunteer programs, and surge capacity support.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability should play a role in all ESFs and Annexes at the Federal, State, tribal, and local levels.

Capability Description

Activity	Description
Prevent activities	<ul style="list-style-type: none"> ▪ Ensure that citizens are alert to unusual behavior in others that may indicate potential terrorist activity and that they know how to report such behavior with appropriate detail. ▪ Assist owners of critical infrastructure in increasing security measures and strengthening their connection to local law enforcement. ▪ Support the Community Oriented Policing philosophy by volunteering to support local law enforcement, which frees up sworn officers for highly skilled prevention responsibilities.
Protection activities	<p>Conduct protection activities, to include:</p> <ul style="list-style-type: none"> ▪ <u>Planning</u>: family preparedness and communications plans, to include personal care service providers and pets; learning about neighborhood, school, workplace, and community emergency plans; understanding alerts and warnings, and evacuation/in-place protection plans based on specific vulnerabilities of the location; ▪ Join <u>organizations</u> and programs that support the all-hazards homeland security mission; ▪ Collect and maintain <u>equipment</u>: emergency supplies kits at home, the workplace, and vehicle; equipment needed for surge responsibility; ▪ Take <u>training</u>: in emergency preparedness, relevant local threats, first aid, emergency response, and in surge capacity roles; ▪ Conduct and participate in <u>exercises</u>: conduct household, neighborhood, workplace, school drills in evacuation and in-place protection and participate in community emergency exercises. ▪ Take additional preparedness measures, as appropriate, if living in high-threat areas or if personal circumstances require special precautions. ▪ Perform mitigation measures on home and other property to reduce the impact from natural and human made disasters, including cyber attacks. ▪ Provide enhanced security for critical infrastructure and high-threat targets through locally sponsored law enforcement volunteer programs, such as watch groups and Volunteers in Police Service programs. ▪ Participate in volunteer programs that support public education, training, and the emergency responder disciplines year round such as the Citizen Corps program partners, CERT, Fire Corps, Medical Reserve Corps, Neighborhood Watch/USA on Watch, Volunteers in Police Service, Citizen Corps Affiliates and nongovernmental organization-sponsored volunteer opportunities. These services enable emergency responders, as highly skilled professionals, to focus more fully on their responsibilities in protecting the Nation. ▪ Leaders of civic organizations, places of worship, youth organizations, business associations, NGOs, and other organizations embrace hometown preparedness, participate on local Citizen Corps Councils, and provide information and opportunities to involve their members in all-hazards preparedness.

Activity	Description
Respond activities	<ul style="list-style-type: none"> ▪ Ensure that citizens are aware of the incident situation ▪ Act appropriately according to official instructions, and provide self-care and bystander care. ▪ Augment official government emergency response activities with civilian manpower and private-sector resources, to include communications, medical surge, mass care, law enforcement support, fire service, transportation, damage assessment, light search and rescue, and backfilling emergency responder functions to free up more professional personnel for highly skilled response.
Recovery activities	<ul style="list-style-type: none"> ▪ Supplement the recovery effort with volunteer support and management of private-sector contributions/donations. This may include specialized services, such as pro bono legal and financial guidance, continued medical and mental health services, prolonged law enforcement protections, and community and social services.

Critical Tasks

UTL#	Task
Com.A. 2 3.4.5	Incorporate consideration for individuals with disabilities and their care givers in all plans, procedures and protocols, including outreach, training and exercises, and volunteer opportunities.
Com.A. 2 3.4.5.1	Incorporate consideration for individuals who do not speak English in all plans, procedures and protocols, including outreach, training and exercises, and volunteer opportunities.
Com.A 2.3.4.5.2	Incorporate consideration for individuals with low income and limited resources in all plans, procedures and protocols, including outreach, training and exercises, and volunteer opportunities.
Com.A. 13.1	Integrate citizen preparedness and participation into Federal, regional, State, tribal, urban, and local strategies and emergency operating plans, incident management systems, and mutual aid agreements. Include citizens in the planning process at all levels.
Com.A 13.1.2	Leaders at the national, State and local levels promote citizen preparedness and participation.
Com.A 13.2	Develop specific all-hazards preparedness requirements for all levels of citizen engagement and a process to sustain citizen capabilities for each level: Universal (all citizens age 9 and older) Specialized (by function, location, personal circumstances) Surge responsibility (personnel and private-sector/NGO financial and in-kind resources).
Com.A 13.3	Develop and sustain through training and exercises surge capacity roles for citizens to support all functions of emergency response and recovery operations, including incident management, volunteer and donations management, community relations, medical surge, security surge, light search and rescue.
Com.A 13.3.1	Deploy assets and resources identified for surge requirements as instructed.

UTL#	Task
Com.A 13.3.2	Establish and maintain a “skills and resources” database of the jurisdiction’s citizens and private sector assets.
Com.A 13.3.3	Revise and maintain EMAC agreements to include citizen surge personnel and private sector/NGO resources.
Com.A 13.4	Develop and sustain all accessible training and exercises for citizens to achieve Universal and Specialized level capabilities in all hazards emergency preparedness, prevention, protection, response, and recovery.
Com.A 13.4.1	Integrate citizens in all levels (national/international, regional, State, tribal, urban, local) and types of exercises (all hazards, terrorism, bioterrorism, natural disasters), to include citizen participation in exercise planning, implementation, and review.
Com.A 13.4.2	Develop and sustain volunteer opportunities for citizens to support local emergency responders and community safety efforts year round, to include necessary training and equipment.
Com.A 13.4.3	Establish and maintain a process to evaluate citizen preparedness and participation and to recognize exemplary citizens in preparedness programs.
Com.A 13.4.4	Establish and maintain Citizen Corps Councils to foster greater collaboration between citizens, the private sector, NGOs, schools, faith-based groups, and other community organizations, and emergency responders and to oversee public education, training and exercises, and volunteer service in year round and surge support roles.
Com.A 13.5	Support community infrastructure to achieve appropriate levels of preparedness, to include developing community-wide automated alerts and warning systems.
Com.A 13.6	Provide continuing education and support for the public on: prevention, protection/mitigation, emergency response plans, alerts and warnings (including threat levels), evacuation/in-place protection plans and exercises, participating in government-sponsored emergency exercises, volunteer opportunities and training for year round volunteer role or surge capacity role in response and recovery.
Pro.C.3 2.1	Plan, conduct and evaluate public education programs for prevention citizen, preparedness, response, and recovery capabilities.
Res.B.5 3.2.4	Coordinate and integrate the resources and operations of external affairs organizations and private media outlets to provide the public with accurate, consistent, and timely information.
Res.C.3 3	Coordinate mass care, housing, shelter, and human services support in response to incidents of national, regional, and State significance.

Preparedness Measures and Metrics

Universal

Universal levels of citizen preparedness will be achieved incrementally for all people over 9 years of age or 82% of the total U.S. population. For simplification, 82% of the total population is noted as the final performance objective in this document.

- By 2010, 80% of people over age 9 will attain Universal preparedness = 68.8% total population
- By 2015, 85% of people over age 9 will attain Universal preparedness = 73.1% total population
- By 2020, 90% of people over age 9 will attain Universal preparedness = 77.4% total population
- By 2025, 95% of people over age 9 will attain Universal preparedness = 81.7% total population

Specialized

Population base for Specialized capabilities is based on high-threat areas for natural disasters, technological disasters, and terrorism, a geographic area that hosts approximately 90% of the total population, 86% of whom are over age 9, which equals a base number of 75% of the total population. Again, the Specialized level of preparedness will be achieved incrementally and for simplification, 72% of the total population is noted as the final performance objective.

- By 2010, 80% of people over age 9 will attain Specialized preparedness = 60% total population
- By 2015, 85% of people over age 9 will attain Specialized preparedness = 63.7% total population
- By 2020, 90% of people over age 9 will attain Specialized preparedness = 67.5% total population
- By 2025, 95% of people over age 9 will attain Specialized preparedness = 71.2% total population

Progress towards achieving the identified performance measures and objectives will be accomplished via national public opinion surveys and via assessments performed by State and local Citizen Corps Councils.

U=Universal, Sp=Specialized, SuY=Support: Year Round / SuS=Support: Surge

Universal (U) – capabilities that everyone in America should have for the four mission areas of all hazards preparedness: prevent, protect, respond, and recover.

Specialized (Sp) – advanced skills, knowledge, and abilities needed for those that live in high-threat / high-hazard areas (natural disasters, technological disasters, or terrorism).

Support (Su) – capabilities to support emergency responders year round and as surge capacity

Persons with disabilities, those with language barriers, and those with low income will achieve equal levels of capability for the Universal and Specialized levels and will serve according to ability at the Support level.

Preparedness Measure	Preparedness Metrics
Percentage of citizens that are alert to unusual behavior in others that may indicate potential terrorist activity	82% of U.S. population by 2025
Percentage of citizens that are aware of heightened national threat levels	82% of U.S. population by 2025
Percentage of citizens with specialized training in terrorism awareness, suspicious behavior, and how to report such behavior with appropriate detail	45% by 2025 (those over 14 years of age who live in a metropolitan area with over 1 M residents).
Percentage of private security personnel protecting critical infrastructure that are trained in terrorism detection and deterrence and in the incident command system (ICS) and emergency response skills	80% of security personnel protecting privately owned critical infrastructure.
Percentage of trained volunteers that supplement local law enforcement departments, freeing up sworn officers for highly skilled prevention duties	20% of current sworn officer capacity = 6.4 M hours/yr
Percentage of population that is educated about all-hazards preparedness via information that is distributed through the media, the internet, as well through multiple community venues including neighborhoods, schools, places of worship, the workplace, NGOs, and that has assessed specific vulnerabilities for which their geographic location is a target	82% of U.S. population by 2025 is aware of general all-hazards preparedness measures, such as emergency supplies, family communications plans, and natural disaster mitigation.
Percentage of households that conduct some form of pre-incident preparation – have communication plan, have disasters supplies, practice evacuation/shelter-in-place	82% of 105 M U.S. households by 2025.
Percentage of people familiar with workplace, school, community emergency plans	82% of U.S. population by 2025.
Percentage of people that participate in an evacuation drill somewhere within community at least once a year	82% of U.S. population by 2025.
Percentage of population with knowledge of threats and hazards for residential jurisdiction and/or general understanding of CBRNE and decontamination procedures	72% of U.S. population by 2025.
Percentage of people that have training in preparedness for high-threat incidents, which may include life-saving first aid, emergency response skills, clear understanding of CBRNE and decontamination procedures, at least every two years. Training is delivered throughout the community – schools, businesses, places of worship, civic organizations, NGOs, military – and includes cross-training between citizens and emergency responders	72% of U.S. population by 2025.
Percentage of households, businesses, and schools that have implemented mitigation measures to protect property from natural hazards	80% of those in high-threat areas by 2025.
Percentage of people that have strong knowledge of workplace, school, and community emergency plans	72% of U.S. population by 2025.
Percentage of privately held critical infrastructure computer owners implement appropriate virus protections	80% of privately owned critical infrastructure computer systems by 2025.

Preparedness Measure	Preparedness Metrics
Percentage of citizens that volunteer with organizations and programs that support the all-hazards homeland security mission, to include conducting public education and outreach for all-hazards preparedness, support for training other citizens, and providing year round volunteer support for all emergency responder disciplines	25% of U.S. population by 2025 volunteering an average of 8 hours per month.
Percentage of citizens (i.e. non-emergency responders) that participate in planning, implementing, and reviewing community emergency exercises at least once every two years. Citizen participation must reflect the population composition of the jurisdiction and include persons with disabilities, language barriers, and low income	25% of those in high threat areas (natural disaster areas and metropolitan areas with 1 M or more residents) – 22.5% total population over 14;
Percentage of citizens that receive training and credentialing to augment and supplement official government emergency response with manpower. Includes cross-training among citizen volunteers and between citizens and emergency responders	550,000 people
Percentage of citizens that are prepared to shelter-in-place, evacuate, or go to designated shelter and have emergency supplies on hand. (U)	85% of potentially affected population

Performance Measures and Metrics

Performance Measure	Performance Metric
Respond mission	
Percentage of affected population that is aware of the incident situation, acts appropriately according to official instructions, and provides self care and by-stander care	85% of potentially affected population
Percentage of public communications directed at and accessible to individuals with disabilities and non-English speaking populations	80% of all messages.
Percentage of citizens with disabilities or infirmities that obtain additional support to provide care or to augment self-care.	85% of those with a disability or infirmity (approximately 20% of the total population has a self reported long lasting condition or disability.)
Percentage of pre-trained and credentialed citizens that augment and supplement official government emergency response with manpower and private sector in-kind resources as well as citizens trained ad hoc post incident	Up to 20% surge capacity for any given emergency response function; 50% - 100% surge with private sector in-kind resources (possibly higher for vaccination production) – time dependent on resource.
Recover mission	
Percentage of pre-trained and credentialed citizens that augment and supplement the recovery effort	Up to 20% surge capacity for recovery related activities for duration of recovery.

Performance Measure	Performance Metric
Ad hoc trained citizens participate in recovery efforts	Up to 50% surge capacity for recovery related activities for highest demand period of the recovery. Training process established within one week of incident, with training duration from one-day (community relations) to three days (CERT, POD staff assistance, EOC staff assistance, traffic control).

Capability Elements

Personnel

- National Leadership for Community Preparedness and Participation to present national voice to promote integration of citizens in homeland security mission
- National Citizen Corps Council to provide strategies, plans, and exercise guidance
- Citizen Corps Councils to provide support for community social infrastructure
- Program Partners and Affiliate Organizations to provide public education and outreach materials, training, and volunteer opportunities
- Public Education Specialists to educate and support the public
- National Training Clearing House of citizen training courses
- State Training Specialists to provide train-the-trainer instruction and just-in-time training
- Neighborhood / Workplace Citizen Preparedness Groups to provide self-sustain for 72 hours
- Support - Year Round to free up first responders for primary professional duties.
- Support - Surge “NIMS typed” volunteers to support each ESF and emergency response, as needed

Planning Assumptions

(Unless otherwise noted, all population data is from 2000 census)

- People with disabilities, the very young and the very old, people with language barriers, and low income populations are adversely affected.
- Medical community is functioning close to peak capacity at time of incident.
- Emergency services will be overwhelmed.
- With the exception of hurricanes and early signs of biological infection, there will be no warning before incidents occur.
- Steps taken before an incident occurs (such as planning, training, exercises, and equipment) have a significant impact on reducing loss of life and property.
- Professional responders and volunteers may get ill or fail to participate as expected due to fear of getting sick, or perceived greater need to care for their own families.

- Information will need to be provided in multiple languages, multiple formats, and through multiple venues.
- There are 280 million people and 109 million households in the U.S. (2000 Census data. Actual population now estimated at over 297 million.)
- 85% of the U.S. population is over 9 years of age and under 85 years of age.
- 58% of the total U.S. population lives in metropolitan area with 1 million or more residents; 78% of total population is over 14 years of age. Therefore, 45% of U.S population is over 14 years of age and lives in a metro area with 1 M or more residents and can receive Specialized training.
- Civic organizations, places of worship, youth organizations, business associations, NGOs and other groups are willing to embrace hometown security and provide information and opportunities to get involved to their members.
- 25% of U.S. population aged 3 and older attended school in spring of 2002 (nursery school through grad school).
- 64% of the U.S. population aged 16 and over is in the labor force.
- 84% of the U.S. population self-identifies with a religious belief and 43% of this group report attending worship services “weekly or more”, representing over 100 M people attending worship services weekly or more (35% of the total U.S. population).
- 20% of the U.S. population self reports some type of long lasting condition or disability.
- 4.5% of the U.S. population is 75 years of age or older, over 12 million people.
- 12% of U.S. population reported 1999 family incomes below poverty threshold.
- 42% of households have at least one personal computer in the home.
- There are 800,000 sworn law enforcement officers in the U.S. or 1 officer for every 350 people.
- There are 1.1 million firefighters in the U.S. (73% are volunteer) or 1 firefighter for every 255 people.
- There are 860,000 personnel at all levels of pre-hospital service: basic EMT, intermediate EMT, and paramedics or 1 for every 325 people.
- There are approximately 2.76M “emergency responders (law, fire, EMT/paramedic” in the U.S. <1% of the total U.S. population+.
- Liability concerns do not preclude volunteers from participating.
- Emergency Management Assistance Compact (EMAC) agreements include surge capacity personnel.

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
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Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
National Leadership for Community Preparedness and Participation	National leaders from White House, Secretaries of key federal agencies, State governors, military leadership, and congressional representation—organized to provide national voice to promote integration of citizens in homeland security mission.	Awareness of and content for Universal capabilities disseminated to entire nation.	As required to achieve national target capabilities.
National Citizen Corps Council	Approximately 50 national emergency responder discipline associations and NGOs collaborate to provide strategies, plans, and exercise guidance to involve their membership in reaching out to citizens in prevent, protect, response and recovery roles. Foster collaboration at state and local level.	All Hazards and Scenarios	1 National Council
Citizen Corps Councils	Each Citizen Corps Council is composed of representatives of the emergency responders disciplines, civic organizations, NGOs, private sector, faith-based, schools, elected leadership, and other community stakeholders. Local Councils (either tribal, county, or city level) oversee local citizen opportunities for education, training/exercises, and volunteer support.	Reach Entire Nation	56 state councils Local Councils that serve 99% of the U.S. population; estimated to be ~ 2500 Councils Council support includes adequate supplies and equipment and a minimum of one dedicated staff

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Public Education Specialists	<p>20 specialists at the national level to coordinate relevant information by mission area, discipline, and outreach venue.</p> <p>State teams package information for their state.</p> <p>At a minimum each state has 3 education specialists which educate and support the public in developing knowledge, skills, and abilities (both Universal and Specialized) to support four mission areas and to promote Support volunteer opportunities.</p> <p>Dedicated staff at local level for public education, alerts/warning, and crisis communications</p>	Educate 82% of the population	<p>20 Specialists at the National level</p> <p>300 Specialists at the State level; number of specialists by State is weighted by State population</p> <p>Resources to develop and reproduce adequate numbers of outreach materials</p> <p>*These numbers would surge to address crisis communications during an incident</p>
National Training Clearing House	One national level clearing house of citizen training courses.	Provide Training Materials for all States	1 National Clearing House to include classroom and online courses/resources
State Training Team	10-20 state Train-the-trainer instructors for pre-incident training and post incident just-in-time training.	To achieve stated training goals	<p>Approximately 840 trained instructors; number of instructors per state is weighted by state population</p> <p>Online courses will also be available (see National Clearinghouse)</p>

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
<p>Citizen Preparedness Team</p>	<p>Each team is composed of persons based in neighborhoods, workplaces, schools, faith based organizations, military, etc.</p> <p>Members prepare themselves with basic necessities—food, water, medicine, power, communications equipment, shelter, and emergency plans; adequate number of members also receive training in first aid and emergency response skills. Their leader reports their status up the organizational / community chain.</p>	<p>Each person in the high-threat areas participates on 2 teams (i.e. neighborhood and work/school/faith-based).</p>	<p>80% of 98 M households organized into citizen preparedness teams by 2025.</p> <p>80% of labor force and student populations organized into teams by 2025.</p> <p>Team Equipment, as applicable</p> <p>Supplies: Emergency disaster kit for home, work and vehicle—sufficient food, water, medicine, etc.</p>
<p>Support – Year Round</p>	<p>Providing services that free up first responders for primary professional duties (i.e. provide admin support, patrolling, public education or as needed by the disciplines)</p>	<p>Year round volunteers are not scenario driven, but can take care of responder duties (i.e. the non emergency portion-- administrative activities, office duties, research, etc.)</p>	<p>25% of U.S. population by 2025 that volunteer an average of 8 hours per month ~ 6.72 M hours</p>
<p>Support - Surge Volunteers (to be “NIMS typed”)</p> <p>Actual Surge requirement to be identified by other capabilities.</p>	<p>Composed of volunteers to support ESFs and emergency response as needed. Volunteers are identified in advance of incidents and agree to perform pre-defined roles in accord with the certifications they receive (“NIMS Typed”).</p> <p>Ad hoc training for Surge Support is also anticipated.</p>	<p>Up to 20% surge of current capacity</p>	<p>2.8 million emergency responders x 20% = about 550 thousand</p>
<p>All resource organizations and activities include consideration and opportunities for participation for people</p>			

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
with disabilities, non-English speaking populations, and those with low income.			

Approaches for Large-Scale Events

Information above reflects all 15 scenarios.

National Targets and Assigned Levels

Resource	Assigned Level and Quantity
National Leadership for Community Preparedness and Participation	As needed to achieve national target capabilities.
National Citizen Corps Council	1 Nationally
Citizen Corps Councils	State: 56 State Councils Local (tribal/County/City): ~ 2500
Public Education Specialists	National: 20 State/Territory: 300; numbers per State weighted by State population
National Training Clearing House	1
State Training Specialists	840; numbers per State weighted by State population
Citizen Preparedness Team	80% of households, labor force and schools organized into citizen preparedness teams by 2025. Team Equipment: As applicable Supplies: Emergency disaster kit for home, work and vehicle—sufficient food, water, medicine, etc.
Support – Year Round Volunteers	6.72 million hours
Support - Surge Volunteers (to be “NIMS typed”)	550 thousand pre-incident and ad hoc trained volunteers

Linked Capabilities

- Animal Health and Emergency Support
- CBRNE Detection
- Citizen Protection: Evacuation and/or In-Place Protection
- Communications
- Critical Infrastructure Protection
- Critical Resource Logistics and Distribution
- Economic and Community Recovery

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- Emergency Operations Center Management
 - Emergency Public Information and Warning
 - Environmental Health
 - Epidemiological Surveillance and Investigation
 - Explosive Device Response Operations
 - Fatality Management
 - Firefighting Operations/Support
 - Food and Agriculture Safety and Defense
 - Information Gathering and Recognition of Indicators and Warnings
 - Intelligence Analysis and Production
 - Intelligence/Information Sharing and Dissemination
 - Isolation and Quarantine
 - Law Enforcement Investigation and Operations
 - Mass Care (Sheltering, Feeding, and Related Services)
 - Mass Prophylaxis
 - Medical Supplies Management and Distribution
 - Medical Surge
 - Onsite Incident Management
 - Planning
 - Public Health Laboratory Testing
 - Public Safety and Security Response
 - Responder Safety and Health
 - Restoration of Lifelines
 - Risk Management
 - Structural Damage and Mitigation Assessment
 - Triage and Pre-Hospital Treatment
 - Urban Search and Rescue
 - Volunteer Management and Donations
 - WMD/Hazardous Materials Response and Decontamination

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3. National Incident Management System. U.S. Department of Homeland Security. March 2004. <http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf>.
4. Emergency Management Accreditation Program (EMAP) Standards. September 2003. <http://www.emaponline.org/index.cfm>.
5. Emergency Management Assistance Compact (EMAC).
6. Homeland Security Exercise and Evaluation Program (HSEEP).

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7. Citizen preparedness, training, and volunteer program resources: Ready, Red Cross, FEMA public education materials; Citizen Corps Guide for Local Officials, CERT, Volunteers in Police Service, Medical Reserve Corps, Fire Corps, Neighborhood Watch program materials; Public Affairs Field Guide, Federal Emergency Management Agency. March 2004

DRAFT - 6 Dec

CITIZEN PROTECTION: EVACUATION AND/OR IN-PLACE PROTECTION

Capability Definition

Citizen Protection is the capability to plan for and immediately execute the safe and effective sheltering-in-place of an at-risk population, and/or the organized and managed evacuation of the at-risk population to areas of safe refuge in response to a potential or actual dangerous environment. In addition, this capability involves the safe reentry of the population.

Outcome

Affected and at-risk populations are safely sheltered-in-place and/or relocated to safe refuge areas, provided shelter and essential services, and effectively and safely reentered into the affected area, if appropriate.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability supports the following Emergency Support Functions (ESFs):

ESF #1: Transportation

ESF #5: Emergency Management

ESF #6: Mass Care, Housing, and Human Services

ESF #8: Public Health and Medical Services

ESF #14: Public Safety

ESF #15: External Affairs

Capability Description

Activity	Description
Planning	<ul style="list-style-type: none"> ▪ Define the decision-making processes for shelter-in-place/evacuations, to include voluntary and mandatory distinctions. ▪ Pre-identify suitable and accessible shelters for both general population and special-needs population, and their care givers, and animals. ▪ Anticipate secondary attack, security and survival vulnerabilities of the evacuated or sheltered population. ▪ Train and exercise the response community and the public. ▪ Pre-identify the special needs populations who may need evacuation/shelter-in-place. ▪ Develop and practice effective public self-evacuation and family emergency planning. ▪ Implement effective and robust emergency alert systems. ▪ ▪ Pre-identify the agencies involved in evacuations/sheltering, staffing of shelters, logistical supply, and support of shelters.

Activity	Description
	<ul style="list-style-type: none"> ▪ Develop a memorandum of understanding (MOU) with adjacent communities that are not affected so they will become host communities during incidents and will be prepared to manage evacuees from other jurisdictions. ▪ Develop public communication plans
Identification	Rapidly and effectively identify the potential and/or actual danger to the public.
Notification	Notify the public of the danger and give people instructions for protection, either by providing shelter-in-place or through evacuation.
Evacuation	<ul style="list-style-type: none"> ▪ Establish evacuation routes and traffic flow and control measures. ▪ Conduct a door-to-door search to ensure that special needs populations and the general population have been evacuated. ▪ Ensure security of evacuated areas. ▪ Coordinate evacuations with receiving jurisdictions.
Transportation	<ul style="list-style-type: none"> ▪ Manage, support, and transport, if necessary, the at-home special needs populations during evacuations. ▪ Provide transportation for evacuees, to include special consideration for special needs populations and their care givers and animals.
Decontamination	Determine the decontamination needs of the affected populations.
Sheltering	Establish short-/long-term shelters for evacuees.
Logistical support and supply	Provide support and supply services, including but not limited to mental health services; staff, supplies, and restocking of supplies for shelters; provision of durable medical products; medical care/public health support; support to fill informational needs; facility support; family services; communications; transportation; provide a cache of food, water, and sustenance equipment/supplies to public safety personnel; and shelters for pets/animals.
Re-entry planning	<ul style="list-style-type: none"> ▪ Determine conditions to allow re-entry. ▪ Provide cleanup of affected area by governmental, public, and private entities. ▪ Determine environmental/health safety for public reentry. ▪ Educate the public on the safety of re-entry and conduct additional cleanup of residences and businesses, if needed. ▪ Plan for reentry of special needs population. ▪ Prioritize of the re-entry order.
Re-entry execution	<ul style="list-style-type: none"> ▪ Start the safe and organized re-entry of evacuees to homes and businesses. ▪ Demobilize shelters after activating re-entry plans.

Critical Tasks

UTL#	Task
Pro.A.1 1.3.1.1	Identify potential transportation targets.
Pro.B.2 3	Develop transportation protection strategies.
Pro.C.3 1.2	Develop public education programs and materials in multiple languages.
Pro.C.3 2	Develop and conduct training courses for citizen participation in incident management.

UTL#	Task
Pro.C.3 3.1	Distribute public education materials that identify hazards and threats.
Res.B.1 6.1.3	Coordinate transportation response.
Res.B.1 6.1.3.3	Conduct traffic control.
Res.B.3 1.1	Develop plans, procedures, and protocols to manage evacuations, shelters-in-place, and quarantines.
Res.B.3 1.2	Develop evacuation and emergency operations procedures for at-risk populations and locations.
Res.B.3 4	Implement evacuation/shelter-in-place decisions.
Res.B.3 4.1	Identify a course of action to resolve the incident/make decisions.
Res.B.3 4.1.2	Identify the evacuation sites.
Res.B.3 4.1.3	Identify populations and locations at risk.
Res.B.3 4.3.2	Assist in the evacuation of special-needs populations.
Res.B.3 4.3.4	Activate the approved traffic control plan.
Res.B.3 4.4	Provide transportation/personnel support and resources.
Res.B.3 4.4.6	Evacuate the affected population.
Res.B.3 4.5.3	Assist in the reentry of people and animals/pets into evacuated areas when appropriate and safe.
Res.B.3 4.5.4	Anticipate secondary attack, security and survival vulnerabilities of the evacuated or sheltered population.
Res.C.3 4.1.2	Assess the need for emergency feeding and sheltering activities.
Res.C.3 4.3.1	Conduct building inspections in advance to determine the stability of structures identified as mass housing, shelter, and care facilities.
Rec.A.3 3.2.4.1	Manage resources to support special needs populations, to include individuals with disabilities, non-English speaking persons, migrant workers, and those with developmental or medical conditions that require attention.

Preparedness Measures and Metrics

Preparedness Measure	Preparedness Metric
<p>An evacuation/shelter-in-place plan has been developed and addresses:</p> <ul style="list-style-type: none"> ▪ Authority and decision-making processes for shelter-in-place and/or evacuations ▪ Authority and procedures to declare and enforce a mandatory evacuation ▪ The immediate evacuation of neighborhoods, high-rise buildings, subways, airports, special events venues, etc. in response to a 	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>

Preparedness Measure	Preparedness Metric
threat or attack <ul style="list-style-type: none"> ▪ Identification of evacuation routes and traffic flow and control measures ▪ Measures to ensure adequate services (e.g. gas, food, water, tow trucks, etc.) along the evacuation route(s) ▪ Transportation to evacuate 100% of persons who need assistance to include: those without transportation including the elderly and those with special needs; the homeless; tourists and visitors; and those in nursing homes, hospitals, jails and prisons and other facilities, as well as students and the work force during a surprise incident, and animals ▪ Leadership and required services at evacuation staging points and/or at temporary evacuation shelters for up to 72 hours ▪ Medical support, supervision, and syndromic surveillance of evacuees during a prolonged evacuation (e.g. monitoring and caring for people with pre-existing medical conditions or those who may become ill during the evacuation) ▪ Re-entry of the general population and special needs populations 	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Populations who may need assistance with evacuation/shelter-in-place have been identified	Yes/No
A program is in place to educate the public on evacuation and shelter-in-place procedures	Yes/No
The agencies involved in evacuations/sheltering, staffing of shelters, logistical supply, and support of shelters have been identified and trained	Yes/No
Evacuation routes have been marked	Yes/No
Suitable shelters for both general population and special needs populations have been pre-identified for use during an incident	Yes/No
Memorandums of understanding (MOU) have been developed with jurisdictions that will serve as host communities for evacuees during an incident	Yes/No
Pre-event exercises of the notification and activation of evacuation and shelter-in-place plans are conducted with the public	Yes/No

Performance Measures and Metrics

Performance Measure	Performance Metric
Appropriate protective strategy was chosen to meet the potential risk/danger to the various populations	Yes/No
The most affected populations for evacuation are notified first (e.g., ring evacuations)	Yes/No

Performance Measure	Performance Metric
The public is notified of evacuation procedures, routes, locations, or sources of evacuation information throughout the incident	Yes/No
Time to notify affected population of shelter-in-place strategy	Immediate
Time to shelter-in-place the affected general population	Less than 30 minutes
The traffic and transportation plan is implemented to enable evacuation within the incident timeframe.	Yes/No
Time to evacuate the affected general population, including transients, for an event with advanced warning	24–72 hours (depending on the severity and imminent probability of the event)
Time to evacuate special needs populations for an event with advanced warning	24–72 hours
Transient populations (e.g. homeless, tourists, visitors) are identified	Yes/No
Number of self-evacuees who enter shelters without being decontaminated or checked for contamination	0
Coordination with surrounding jurisdictions occurs for receiving facilities and locations of evacuees	Yes/No
Re-entry planning is conducted during the course of response to the event	Yes/No
Evacuees were instructed of re-entry procedures	Yes/No
Re-entry of citizens into the affected area is conducted according to plans and procedures	Yes/No

Capability Elements

Personnel

- Public works staff to provide traffic control and towing of vehicles/obstacles
- Security and law enforcement officers to support traffic control efforts, evacuation and reentry efforts, and law enforcement activities
- Public education program manager and staff to implement pre-event evacuation education and training
- Fire/Emergency Medical Services (EMS)
- Small Animal Transport Teams (for domestic pets)
- Volunteer surge personnel

Equipment and Systems

- Emergency alert and notification systems that will alert 100 percent of the at-risk population (e.g., sirens, EAS, call out systems)
- Traffic control equipment
- Federal transportation resources to support reentry
- Transportation for evacuees

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- Equipment to produce local multimedia materials (e.g., audio, visual, written materials) and disseminating them

Training

- Training of the protection/evacuation strategies in the Emergency Operations Plan (EOP)

Planning Assumptions

- Although applicable to several of the 15 National Planning Scenarios, the capability factors were developed from an in-depth analysis of the Chlorine Tank Explosion scenario. Other scenarios were reviewed to identify required adjustments or additions to the planning factors and national targets.
- This capability applies to a wide range of incidents and emergencies, including accidental or deliberate disease outbreaks, natural disasters, and nuclear and conventional events.
- A large amount of the chemical chlorine has been released into the atmosphere (a plume) and is disbursed in a widely populated area.
- Decontamination of evacuees will require additional resources and triage areas before citizens can be sheltered; therefore, fire/emergency medical services (EMS), hospitals, and HazMat teams will be required to decontaminate evacuees.
- Local and regional resources will be quickly overwhelmed and require State and Federal assistance.
- Long-term sheltering and decontamination will be required.
- City/jurisdiction is a large urban area with a network of streets and highways. Within the affected area, the evacuation and reentry routes and zones encompass 25 major intersections in a 25-mile evacuation radius.
- Approximately 25 percent of the evacuated population will require shelter. The remaining populations will self-evacuate and arrange own shelter.
- Approximately one percent of the 25 percent of the evacuated populations are special need populations and will require medical shelters and appropriate transportation.
- Transportation and traffic routes will be severely and negatively affected by the evacuation and many evacuees will require provision of transportation.
- Public anxiety and stress will result from evacuations, requiring mental health services, appropriate risk communications, and public education/instruction.
- Local jurisdictional resources will be quickly overwhelmed and will require mutual aid from other jurisdictions and support from Federal, State, and regional agencies.
- Through memorandums of understanding (MOUs) incorporated into planning, adjacent communities will be prepared to handle significant numbers of evacuees from affected areas. These host communities also will identify resources, personnel, and equipment to shelter and support evacuees.
- Pre-event identification of shelter sites has been planned for by emergency management agencies and MOUs are in place for use of the facilities.
- Although shelters will require a minimum time for setup and activation, populations will require services immediately on evacuation, notably those for special needs populations and containment.
- For shelter-in-place, evacuation, sheltering, and reentry planning, each jurisdiction has unique hazards and unique resources. Capabilities for at-risk populations are based on jurisdictional hazard vulnerability analysis. Plans (including emergency operations plans), procedures, mutual aid agreement, and so forth must be in place to support effective evacuation and sheltering,

dependent on the hazard/risk analysis and the resources available for the at-risk population. The measurement for this capability is: Can the jurisdiction evacuate and/or shelter the at-risk population and, if they cannot, what actions will procure/garner adequate resources for them?

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability (Chlorine Tank Explosion)

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Emergency alert and notification systems (e.g., sirens, emergency alert system (EAS), call-out systems, television captioning system)	1 system will alert 100% of the at-risk population	Warning and notification of 700,000 people	1 system within the jurisdiction to reach the at-risk population with redundant capability
Local, regional, and State public works	Provision of traffic control equipment and towing of vehicles/obstacles	70,000 people will self-evacuate and reenter the affected areas when safe, leading to traffic congestion and delaying response assets	<ul style="list-style-type: none"> ▪ Traffic control package containing: <ul style="list-style-type: none"> ▪ Barriers ▪ Cones ▪ Directional signs/signals ▪ Within high-risk evacuation area (distributed to predetermined locations): <ul style="list-style-type: none"> ▪ 1,000 barriers ▪ 1,000 traffic cones ▪ 50 directional signs
Local and regional transportation jurisdictions	Ability to provide transportation to evacuees	630,000 people will require assistance with evacuation through buses; each bus can hold 50 people and can be recycled and used multiple times during an evacuation	<ul style="list-style-type: none"> ▪ Local and regional (combined): 100 buses, including school and mass transit buses and other vehicles of mass transportation ▪ State and unaffected areas: 100 buses ▪ Federal: not timely resources for immediate evacuation, but can be used for reentry
Federal transportation resources	Ability to provide reentry support	630,000 people will need reentry assistance	<ul style="list-style-type: none"> ▪ Support after utilizing local, regional, and State resources

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
			<ul style="list-style-type: none"> Federal: 100 buses or other mass transit vehicles
Special needs shelters/Shelter-in-place requirements	Shelters need capacity to support special needs functions (e.g., oxygen, durable medical products, medical and emotional support)	1,800 persons with special needs will need assistance	Refer to health and medical capabilities
Security and law enforcement	The event occurs in a large urban area with extensive network of streets and traffic flows	<ul style="list-style-type: none"> Legal authority to alter traffic flow and use of highways 1 law enforcement officer at major intersections; 25 major intersections in the evacuation route Other persons, (non-law enforcement types, such as Volunteers in Police Service) assigned traffic control duties at other intersections directing traffic flow 	<ul style="list-style-type: none"> Local: 25 law enforcement officers Regional/State: 150–175 officers working outside the affected area restricting access and diverting highway traffic Local: 200 non-law enforcement persons to direct traffic along the evacuation/reentry routes Regional/State: resources for reentry would be needed to augment local resources: 300 persons
Evacuation of pets/companion animals	60% of households have companion animals (CAs) and most people will not evacuate if they believe there is no facility to support them and their animals (general population shelters generally do not accept CAs)	Average: 2 pets/household	10 small animal transport teams (per National Incident Management System (NIMS) typing)

Approaches for Large-Scale Events

For all scenarios pertaining to State and local jurisdictional agencies, mitigation and prevention measures must be taken by government and private industry to limit the exposure of the population to the hazard or eliminate the hazard. For example: Do not build in flood plains or wildland fire areas. Enforce structural and nonstructural mitigation for earthquakes and hurricanes (severe weather).

National Targets and Assigned Levels

Resource	Assigned Level and Quantity
Public warning system	<ul style="list-style-type: none"> ▪ Local: 1 per jurisdiction ▪ State: 1 per State ▪ Federal: 1 national system
Evacuation plan	Local: 1 per city/county
Personnel	Local: public education program manager; staff to implement pre-event evacuation education and training
Equipment	Local: multimedia materials production and dissemination equipment (e.g., audio, visual, written materials)
Training	Local: All staff is trained on policies and procedures of respective jurisdictions; staff also is trained on emergency operations plans of respective jurisdictions.
Transportation resources	<ul style="list-style-type: none"> ▪ Local: 17 public transportation vehicles (i.e., buses) per 100,000 to respond to the affected and unaffected areas in a timely manner ▪ State: 17 public transportation vehicles (i.e., buses) per 100,000 affected population ▪ Federal: 17 public transportation vehicles (i.e., buses) per 100,000 affected population to support reentry
Traffic control package (e.g. barriers, cones, and directional signs)	Local: in accordance with evacuation plans
Security and law enforcement	State: security and law enforcement officers to support traffic control efforts, evacuation and reentry efforts, and law enforcement activities
Fire/Emergency medical services (EMS)	As required per incident
Tow trucks	As required per incident
Public works	As required per incident

Linked Capabilities

- Communications
- Community Preparedness and Participation
- Economic and Community Recovery
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Environmental Health
- Epidemiological Surveillance and Investigation
- Mass Care (Sheltering, Feeding, and Related Services)
- Planning
- Public Health Laboratory Testing
- Public Safety and Security Response

- Restoration of Lifelines
- Risk Management
- Structural Damage and Mitigation Assessment
- Volunteer Management and Donations
- WMD/Hazardous Materials Response and Decontamination

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MASS CARE (SHELTERING, FEEDING, AND RELATED SERVICES)

Capability Definition

Mass Care is the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items, and related services to persons affected by a large-scale incident, including special needs populations. Among the people with special needs are individuals who have physical or mental disabilities that need medical attention or personal care that is beyond basic first aid. Among others with special needs are non-English speaking populations that may need to have information presented in other languages. The capability also provides for pet care/handling through local government and appropriate animal-related organizations.

Mass care is usually performed by nongovernmental organizations (NGOs), such as the American Red Cross, or by local government sponsored volunteer efforts, such as Citizen Corps. Special needs populations are generally the responsibility of local government, with medical needs addressed by the medical community and/or its alternate care facilities. State and federal entities also play a role in public and environmental health in ensuring safe conditions, safe food, potable water, sanitation, clean air, etc.

Outcome

Mass care services for the affected general population, services for special needs populations, and services for animals within the affected area are rapidly provided.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability supports the following Emergency Support Functions (ESFs):

ESF #6: Mass Care, Housing, and Human Services

ESF #8: Public Health and Medical Services

Capability Description

Activity	Description
General population	Immediate sheltering, feeding, provision of relief supplies through bulk distribution, and provision of basic first aid for the general population
Special needs	Immediate provision of sheltering, feeding, personal care and durable medical goods, and medical services for special needs populations. People with special needs include individuals who need medical attention/personal care, other than basic first aid, due to physical or cognitive disabilities
Animal care	Immediate provision of sheltering, feeding, and medical care for pets
Public and environmental health oversight	Oversight is provided to ensure sanitation through safe food, clean air and water and waste disposal

Activity	Description
Decontamination	Ensure individual gross decontamination of persons prior to admittance to shelters and other mass care facilities, reception centers, and other places as needed

Critical Tasks

UTL#	Task
Res.C.3 4.4	Conduct mass feeding activities.
Res.C.3 3.7.1	Acquire and provide resources necessary to support mass care services.
Res.C.3 4.1.2	Assess need for emergency feeding and sheltering activities.
Res.C.3 4.1.3	Assess need for mass feeding services.
Res.C.3 4.1.4	Assess need for bulk distribution of relief items.
Res.C.3 4.3	Activate emergency shelters.
Res.C.3 4.3.2	Provide shelter guidance to agencies responsible for the care of special needs populations.
Res.C.3 4.4	Conduct mass feeding services.
Res.C.3 4.5	Conduct bulk distribution of relief items.
Res.C.3 4.6.1.1	Arrange for pet care/handling services.
Res.C.3 4.6.1.3	Operate pet care/handling facilities.

Preparedness Measures and Metrics

Preparedness Measure	Preparedness Metric
A mass care plan has been developed for the general population and special needs population	Yes/No
A special needs shelter plan has been developed with public health officials, to include a plan for medical care, supplies, and personnel	Yes/No
Shelter agreements are in place for each jurisdiction	Yes/No
Shelter plans include advance designation of shelters to assigned citizens/population according to the space available in shelters vis-à-vis the local residents	Yes/No
Local government has a pet care/handling plan with appropriate partners	Yes/No

Performance Measures and Metrics

Performance Measure	Performance Metric
Time from notification of disaster to opening of shelter for staff and setup, assuming safe entry	Within 12 hours
Time for shelter locations to be opened and operational	Within 48 hours
Time to establish oversight of sanitation of shelters, food service, and distribution operations	Within 12 hours
Percentage of total number of people seeking shelter for which there is capacity to shelter	100%
Time for a pet care/handling plan to be implemented and shelters opened	Within 24 hours
Time to assess the need and provide mental health services for individuals sheltered	Within 48 hours
Time to identify locations with the greatest potential for efficient service delivery to meet feeding needs	Completed within 6 hours of the incident
Time for tasking appropriate organizations to mobilize resources to provide mass care services	Completed within 9 hours of the incident
Operational sites receive ongoing support to maintain service delivery	Within 24 hours of shelter opening
Time for resources to be onsite and service delivery to have commenced	Within 48 hours
Time for federal commodities and non-governmental donations to begin distribution to those in need	Within 72 hours
Time for facilities to be opened and operating to receive and distribute mass care supplies.	Within 24 hours
The locations of distribution centers are accurately and clearly communicated to the public	Yes/No
Time for implementation of a system for reunification of families	Within 72 hours
All shelter residents transitioned from shelter to alternative accommodations/interim housing prior to shelter closure	Yes/No
Special needs shelter residents are returned to their original home facility or an acceptable alternate facility.	Yes/No
The mass care plan is successfully implemented.	Yes/No
The special needs shelter plan is successfully implemented.	Yes/No

Capability Elements

Personnel

(Personnel and Teams include applicable equipment and training as defined by NIMS Resource Typing System)

- Voluntary Agency Shelter Management Team.
- Mobile Feeding Team
- Voluntary Agency Mobile Kitchen Team (Class A, B, and C)
- Voluntary Agency Warehouse Team
- Voluntary Agency Drop Trailer Team
- Shelter Child Care Teams
- Type 1 Small Animal Sheltering Team
- Small Animal Transportation Team
- Animal Incident Response Team
- Contracted caterers and vendors
- Personal care service providers

Equipment and Systems

- Pre-packaged meals/meals and water from contractors (e.g., vendors, caterers)
- Information Centers (for collection and collating data on evacuees and providing information to relatives)
- Computers and communication equipment (laptops, blackberry/cell phones)
- Medical equipment and supplies

Planning Assumptions

- Although applicable to several of the 15 National Planning Scenarios, the capability planning factors were developed from an in-depth analysis of the Major Earthquake scenario. Other scenarios were reviewed to identify required adjustment or additions to the planning factors and national targets.
 - This capability applies to a wide range of incidents and emergencies, including major hurricanes, improvised explosives, pandemic influenza, and improvised nuclear devices.
 - An immediate and sustained need for bulk distribution of relief supplies will be required. Requirements will depend on the nature of and human needs produced by the incident.
 - Assume 763,000 people need mass care support: 313,000 will need shelter and feeding (3 meals a day for the 313,000 people would equal 939,000 meals a day for shelters) immediately, and an additional 450,000 people remaining in the affected area will need feeding.
 - Census data indicate that 20 percent of the population have a disability, 15 percent of people needing mass care support have a physical or cognitive disability that will require some level of special care (i.e. personal care assistance, sign language interpreter, mobility assistance, etc.)
 - Twenty-five percent of the self-evacuee population will seek shelter out of the area.
 - Approximately 37,000 trained workers will be needed to support the general population (worker to recipient ratio—1:30): 32,500 for shelter operations (30,000 within the affected area, 2,500 outside the area) and 4,500 for other human services.
 - Sixty percent of the affected population will have pets.
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- Scenarios typically count the number of persons in shelters as the basis for computing the number of companion animals (CAs). In a scenario with many dead and injured people (which varies by type of event), additional sheltering of CAs will be required. Some CAs will have perished in the same event that killed or injured humans. The assumption is made that the number of animals needing shelter will rise by 10 percent because their owners are either dead or injured.
- Assume 14,000 workers (includes some owners and volunteers) will be needed for pet care.
- State and local resources will immediately be overwhelmed; thus, Federal assistance will be needed immediately.
- The event will exceed local capacity for trained mass care staff.
- Government must deem areas safe for service delivery.
- Two primary earthquake areas must be considered—the west coast and the New Madrid fault zone (the central Mississippi Valley in Arkansas, Missouri, Tennessee, Kentucky, and Illinois).
- Prepositioned resources are likely to exist based on population and frequency of events; therefore, roughly two-thirds of resources are located east of the Mississippi River. Further, provisions should be made for additional resources beyond the stated needs because of the likelihood of the unavailability of existing resources due to damage and/or other competing events.
- Limited facilities within the affected area will be suitable for material support; must bring in most resources.
- Medical facilities will overflow. A segment of the people needing care will likely end up in State shelters and will need to be moved to alternate care facilities quickly.
- The average population per shelter will rise with a catastrophic event (estimate 1,000 residents per shelter, versus 250 residents typically) because fewer facilities will be available than the preplanning estimation.
- Public health and medical care in shelters will be a significant challenge as local emergency medical services (EMS) resources and medical facilities will likely be overwhelmed quickly. The deployment of public health and medical personnel and equipment to support medical needs in shelters will need to be immediate and sustained by the U.S. Department of Health and Human Services.
- Some previously identified structures will not be able to be shelters due to actual or potential damage.
- Significant disruption of the affected area's infrastructure, particularly power, transportation, and communications systems, may occur.
- Timely logistical support to shelters and feeding sites will be essential and required for a sustained period of time.
- Close liaison and coordination with numerous voluntary and nongovernmental organizations (NGOs) will be necessary on the Federal, regional, State, and local levels.
- Disaster welfare information may be a priority concern for family members throughout the Nation.
- Transient populations such as tourists, students, and foreign visitors, within the affected areas will require assistance.
- Companion (small) animal sheltering team requirements assume that the shelters will house only animals. Pet friendly shelters (that include owner families with their pets) will have a reduced need for staff after the initial setup.
- The population seeking shelter needs to be informed regarding available pet care.
- Immediate response activities focusing on meeting urgent mass care needs should be located in safe areas.
- Adjacent communities need to be prepared to deal with significant numbers of evacuating persons from the affected area. (Those host communities will also need significant mass care support.)

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability (Major Earthquake)

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Voluntary agency shelter management team	1 shelter management team per average 250 shelter residents (Note: In a catastrophic event, the average number of residents per shelter will rise to an average of 1,000 per shelter, changing target levels.)	313,000 people needing shelter	1,252 shelter teams (an average of 250 people in each shelter)
Type 1 Small Animal Sheltering Team	300 pets per shelter team	193,000 animals displaced	643 Type 1 Small Animal Sheltering Teams
Small animal transportation team	2 small animal transportation teams each per Type 1 Small Animal Sheltering Team	193,000 animals displaced	1,286 small animal transportation teams
Animal incident response team	4 animal incident response teams per each Type 1 Small Animal Sheltering Team	193,000 animals displaced	2,725 animal incident response teams
Mobile feeding team	2 drivers and 1 appropriate vehicle capable of distributing 1,500 meals per day in accordance with safe food handling requirements	1.5 million meals needed per day	1,000 mobile feeding teams (1,000 x 1,500 meals = 1,500,000)
Voluntary Agency Mobile Kitchen Class A	5,000 meals per day, 15 workers, 1 trailer, plus support equipment	1.5 million meals needed per day	300 Voluntary Agency Mobile Kitchens Class A (300 x 5,000 meals = 1,500,000)
Voluntary Agency Mobile Kitchen Class B	10,000 meals per day, 20 workers, 1 trailer, plus support equipment	1.5 million meals needed per day	150 Voluntary Agency Mobile Kitchens Class B (150 x 10,000 meals = 1,500,000).

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Voluntary Agency Mobile Kitchen Class C	20,000 meals per day, 30 workers, 1 trailer, plus support equipment	1.5 million meals needed per day	75 Voluntary Agency Mobile Kitchens Class C (75 x 20,000 meals = 1,500,000)
Voluntary Agency Mobile Kitchen/Canteen	800 meals per day	1.5 million meals needed per day	1,875 Voluntary Agency Mobile Kitchens/Canteens (1,875 x 800 meals = 1,500,000)
Voluntary agency warehouse team	1 warehouse facility plus management	10 voluntary agency warehouse teams	10 voluntary agency warehouse teams
Voluntary agency drop trailer team	1 trailer, 1 tractor, 1 driver	Maximum of 300 kitchen sites each needing 1 drop trailer for dry goods and 1 drop trailer for refrigerated goods	600 voluntary agency drop trailer teams (1 dry goods trailer x 300 kitchen sites plus 1 refrigerated goods trailer x 300 kitchen sites = 600)
Prepackaged meals	Meal, Ready to Eat (MRE) via mission assignment and other private corporations such as HeaterMeal	1.5 million meals needed per day	1.5 million prepackaged meals
Shelter childcare team	1 shelter childcare team per average 250 shelter residents	313,000 people needing shelter	1,252 shelter childcare teams (an average of 250 people in each shelter)
Meals from contractors (e.g., vendors, caterers)	Contracted caterers and vendors	1.5 million meals needed per day	1.5 million meals from contractors

Approaches for Large-Scale Events

- Mass care will involve partnering with the private (commercial) and/or public sectors to ensure quick service delivery.
- Sheltering activities will be initiated on the local level immediately and augmented by resources (e.g., staff, supplies) from regional and national voluntary agency partners for large-scale events.
- Feeding activities will be initiated on the local level immediately and augmented by resources (e.g., staff, supplies) from regional and national voluntary agency partners for large-scale events.

- Pet sheltering activities will be initiated on the local level immediately and augmented by resources (e.g., staff, supplies) from regional and national voluntary agency partners for large-scale events.

National Targets and Assigned Levels

Resource	National Target	Local Distribution	
		The number represents the estimated amount of the resource that would be required to serve the affected population for different size jurisdictions during a major event	
Volunteer agency shelter management team	1,352 volunteer agency shelter management teams nationally (1,252 plus 100 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 6 Teams 15 Teams 30 Teams 60 Teams 150 Teams 300 Teams
Type 1 Small Animal Sheltering Team	743 Type 1 Small Animal Sheltering Teams (643 plus 100 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 3 Teams 6 Teams 12 Teams 23 Teams 56 Teams 111 Teams
Small animal transportation team	1,486 small animal transportation teams (1,286 plus 200 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 5 Teams 12 Teams 23 Teams 45 Teams 111 Teams 222 Teams
Animal incident response team	3,125 animal incident response teams (2,725 plus 400 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 9 Teams 23 Teams 45 Teams 89 Teams 222 Teams 444 Teams

Resource	National Target	Local Distribution <small>The number represents the estimated amount of the resource that would be required to serve the affected population for different size jurisdictions during a major event</small>	
Mobile feeding team	1,100 mobile feeding teams nationally (1,000 plus 100 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 2 Teams 5 Teams 10 Teams 20 Teams 50 Teams 100 Teams
Voluntary Agency Mobile Kitchen Class A	320 Voluntary Agency Mobile Kitchens Class A nationally (300 plus 20 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Kitchens 1 2 3 6 16 30
Voluntary Agency Mobile Kitchen Class B	160 Voluntary Agency Mobile Kitchens Class B nationally (150 plus 10 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Kitchens 0 1 2 3 8 15
Voluntary Agency Mobile Kitchen Class C	80 Voluntary Agency Mobile Kitchens Class C nationally (75 plus 5 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Kitchens 0 0 1 2 4 8

Resource	National Target	Local Distribution	
		The number represents the estimated amount of the resource that would be required to serve the affected population for different size jurisdictions during a major event	
Voluntary Agency Mobile Kitchen/Canteen	1,950 Voluntary Agency Mobile Kitchens/Canteens (1,875 plus 75 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Kitchens 4 10 20 38 100 188
Voluntary agency warehouse team	500 voluntary agency warehouse teams	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 1 Team 1 Team 1 Team 2 Teams 2 Teams 3 Teams
Voluntary agency drop trailer team	625 voluntary agency drop trailer teams nationally (600 teams plus 25 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Local Teams 2 Teams 4 Teams 8 Teams 15 Teams 38 Teams 75 Teams
Prepackaged meals	1.75 million prepackaged meals nationally (1.5 million plus 250,000 capacity needed to respond to concurrent disasters)	Population <10K 10K-25K 25K-50K 50K-100K 100K-250K 250K-500K+	Locally Contracted 3,000 Meals 7,500 Meals 15,000 Meals 30,000 Meals 75,000 Meals 150,000 Meals

Resource	National Target	Local Distribution The number represents the estimated amount of the resource that would be required to serve the affected population for different size jurisdictions during a major event														
Voluntary agency shelter childcare team	1,352 shelter childcare teams nationally (1,252 plus 100 capacity needed to respond to concurrent disasters)	<table border="0"> <tr> <td>Population</td> <td></td> </tr> <tr> <td><10K</td> <td>3,000 Meals</td> </tr> <tr> <td>10K-25K</td> <td>7,500 Meals</td> </tr> <tr> <td>25K-50K</td> <td>15,000 Meals</td> </tr> <tr> <td>50K-100K</td> <td>30,000 Meals</td> </tr> <tr> <td>100K-250K</td> <td>75,000 Meals</td> </tr> <tr> <td>250K-500K+</td> <td>150,000 Meals</td> </tr> </table>	Population		<10K	3,000 Meals	10K-25K	7,500 Meals	25K-50K	15,000 Meals	50K-100K	30,000 Meals	100K-250K	75,000 Meals	250K-500K+	150,000 Meals
Population																
<10K	3,000 Meals															
10K-25K	7,500 Meals															
25K-50K	15,000 Meals															
50K-100K	30,000 Meals															
100K-250K	75,000 Meals															
250K-500K+	150,000 Meals															
Meals from contractors (e.g., vendors, caterers)	1.75 million meals from contractors nationally (1.5 million plus 250,000 capacity needed to respond to concurrent disasters)															

Linked Capabilities

- Animal Health Emergency Support
- Citizen Protection: Evacuation and/or In-place Protection
- Communications
- Community Preparedness and Participation
- Critical Resource Logistics and Distribution
- Economic and Community Recovery
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Environment Health and Vector Control
- Epidemiological Surveillance and Investigation
- Fatality Management
- Food and Agriculture Safety and Defense,
- Isolation and Quarantine
- Medical Supplies Management and Distribution
- Medical Surge
- Planning
- Public Health Laboratory Testing
- Public Safety and Security Response
- Responder Safety and Health
- Restoration of Lifelines
- Structural Damage and Mitigation Assessment
- Volunteer Management and Donations

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- WMD/Hazardous Materials Response and Decontamination

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1. Homeland Security Presidential Directive/HSPD-8: National Preparedness. The White House, Office of the Press Secretary. December 2003. <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>.
2. National Response Plan. U.S. Department of Homeland Security. December 2004.
3. Resource Typing Definitions-I: First 60 Resources. National Mutual Aid and Resource Management Initiative. U.S. Department of Homeland Security, Federal Emergency Management Agency. January 2004. http://www.fema.gov/pdf/preparedness/initial_60_rtd.pdf.
4. National Mutual Aid and Resource Management Initiative, Resource Typing Definitions – I. Federal Emergency Management Agency. January 2004. http://www.fema.gov/pdf/preparedness/initial_60_rtd.pdf
5. NFPA 1600, Standard on Disaster/Emergency Management and Business Continuity Programs, National Fire Protection Association, 2004 Edition. <http://www.nfpa.org/aboutcodes/AboutTheCodes.asp?DocNum=1600>
6. NFPA 1561, Standard on Emergency Services Incident Management System, National Fire Protection Association, 2005 Edition <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=1561>
7. DHS, Office for Domestic Preparedness, Metropolitan Medical Response System (MMRS) Program, <http://mmrs.fema.gov>

VOLUNTEER MANAGEMENT AND DONATIONS

Capability Definition

Volunteer Management and Donations is the capability to effectively manage and deploy unaffiliated volunteers and unsolicited donations in support of domestic incident management, including identifying and determining needs and priorities for effectively managing and deploying volunteer support and donations before, during, and after an incident.

Outcome

The value of volunteers and charitable donations is maximized and does not hinder response and recovery activities.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

The capability supports the Volunteer and Donations Management Support Annex

Capability Description

Activity	Description
Manage undesignated cash donations	Coordinate a system to manage cash donations for disaster victims that have not been designated to a specific recipient.
Manage unaffiliated volunteers	Coordinate a system to manage spontaneous or emergent volunteers during an emergency who are not affiliated with a volunteer organization.
Manage unsolicited donations	Coordinate a system to manage the donations of goods for disaster victims that have not been requested by government, voluntary disaster-relief organizations, or other donations-related personnel.
Manage media and other external relations	Coordinate with emergency public information officials to provide guidance to citizens for donations and volunteering.
Establish systems and plans for identifying needs in affected communities	<ul style="list-style-type: none"> ▪ Develop capabilities to map populations at risk and identify vulnerabilities and optional needs for volunteerism, before, during or after an incident. ▪ Establish appropriate mechanisms to gather, collate, assess and prioritize needs. ▪ Develop standards, norms and parameters for defining proper “support basket” of volunteer aid/donations to the needing persons/communities. ▪ Teach and train volunteers to perform the tasks that they will be asked to complete.
Integrate volunteered technical capabilities	Coordinate a system for soliciting, receiving, and utilizing equipment and technical solutions for incident management, mass casualty care, communications, logistics, situational awareness, and other capabilities.

Critical Tasks

UTL#	Task
Com.B 2.3.1	Coordinate the use of assigned Volunteer Organizations Active in Disasters (VOAD).
Com.B 2.3.4	Develop plans, policies, and protocols for managing volunteers for medical tasks.
Com.B 2.3.5	Develop plans, policies, and protocols for managing volunteers for non-medical tasks.
Res.B.1 1.3.4.3.1	Designate and advertise point of contacts for soliciting and receiving equipment and technical (i.e., communications, logistics, housing, medical) solutions from the private sector, outside jurisdictions, non-governmental organizations, and volunteers.
Res.B.1 6.4.2.2.1	Activate preassigned toll-free numbers.
Res.B.1 6.4.2.2.2	Work closely with a public information officer to disseminate critical information about appropriate ways to donate and volunteer.
Res.B.1 6.4.2.2.3	Brief senior leadership and elected officials (government, Federal coordinating officer (FCO), congressional staff).
Res.B.1 6.4.2.2.4	Work with other Federal agencies and functions.
Res.B.1 6.4.2.2.5	Review and activate State and local plans for unsolicited donations and unaffiliated volunteers.
Res.B.1 6.4.2.2.6	Activate donations/volunteer coordination teams (DVCT).
Res.B.1 6.4.2.2.7	Develop a strategic facilities management plan (multiagency warehouse, emergency distribution centers).
Res.B.1 6.4.2.2.8	Establish a liaison with media outlets and other stakeholders (e.g., Congress, Federal agencies) to provide information about volunteers and donations.
Res.B.1 6.4.2.2.10	Establish a donations and volunteer coordination center.
Res.B.1 6.4.2.2.11	Gather donations intelligence from the field.
Res.B.1 6.4.2.2.12	Facilitate the transportation of goods in coordination with State tracking associations, State and Federal Departments of Transportation, State police, and other related agencies.
Res.B.1 6.4.2.2.14	Manage cash donations (suggest to the public that cash is preferred by way of press releases and briefings).
Res.B.1 6.4.2.2.13	Locate and establish warehouses and material handling equipment.
Res.B.1 6.4.2.2.15	Coordinate voluntary support/activities with community/tribal leadership and liaise with local agencies.
Res.B.1 6.4.2.2.16	Develop just-in-time training program for volunteers to perform required tasks.
Rec.A.3 3.4	Provide volunteer services.

Preparedness Measures and Metrics

Preparedness Measure	Preparedness Metric
A volunteer management and donations plan is in place that: <ul style="list-style-type: none"> ▪ Defines needs for and deployment of volunteers ▪ Provides protective measures and essential equipment ▪ Manages unsolicited donations ▪ Provides for education and training of volunteers ▪ Address logistics, including housing and feeding of volunteers arriving from outside the area ▪ Address fatality management 	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Plans, policies and protocols for managing volunteers for different types of incidents before, during and after an incident have been developed	Yes/No
National and State Volunteer Organizations Active in Disasters (VOAD) have been established and are consulted during disaster planning	Yes/No
Cooperative agreements and memorandums of understanding (MOUs) with volunteer management organizations have been developed	Yes/No
Mutual aid agreements with non-profit relief organizations (e.g. Red Cross, etc.) or local government citizen participation programs (e.g. Citizen Corps) have been created	Yes/No
Provisions have been made for insurance coverage for volunteers assigned to perform tasks	Yes/No
Norms and standards have been set regarding appropriate, fair and equal allocation of volunteers, aid and donations	Yes/No
Volunteer management and donations plans have been exercised	Yes/No
Point of contacts for donations are advertised to outside jurisdictions, the private sector, non-governmental organizations, and the media	Yes/No

Performance Measures and Metrics

Performance Measure	Performance Metric
Time to establish a staging area, including technology and communications equipment	48 hours after an incident or disaster
Time to implement strategic facility management plan	24 hours after notification of a disaster or impending disaster
Time to establish a warehouse(s) with professional and volunteer	24 hours following the location of a

Performance Measure	Performance Metric
staff	warehouse
Time to communicate with media outlets	1 hour after an incident or disaster
Time to communicate information about volunteer and donation needs and how to help	Within 24 hours after the end of a disaster or incident
Time to deploy volunteer/donation coordinators	6 hours after the end of a disaster or incident
Time to arrange trucks to pick up goods from the warehouse and deliver them to distribution centers	48 hours after the end of a disaster or incident

Capability Elements

Personnel

(Personnel and Teams include applicable equipment and training as defined by NIMS Resource Typing System)

- Donations Volunteer Call Center (DVCC) staff and equipment needed to manage volunteers and donations
- Donations/volunteers coordinator
- Donation Coordination Team
- Volunteer Coordination Team
- Transportation drivers
- Warehouse managers and staff

Equipment and Systems

- Transportation equipment to pick up and deliver donated goods
- Warehouses and equipment for storage of donated goods
- Tracking system for goods and personnel
- Process for processing vouchers or payment for volunteer expenses

Planning Assumptions

- Although applicable to several of the 15 National Planning Scenarios, the capability planning factors were developed from an in-depth analysis of the major earthquake scenario. Other scenarios were reviewed to identify required adjustments or additions to the planning factors and national targets.
- Three million are affected, 2.5 million are displaced, 30,000 are killed, and 150,000 are injured.
- Seasonal considerations include the dead of winter instead of summer.
- Infrastructure failure is pervasive in communications, energy, and water and sewer sectors.
- Offers of assistance will come from other countries.
- The need for resources is 12–48 hours, which can be located regionally. The optimal location should be 15–20 miles from the event site (ground zero). However, damage to infrastructure may dictate otherwise. The call center should generally be located close to the State’s Emergency Operation Center (EOC) for coordination purposes.

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability (Earthquake)

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Donation and volunteer call center (DVCC)	Handles 5,000 calls/day 60 operators for 14 hours/day	An average of 2,500 calls come in a day resulting from media blitz; each call averages 10 minutes.	<ul style="list-style-type: none"> ▪ 60 operators per shift ▪ 2 shifts = 120 operators ▪ 6 supervisors per shift. ▪ 1 manager
Transportation	1 26-ft. container holds 4 tons	1,000,000 persons are displaced; need 10 pounds of clothing and personal goods per day.	1,250 trucks and drivers to pick up and deliver goods
Warehousing	1 warehouse manager and associated equipment and personnel	1,000,000 persons are displaced; need 10 pounds of clothing and personal goods per day.	100,000 tons of material for each warehouse; one warehouse worker per 25,000 tons = 4
Donations/volunteer coordinator	Manage centers and media relations.		

Approaches for Large-Scale Events

Due to the possibility of severely damaged roads, alternative methods of transportation (e.g., helicopters) will need to be considered.

National Targets and Assigned Levels

Resource	Assigned Level and Quantity
Donations and volunteer call center (DVCC)	<p>1 per State located close to the State EOC; capability established pre-incident and activated as needed</p> <ul style="list-style-type: none"> ▪ 20–60 operators (calltakers) with computer terminals networked ▪ Access to high-speed Internet ▪ Call center database on secure Web site with logon, passwords, and varying levels of access ▪ 1 donation coordination team of 8–10 people with clerical support ▪ 1 volunteer coordination team of 8–10 people to qualify offers of services and develop links to agencies needing volunteers ▪ An 800 telephone number with 20–60 line capability ▪ 20+ additional lines for coordination teams ▪ Computers for coordination teams ▪ Hours: 8 a.m.–10 p.m.; 2 shifts

Resource	Assigned Level and Quantity
Transportation	State/local/private: for large-scale incidents, may need up to 1,200 vehicles (as described above) that would be acquired through private rentals, donations, or National Guard. A plan should be developed for this resource
Warehousing	Public/private partnership: 1–6
Donations coordinators	Regional: 4 per region

Linked Capabilities

- Citizen Protection: Evacuation and/or In-place Protection
- Communications
- Community Preparedness and Participation
- Critical Resource Logistics and Distribution
- Economic and Community Recovery
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Isolation and Quarantine
- Mass Care (Sheltering, Feeding, and Related Services)
- Mass Prophylaxis
- Medical Supplies Management and Distribution
- Medical Surge
- Onsite Incident Management
- Planning
- Public Safety and Security Response
- Responder Safety and Health
- Risk Management
- Urban Search & Rescue

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1. Homeland Security Presidential Directive/HSPD–8: National Preparedness. White House, Office of the Press Secretary. December 2003. <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>.
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5. Citizen Corps. U.S. Department of Homeland Security. 2004. <http://www.citizencorps.gov>.
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MEDICAL SURGE

Capability Definition

Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system in order to provide triage and then to provide medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Outcome

Injured or ill from the initial event are cared for and new cases that arise from initial illness or injury and new illnesses or injuries or exacerbation of pre-existing illness or injury due to disease, contamination or injury including exposure from communicable diseases and/or injuries which are secondary to the primary event are minimized. The at-risk population receives the appropriate protection (countermeasures) and treatment in a timely manner.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability supports Emergency Support Function:

(ESF) #8: Public Health and Medical Services.

Capability Description

Activity	Description
Patient care	<ul style="list-style-type: none"> ▪ Triage, to include recognition of symptoms ▪ Treatment including provision of a medical screening, examination, and appropriate outpatient or inpatient care ▪ Patient movement ▪ Victim registry/patient tracking (to include medical monitoring) ▪ Decontamination ▪ Postmortem care and disposition ▪ Special needs populations ▪ Long-term care.

Activity	Description
Training and education	<ul style="list-style-type: none"> ▪ Training and event-specific risk communication (provider and public in conjunction with public health officials) ▪ Public health education on aspects of self-care ▪ Training and education regarding worker safety ▪ Training in symptom recognition, identification, and treatment. ▪ CBRNE (chemical, biological, radiological, nuclear, and explosive) training for all healthcare providers ▪ Training non-specialists and staff in non-trauma hospitals to be prepared to accept trauma or special (burn, pediatric, etc.) cases that are beyond the capacity of the special centers or that self deliver to a non-trauma center hospital. ▪ Training for paraprofessionals to provide behavioral health services. ▪ Re-emphasis on training for injuries/illness related to “Natural Disasters”
Resource management	<ul style="list-style-type: none"> ▪ Logistics (supply/resupply, utilities, equipment, mass distribution plans for prophylaxis) ▪ Management of medical resources (prioritization of use, communication, information technology (IT)) ▪ Specialty beds, equipment, and staff ▪ Coordination and management (including verification of credentials) of healthcare professionals/volunteers working in private healthcare systems ▪ Clinical labs have to report syndromic and diagnostic data to the Public Health Lab Network. ▪ Surge personnel from outside the affected area
Hazards mitigation	<ul style="list-style-type: none"> ▪ Management of medical waste ▪ Decontamination ▪ Personal protective equipment (PPE) ▪ Implementation of infection control precautions (to include isolation and quarantine) ▪ Epidemiological surveillance of initial and subsequent hazards arising from or as a consequence to the initial event.
Coordination	<ul style="list-style-type: none"> ▪ Security ▪ Local and State emergency operations centers ▪ Local and regional healthcare facilities ▪ Mass care shelters ▪ Special needs shelters
Financial management	<ul style="list-style-type: none"> ▪ Establishment of an expense tracking system

Critical Tasks

UTL#	Task
Res.B.1 3	Activate an incident command system (ICS).
Res.B.2 1.2.2.1	Establish criteria for patient decontamination that fully considers the safety of emergency medical services (EMS) personnel and hospital-based first responders, knowing that up to 80% of all victims will self-refer to the nearest hospital.
Res.B.2 5.5.6	Implement plans, procedures, and protocols to ensure individual gross decontamination of persons prior to admittance to shelters and other mass care facilities, medical and alternate care facilities, reception centers, and other places as needed.
Res.B.5 4.2.2.3	Disseminate public health and safety information to the public to improve provision of home healthcare.
Res. C.1 1.1.3.4	Establish a system including facilities that have been identified to deal with burns and other specialized medical injuries.
Res. C.1 1.2.3.1.1	Provide post-hospitalization regulating and mass movement of patients that matches needy patients with transportation assets and available definitive care.
Res.C.1 1.2.3.1.2	Enhance emergency system patient transport and tracking systems.
Res.C.1 3	Provide coordination and support through the ICS for providing medical care.
Res.C.1 3.1.2.2	Ensure that comprehensive stress management strategies and programs are in place and operational for all emergency responders and workers.
Res.C.1 3.3.1	Coordinate with State, Tribal, and local medical, mental health, substance abuse, public health, and private sector officials to determine current assistance requirements.
Res.C.1 3.3.3.2	Activate procedures for altered nursing and medical care standards.
Res.C.1 3.3.3.6	Support medical surge capability by using volunteer resources.
Res.C.1 3.3.4.1	Establish alternate emergency care sites and overflow emergency medical care facilities to manage hospital surge capacity.
Res.C.1 3.3.4.4	Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
Res.C.1 3.4.3	Coordinate public health and medical services among those people who have been isolated or quarantined.
Res.C.1 3.4.8	Identify local, state and region mental health and substance abuse professionals or paraprofessionals by survey and needs assessment and integrate them within the response planning.
Res.C.1 4.1.7	Provide emergency medical and dental care.
Res.C.1 4.2.2	Activate healthcare workers' and volunteers' call systems.
Res.C.1 4.2.4	Mobilize burn/trauma/pediatric healthcare specialists.
Res.C.1 4.3.3.2	Provide accurate and relevant public health and medical information to clinicians, other responders, and the public in a timely manner.

UTL#	Task
Res.C.3 1.4	Implement medical surge plans, procedures, and protocols for special needs populations.
Rec.A.1 1.4.4	Develop and execute medical mutual aid agreements.
Rec.A.1 1.4.5.4	Execute medical mutual aid agreements.
Rec.A.1 3.1.1	Provide long-term mental health and substance abuse behavioral health services to the community.
Rec.A.1 3.1.1.2	Provide counseling support.
Rec.A.1 3.1.1.3	Provide family support services.
Rec.A.1 3.1.1.4	Provide worker crisis counseling and mental health and substance abuse behavioral health support.
Rec.A.1 3.1.1.5	Mobilize mental health specialists for pediatrics.

Preparedness Measures and Metrics

Preparedness Measure	Preparedness Metric
<p>Triage treatment and initial stabilization can be conducted for the following classes of patients within three hours of an emergency:</p> <ul style="list-style-type: none"> ▪ 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza; ▪ 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure; ▪ 50 cases per million population for patients suffering burn or trauma; and ▪ 50 cases per million populations for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression 	Yes/No

Preparedness Measure	Preparedness Metric
<p>A 50-bed nursing subunit can be staffed for 12 hours with:</p> <ul style="list-style-type: none"> (1) Physician (1) Physician's assistant (PA) or nurse practitioner (NP) (physician extenders) (6) RNs or a mix of RNs and licensed practical nurses (LPN) (4) Nursing assistants/nursing support technicians (2) Medical clerks (unit secretaries) (1) Respiratory therapist (RT) (1) Case manager (1) Social worker (1) Housekeepers (1) Patient transporters 	Yes/No
Percentage of hospitals that have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease or a febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease	100%
Regional system has been established to ensure a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff) and their family members and hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate	Yes/No
Adequate PPE is available for current and additional health care personnel during an incident	Yes/No
Percentage of hospitals capable of providing decontamination to individual(s) with potential or actual hazardous agents in or on their body	100%
Percentage of hospitals that can decontaminate 500 persons in hours per millions population	100%
For an isolated community hospital serving a population of 100, 000 persons, the hospital is able to decontaminate 50 persons in 2 h, or 25 per hour, or about one every 2 1/2 min.	Yes/No
Hospitals have at least one set of equipment to decontaminate ambulatory patients and one set of equipment for non-ambulatory patients	Yes/No

Preparedness Measure	Preparedness Metric
<p>Hospital decontamination systems address the following essential elements:</p> <p>(1) Adequate outdoor or indoor systems with consideration of typical ambient climate or heating systems to support colder climates. There must be adequate lighting and systems to communicate with staff and patients, both indoors and outdoors</p> <p>(2) Provision for separate entrance from typical ambulatory entrance, if the decontamination area is indoors. Some hospitals must combine the decontamination area with the EMS entrance. This is not desirable in the implementation of new systems as hospitals do redesigns</p> <p>(3) Provision for shower heads supplied with warm clean water, sufficient in number to manage the planning volumes</p> <p>(4) Gender and privacy concern</p> <p>(5) Capability to separate, isolate, and secure personal property for later decontamination</p> <p>(6) Provision of supplies (for example, containers and name tags) and procedures for separately securing personal clothing and valuables and a process that allows valuables to be matched back with the patient</p> <p>(7) Provision of clothing for persons to wear following the decontamination</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
<p>Secure and redundant communications system that ensure connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials have been established</p>	<p>Yes/No</p>
<p>Hospitals are utilizing competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency</p>	<p>Yes/No</p>

Performance Measure	Performance Metric
Medical surge plans have been developed	Yes/No
<p>Personnel (option 2): ratio based on the number of surge beds needed and the predefined patient:staff ratios that exist (if any). The minimal number of staff providing direct patient care on the 50-bed nursing subunit per 12-hour shift is 12, which includes the physician, the physician extenders, nurses, and nursing assistants (ACC CONOPS)</p>	<ul style="list-style-type: none"> ▪ State A: population—5,595,211; surge beds—2,798; healthcare personnel (1:4)—2,938; healthcare personnel (1:6)—1,958 ▪ State B: population—11,353,140; surge beds—5,677; healthcare personnel (1:4)—5,960; healthcare personnel (1:6)—3,974 ▪ State C: population—20,851,820; surge beds—10,426; healthcare personnel (1:4)—10,947; healthcare personnel (1:6)—7,298
Isolation capacity (for contagious biological events)	<ul style="list-style-type: none"> ▪ Ensure that all hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza, hemorrhagic fevers) or a febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. ▪ Identify at least one regional healthcare facility, in each defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours of the event.

Performance Measures and Metrics

Performance Measure	Performance Metric
Patients and responders are identified, screened, and monitored after an event	Yes/No
Personnel are available to augment treatment facilities	Yes/No
Protocols for the set up, staffing and operation of alternate care facilities are established and implemented in the event	Yes/No
Adequate supplies, pharmaceuticals, and equipment are available to support facility surge capacity	Yes/No
Patients are successfully tracked	Yes/No
Policies for security of facility and its perimeter are implemented in the event	Yes/No
The percentage of staff at risk who are protected by appropriate PPE	100%
Mass decontamination is performed at the healthcare facility	Yes/No
Percentage of the population receiving definitive medical care that recovers from injuries over time	Incident Dependant
Percentage of hospitals that are available to support the incident	100%
Timely public health information is disseminated to improve provision of home healthcare	Yes/No
Adequate resources are available to provide post-hospitalization regulating and mass movement/transfer of patients	Yes/No

Capability Elements

Personnel

- Hospital Administrators
- Physicians
- Physician's assistant (PA) or nurse practitioner (NP) (physician extenders)
- Nurses (registered nurses (RNs) or a mix of RNs and licensed practical nurses (LPN))
- Nursing assistants/nursing support technicians
- Pharmacists
- Pharmacy Technicians
- Medical clerks (unit secretaries)
- Respiratory therapist (RT)
- Radiology Technicians
- Laboratory Technicians
- Phlebotomists
- Physical Therapists

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- Dietitians/Food Service
 - Case manager
 - Social worker
 - Behavioral Health Specialists (paraprofessionals and professionals)
 - Housekeepers
 - Patient transporters
 - Hospital Security
 - Veterinarians
 - Dentists
 - Morticians

Planning

- Beds to be provided for patients who require hospitalization within 3 hours of a terrorism incident or other public health emergency
- Establishment of alternate care facilities capable of providing acute care needs and short term stabilization prior to transfer to established definitive care facility
- Isolation capacity to maintain suspected cases of a highly infectious disease
- Pharmaceutical caches to provide prophylaxis to hospital personnel, first responders, and their family members

Equipment and Systems

- Personal Protective Equipment for healthcare personnel
- Decontamination equipment (ASTM Standard E 2413)
- Communications and IT, allowing a secure and redundant communications system

Training and Education

- Competency-based education and training programs for healthcare personnel responding to a terrorist incident, natural disaster, or other public health emergency

Planning Assumptions

General

- Although applicable to several of the 15 National Planning Scenarios, the capability planning factors were developed from an in-depth analysis of the Pandemic Influenza scenario. Other scenarios were reviewed to identify required adjustments or additions to the planning factors and national targets.
- This Capability applies to a wide range of incidents and emergencies including accidental or deliberate disease outbreaks, natural disasters, nuclear and conventional events.
- The professionals listed in the following have basic skill sets commensurate with their professional training and experience qualified by professional licensure and/or industry standards.
- There will be a significant problem locating displaced family members as well as victims at treatment facilities.
- Emergency Response Plans are activated.
- Public Health Emergency and Stafford declaration will be utilized to enable the Secretary of the Department of Health and Human Services (HHS) to invoke Emergency Hiring Authority and additional resources for additional healthcare assets.

- Response to the overwhelming demand for services will require non-standard (Altered Standards of Care) approaches, including: Discharge of all but critically ill hospital patients. Expansion of hospital “capacity” by using all available space. Less than code compliance beds. Relaxation of practitioner licensure requirements as deemed appropriate. Utilization of general purpose and special needs shelters as temporary health facilities.
- Secondary bacterial infections following any mass casualty event will stress antibiotic supplies.
- There will be critical shortages of health care resources such as staff, hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies and other resources.
- Routine medical admissions for acute medical and trauma needs will continue.
- Alternate healthcare facility plans are implemented.
- Emergency Use Authorities will be sought.
- Victims and Responder monitoring and treatment may be required over a long time frame.
- There may be a denigration of Healthcare Staff numbers for a variety of causes.
- A large number (75 percent plus) of victims will self present without field triage or evaluation.
- The “normal” supply chain may be disrupted.
- Hospital logistical stores will be depleted in the early hours of any large scale event.
- There will be a significant increase and demand for specialty healthcare personnel and beds (biological contagious, burn, trauma, pediatrics) depending of the specific event.
- Healthcare providers are subject to the affects of disasters and may need decontamination and prophylaxis measures before being able to perform their response roles.

Pandemic Influenza:

- Pandemic is pervasive and not localized.
- Worst case scenario would produce 733,000 patients hospitalized on any given day.
- Up to 20 percent of those hospitalized (146,600 patients) are critical and will each require a critical care bed, mechanical ventilation; necessitating staff to patient ratios of 1:2 registered nurses (RN) (73,300 RNs), 1:10 physicians (14,660 MDs); 1:5 respiratory therapists (29,320 RTs).
- 80 percent of those hospitalized (586,400 patients) are non-critical and necessitate a general medical bed, patient to staff ratios of 1:40 physician (14,660 MDs) and 1:20 RN (29,320 RNs).
- Vaccine availability will be insufficient and time to produce additional vaccine unacceptably long.
- Antiviral drug production will be surged.
- Strategic National Stockpile (SNS) will be depleted.
- 42 million Out Patient visits were provided with antivirals; antipyretics; analgesics
- 50 million at home on self care are on over-the-counter (OTC) only.
- 1 percent of the hospitalized patient population (7,338) warrant transfer from one healthcare facility to another more than 100 miles.
- 50 percent of the transferring patient population (3,669) will require transfer during one two-month period; the other half (3,669) during a separate two-month period; averaging 61 patients per day, with surging to 200 patients per day for one week.
- 10 percent of transferring patients (total of 733 patients over/during the entire scenario) could travel by commercial means sans medical attendance en route.
- 50 percent are ambulatory (total 3,669) but require medical attendance en route at a rate of 1 nurse per 50 patients.

- 40 percent are restricted to litters (total 2,936) and require medical attendance at a rate of 1 nurse per 20 patients.
- 50 percent of litter patients are critical and require ventilation and 1 nurse per patient (1,468).
- Because of the limited supply and production capacity, there is a need for explicit prioritization of influenza vaccine based on the risk of influenza complications, the likelihood of benefit from vaccination, role as an influenza pandemic responder, and impact of the pandemic on maintenance of critical infrastructure.
- Persons of all ages will likely need 2 doses of vaccine, 3-4 weeks apart in order to be protected.

Chemical:

- Most likely route of introduction of a chemical exposure in a mass casualty event will be inhalation.
- There will most likely be a delay in the identification of the chemical.
- All chemicals are toxic depending on the concentration and time spent in that concentration.
- Medical treatment facilities have inadequate decontamination capabilities.

Nuclear Detonation:

- Triage will be a major issue for care providers.
- Decontamination and monitoring will be a major issue.
- As a rule of thumb, the sooner the onset of symptoms and the higher the dose received the less likely the victim will survive.
- Generally, invasive (open) procedures should be performed within the first forty-eight hours (48) in those receiving significant doses of radiation exposure due to immunocompromise.
- Critical infrastructure and personnel will be damaged and rendered ineffective for a three mile radius.
- Tens of thousands will require decontamination and both short-term and long-term treatment.
- The evacuated population will require shelter and food for an indefinite time.
- Healthcare facilities and emergency workers in the affected area will be overwhelmed.
- There will be a significant psychological impact on survivors creating long term mental health demands.
- The effects of the radiation will be prevalent for years creating long term health issues.
- Healthcare facilities involved in the affected area will have to be replaced and relocated.
- Triage may identify a significant number of patients who have received lethal doses of radiation with zero chance of survivability who will require palliative care only.
- There is a lack of palliative care resources and planning for large numbers of victims.
- Timely and accurate emergency public health information / crisis information news releases are vital for mitigation and prevention of further health issues.

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability (Pandemic Influenza)

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Beds			Provide triage treatment and initial stabilization above the current daily staffed bed capacity for the following classes of adult

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
			<p>and pediatric patients requiring hospitalization within 3 hours in the wake of a terrorism incident or other public health emergency:</p> <ul style="list-style-type: none"> ▪ 500 cases per million population for patients with symptoms of acute infectious disease—especially smallpox, anthrax, plague, tularemia and influenza ▪ 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning—especially that resulting from nerve agent exposure ▪ 50 cases per million population for patients suffering from burns or other trauma ▪ 50 cases per million population for patients manifesting the symptoms of radiation-induced injury—especially bone marrow suppression
<p>Personnel (option 1): the concept of operations for the acute care center</p>	<p>Suggested minimal staffing per 12-hour shift for a 50-bed nursing subunit follows:</p>		<ul style="list-style-type: none"> ▪ 1 physician ▪ 1 physician assistant (PA) or nurse practitioner (NP) (physician extenders) ▪ 6 registered nurses (RNs) or a mix of RNs and licensed practical nurses (LPNs) ▪ 4 nursing assistants/nursing support technicians ▪ Medical clerks (unit secretaries) ▪ Respiratory therapist (RT) ▪ Case manager ▪ Social worker ▪ Housekeepers ▪ 1 patient transporter
<p>Pharmaceutical caches</p>			<p>Establish a regional system that ensures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff) and their family members and hospital-based emergency first responders and their families in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.</p>

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Personal protective equipment (PPE)			Ensure adequate PPE (to include prophylaxes) to protect current and additional healthcare personnel during an incident. The quantity and type of PPE will be established based on a hazardous vulnerability analysis (HVA) and the level of decontamination that is being designed.
Decontamination (ASTM International Standard E 2413)			<ul style="list-style-type: none"> ▪ A community must be able to provide decontamination to 500 persons per million population in 3 hours. This should allow hospitals to plan for one set of equipment that would serve ambulatory patients (a showering setup), and one set of equipment that would decontaminate nonambulatory patients (two at a time, washed about 5 minutes a piece) but could be adapted if all persons are ambulatory. ▪ Communities must make four hospital employees available 24 hours a day to use level C protection to decontaminate patients who are grossly contaminated.
Communications and information technology			<ul style="list-style-type: none"> ▪ Establish a secure and redundant communications system that ensures connectivity during a terrorist incident or other public health emergency among healthcare facilities and State and local health departments, emergency medical services (EMS), emergency management agencies, public safety agencies, neighboring jurisdictions, and Federal public health officials. ▪ Enhance the capability of rural and urban hospitals, clinics, EMS systems, and poison control centers to report syndrome-related and diagnostic data that is suggestive of terrorism or a highly infectious disease to local and State health departments on a 24/7 basis.
Training and education			<ul style="list-style-type: none"> ▪ Awardees will use competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient healthcare personnel responding to a terrorist incident or public health emergency.

Approaches for Large-Scale Events

None specified.

National Targets and Assigned Levels

- The metrics set forth below are from the cooperative agreement guidance of the Health Resources and Services Administration’s (HRSA’s) National Bioterrorism Hospital Preparedness Program (NBHPP) and are for the express purpose of planning.
- All incidents are local and initially will be managed locally. All States have been charged through the NBHPP cooperative agreement to plan based on hazard vulnerability analyses that have been done in their States.
- It should be noted that because these are *planning* level requirements, these numbers have not been validated or proven to be realistic but serve as a starting point from which to plan.

Resource	Assigned Level and Quantity
Beds	<p>Provide triage treatment and initial stabilization above the current daily bed capacity for the following classes of adult and pediatric patients requiring hospitalization within 3 hours in the wake of a terrorism incident or public health emergency:</p> <ul style="list-style-type: none"> ▪ 500 cases per million population for patients with symptoms of acute infectious disease—especially smallpox, anthrax, plague, tularemia, and influenza ▪ 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning—especially that resulting from nerve agent exposure ▪ 50 cases per million population for patients suffering from burns or other trauma ▪ 50 cases per million population for patients manifesting the symptoms of radiation-induced injury—especially bone marrow suppression
Personnel (option 1): the concept of operations for the acute care center	<ul style="list-style-type: none"> ▪ 1 physician ▪ 1 PA or NP ▪ 6 RNs or a mix of RNs and LPNs ▪ 4 nursing assistants/nursing support technicians ▪ 2 medical clerks (unit secretaries) ▪ 1 RT ▪ 1 case manager ▪ 1 social worker ▪ 1 housekeeper ▪ 1 patient transporter
Personnel (option 2): ratio based on the number of surge beds needed and the predefined patient:staff ratios that exist (if any)	<ul style="list-style-type: none"> ▪ State A: population—5,595,211; surge beds—2,798; healthcare personnel (1:4)—2,938; healthcare personnel (1:6)—1,958 ▪ State B: population—11,353,140; surge beds—5,677; healthcare personnel (1:4)—5,960, healthcare personnel (1:6)—3,974 ▪ State C: population—20,851,820; surge beds—10,426; healthcare personnel (1:4)—10,947; healthcare personnel (1:6)—7,298

Resource	Assigned Level and Quantity
Isolation capacity	<ul style="list-style-type: none"> ▪ Ensure that all hospitals have the capacity to maintain, in negative-pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza, hemorrhagic fevers) or a febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. ▪ Identify at least one regional healthcare facility in each defined region that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative-pressure isolation within 3 hours of the event.
Pharmaceutical caches	Establish a regional system that ensures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff) and their family members and hospital-based emergency first responders and their families in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.
Personal protective equipment (PPE)	Ensure adequate PPE to protect current and additional healthcare personnel during an incident. The quantity and type of PPE will be established based on an HVA and the level of decontamination that is being designed.
Decontamination (ASTM International Standard E 2413)	<ul style="list-style-type: none"> ▪ A community must be able to provide decontamination to 500 persons per million population in 3 hours. This should allow hospitals to plan for one set of equipment that would serve ambulatory patients (a showering setup) and one set of equipment that would decontaminate nonambulatory patients (two at a time, washed about 5 minutes each) but could be adapted if all persons are ambulatory. ▪ Communities must make four hospital employees available 24 hours a day to use level C protection to decontaminate patients who are grossly contaminated.
Communications and information technology	<ul style="list-style-type: none"> ▪ Establish a secure and redundant communications system that ensures connectivity during a terrorist incident or public health emergency among healthcare facilities and State and local health departments, EMS, emergency management agencies, public safety agencies, neighboring jurisdictions, and Federal public health officials. ▪ Enhance the capability of rural and urban hospitals, clinics, EMS systems, and poison control centers to report syndrome-related and diagnostic data that are suggestive of terrorism or a highly infectious disease to their associated local and State health departments on a 24/7 basis.
Training and education	Use competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient healthcare personnel responding to a terrorist incident or public health emergency.

Linked Capabilities

- Animal Health Emergency Support
- CBRNE Detection
- Communications
- Community Preparedness and Participation
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Epidemiological Surveillance and Investigation
- Fatality Management
- Isolation and Quarantine
- Law Enforcement Investigations and Operations (Evidence collection)
- Mass Care (Sheltering, Feeding, and Related Services)
- Mass Prophylaxis
- Medical Supplies Management and Distribution
- Planning
- Public Health Laboratory Testing
- Responder Safety and Health
- Restoration of Lifelines
- Risk Management
- Structural Damage and Mitigation Assessment
- Triage and Pre-Hospital Treatment
- Volunteer Management and Donations

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DRAFT - 6 Dec

MASS PROPHYLAXIS

Capability Definition

Mass Prophylaxis is the capability to protect the health of the population through administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

Outcome

Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals. Public information strategies include recommendations on specific actions individuals can take to protect their family, friends, and themselves.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability supports the Emergency Support Function:

(ESF) #8: Public Health and Medical Services.

Capability Description

Activity	Description
Medical screening	Triage individuals for need for prophylaxis based on CDC guidelines and instructions.
Inventory management	<ul style="list-style-type: none"> ▪ Ensure availability of appropriate prophylaxis interventions. ▪ Ensure adherence to state and federal laws and regulations. ▪ Provide management of all medicines, medical supplies and equipment to include proper storage, monitoring, order/re-ordering and repackaging needed during a mass prophylaxis campaign.
Transportation	<ul style="list-style-type: none"> ▪ Plan for and coordinate transportation for the movement of people and medical material.
Command and control	<ul style="list-style-type: none"> ▪ Maintain a plan for managing dispensing operations in response to an emergency. This should incorporate planning, operations, logistics, communications, and reporting systems.
Public education	<ul style="list-style-type: none"> ▪ Educate the public about the health-related situation and actions they can take to protect their health, including providing information about the availability, use, and risks of prophylaxis interventions. ▪ Specify who may need treatment, where the exposures occurred, and how to access prophylaxis. ▪ Educate the public about disease facts: signs, symptoms, incubation period, and transmission

Activity	Description
Mass dispensing	<ul style="list-style-type: none"> ▪ Provide a network of dispensing sites and vaccination clinics for rapidly administering prophylaxis to the public. ▪ Adhere to State and Federal laws (i.e., dispensing, labeling, and use of investigational drugs and vaccines) and Emergency Use Authorization protocols.
Security	<ul style="list-style-type: none"> ▪ Plan for and coordinate security to adequately protect medical material and supplies from receipt and storage to distribution. ▪ Develop procedures for crowd control and protection from injury.
Adverse events management and tracking	<ul style="list-style-type: none"> ▪ Provide prophylaxis follow-up to monitor people for antibiotic effectiveness or vaccine immune response. ▪ Arrange alternative prophylaxis for people who have adverse effects from the initial prophylaxis. Data collection is essential for monitoring medication compliance.

Critical Tasks

UTL#	Task
Res.B.5 4.2.2	Disseminate health and safety information to the public.
Res.C.1 1.2.3.1	Create plans and systems for patient movement and tracking.
Res.C.1 1.2.3.2	Create plans and systems for transport and tracking of medical supplies and equipment.
Res.C.1 3.4.3	Coordinate public health and medical services
Res.C.2 1.2.6	Provide security to protect medicines, supplies and public health personnel
Res.C.2 1.2.7	Maintain a system for inventory management to ensure availability of critical medicines and medical supplies.
Res.C.2 3.2	Coordinate dispensing of mass therapeutics and vaccines.
Res.C.2 4	Implement local, regional, and State plans for distributing and dispensing prophylaxis.
Res.C.2 4.4.3	Provide antibiotic prophylaxis and/or immunizations to all responders and their families, including nongovernmental personnel supporting relief efforts, as medically indicated
Res.C.2 4.4.6	Track outcomes and adverse events following mass distribution of prophylaxis.
Res.C.2 4.5.1	Direct and control public information releases.

Preparedness Measures and Ratings

Preparedness Measure	Preparedness Rating
<p>Current rating on the Strategic National Stockpile State Assessment is a passing grade.</p> <p>Note: The Mass Prophylaxis Appendix captures the State SNS Assessment Tool currently in use. The SNS program is revising the instrument to place more emphasis on performance outcomes.</p>	Passing Grade

Performance Measures and Metrics

Performance Measure	Performance Metric
Public information messages were accurate, consistent, and timely	Public informed in time to prevent and/or curb symptoms
Sufficient, competent personnel were available to staff dispensing centers or vaccination clinics	100% of those required in accordance with the SNS plans and State/Local plans
Rate at which dispensing centers and vaccination clinics process patients (persons per hour)	Achieve throughput number of patients per hour in accordance with SNS plans and State/local plans
Percent proportion of at-risk population that was successfully provided initial prophylaxis	100% within 48 hours of decision to provide prophylaxis
Rate of administration of the intervention was not affected by supply chain or other logistical problems	No interruption in administration of the intervention due to supply availability and logistics
Potential dispensing center personnel are prepared to deal with potential emotionality of individuals seeking medication	100% of dispensing center personnel receive at least 2 hours of disaster mental health training each year
Mass prophylaxis and vaccination plans include behavioral recommendations to reduce social unrest and increase the likelihood of adherence with public health recommendations before medication can be dispensed during the distribution process and after available resources may become exhausted (worst case)	100% of mass prophylaxis and vaccination plans address behavioral issues and make specific recommendations about actions people can take to safeguard the best interests of their family, friends and themselves under a variety of possible scenarios

Capability Elements

Personnel

(Personnel and Teams include applicable equipment and training as defined by NIMS Resource Typing System)

- Technical Advisory Response Unit (TARU) Teams provide technical assistance related to receipts of medical material from SNS

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- Receiving, Shipping, and Storage (RSS) sites
 - Dispensing/Vaccination Centers (DVC) Point of Distribution (PODs)
 - Adverse Event Monitoring Teams
 - Personnel for dispensing centers and vaccination clinics:
 - Clinicians/public health professions
 - Ancillary support personnel
 - Traffic control personnel
 - Security personnel
 - Inventory assistants
 - Staff for storing, receiving and distributing federal medical supplies and equipment

Organization and Leadership

- Multiagency Coordination Systems (MACS)
- SNS coordination center

Equipment and Systems

- Medical Assets/Supplies (prophylaxis)

Planning Assumptions

- Assume population potentially exposed and requiring prophylaxis is 2 million in one metropolitan area.
 - Additional illnesses will occur prior to mass prophylaxis campaign. Many people likely to present who fear they might have been exposed Multiple Unexplained Physical Symptoms (MUPS). Due to time elapsed prior to plan execution and non-informed public. Studies show that between 4 and 50 times as many people seek medical care after an event for MUPS than for diagnosable symptoms treatable by medical providers.
 - State/local medicines and medical supplies are insufficient for mass prophylaxis.
 - Federal medical assets requested and received at each location within 12 hours from the federal decision to deploy assets.
 - State/locals receive prophylaxis materials and supplies for 6 million. Estimates affected Metropolitan Statistical Area (MSA) @ 2 million in 3 geographic locations.
 - Adequate prophylaxis is readily available from the Strategic National Stockpile; initial 10-day regimen with ciprofloxacin (Cipro) or doxycycline (Doxy) assuming that the organism is sensitive to these antibiotics. Goal to protect exposed or potentially exposed population as quickly as possible based on current Centers for Disease Control (CDC) recommendations for anthrax prophylaxis.
 - Follow-on prophylaxis with vaccine and antibiotics (50-day supply) for persons at highest risk of exposure based on epidemiological data and current CDC recommendations for anthrax prophylaxis.
 - State/locals have sufficient personnel to fully command or staff a mass prophylaxis dispensing operation. This may include assistance from federal response teams, if requested.
 - State/locals have developed and exercised an SNS response plan.
 - Guidelines for post exposure prophylaxis populations will be developed by public health officials and subject matter experts depending on epidemiological circumstances. Decision based on estimates of timing, location and conditions of exposure.
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- Point of Distribution (POD) Staffing: Number of PODs determined assumes 24 hour operation, Population equally distributed among PODs, perform at 100% capacity at all times, constant flow of people, staffing is constant and adequate. PODs should be located where easily accessible to the public i.e., publicly owned buildings.
- Medical Assets/Supplies – Adequate prophylaxis is readily available in the SNS.
- Population Centers – Resources readily available for largest urban areas for duration of prophylaxis period.
- Receiving, Shipping, and Storage (RSS) – State/local jurisdictions with mass prophylaxis plans have identified a site for receiving, staging, and storing federal assets. In some worse case scenarios, more than one site may need to be identified.
- Risk Factors:
 - The occurrence of multiple events could deplete the availability of federal stockpiled medical assets and federal resources i.e., staff, supplies, etc.
 - The unavailability of staff and volunteers to operate the POD system.
 - Fear and mass panic could escalate.
 - Inadequate planning for mass prophylaxis would result in delays in response and ultimately risk of loss of life.

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Dispensing/Vaccination Centers (DVCs) Points of Distribution (PODs)	47,667 patients per hour (PPH)	Prophylaxis for 2 million	47 DVCs (PODs)
Receiving, Shipping, and Storage	Single warehouse, 12,000 square feet	Prophylaxis medicines for 2 million	Federal assets from SNS based on estimated number of exposed persons
Technical Advisory Response Unit (TARU) Teams	12-hour response.	1 seven to nine member team for logistics, operations, and communications	1 team per single geographic incident
SNS Coordination Center	24 hours/7 days	24-hour communications with site of incident/command	18 staff/2 shifts = 36 SNS operations persons
Multiagency Coordination Systems (MACS) based on incident command system (ICS) functions (planning, logistics, operations, finance/administration and information		Number/shift	Number/2–3 shifts

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Adverse event monitoring	24 hours	1 per 25,000 recipients of prophylaxis for recommended postexposure prophylaxis	<ul style="list-style-type: none"> ▪ 2 million/25,000 = 80 for period of postexposure prophylaxis ▪ Note: Estimates will vary depending on population receiving prophylaxis at each DVC and other options available such as call-in hotlines.

Approaches for Large-Scale Events

The information and analysis included in this capability reflects only one of the 15 scenarios- aerosolized anthrax.

National Targets and Assigned Levels

Resource	Assigned Level and Quantity
Receiving, Shipping, and Storage	State/local: 2 minimum
Dispensing/Vaccination Centers/Points of Distribution (DVC/PODs)	State/local: 47 PODs for one metropolitan area of 2 million; adequate staffing include volunteers, security, traffic, clinicians, managers, ancillary support personnel to fully staff 24 hour operations at each POD
Prophylaxis supplies and materials	Federal/State/local/private: Prophylaxis for 2 million
Technical Advisory Response Unit (TARU)	Federal: 1 team per geographic incident
Adverse event monitoring	Federal/State: 1 person or monitor per

Linked Capabilities

- Communications
- Community Preparedness and Participation
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Environmental Health
- Epidemiological Surveillance and Investigation
- Isolation and Quarantine
- Medical Supplies Management and Distribution

- Medical Surge
- Planning
- Public Health Laboratory Testing
- Public Safety and Security Response
- Responder Safety and Health
- Risk Management
- Volunteer Management and Donations
- WMD/Hazardous Materials Response and Decontamination

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MASS PROPHYLAXIS APPENDIX

Strategic National Stockpile Assessment Tool Centers for Disease Control, U.S. Department of Health and Human Services	
<p>The Strategic National Stockpile (SNS) Program has developed a tool for evaluating State readiness to receive, distribute, and dispense SNS assets in the event of a national emergency. The assessment tool is an outline of the core functions identified by the SNS program and the key elements that are regarded as either critical or important planning steps within each function.</p>	
DEVELOPING AN SNS PLAN	
Critical Elements	<ul style="list-style-type: none"> A. SNS specific Preparedness Plan has been developed B. SNS Plan is incorporated into overall State Emergency Response Plan C. SNS Plan is updated annually
Important Elements	<ul style="list-style-type: none"> A. Planning Group formed and are working together in a collaborative planning effort (Inclusive of all representatives from State Public Health, State Emergency Management, Governor's Office and other supporting agencies) <ul style="list-style-type: none"> o Advisory Council o Workgroup o Health Department o Emergency Management Agency/State Office of Homeland Security o Public Works o Highway Department/Department of Transportation o Law Enforcement o National Guard (Army and Air) o Emergency Medical Services o Fire o Hospitals o Department of Administration/Finance o Department of Corrections o DOD/Military Installations o MMRS Cities B. Policy issues reviewed, identified, and addressed to support SNS operations <ul style="list-style-type: none"> o Process for requesting SNS assistance o Number of doses that a family member can pick-up at a dispensing site o Minimum identification requirements in order to receive medication o Credentialing process used to identify volunteers and staff at SNS sites o Rules of engagement for law enforcement o Providing prophylaxis to Native Americans on reservations C. Legal issues reviewed, identified, and addressed to support SNS operations <ul style="list-style-type: none"> o Medical practitioners authorized to issue standing orders and protocols for dispensing sites o Medical practitioners authorized to dispense medications during a state of emergency o Procurement of private property o Authorized overtime pay D. Liability/workers compensation
COMMAND AND CONTROL	
Critical Elements	<ul style="list-style-type: none"> A. State utilizes Incident Command System (ICS) structure with integration of SNS functions. Elements should include: <ul style="list-style-type: none"> o Governor's Office

	<ul style="list-style-type: none"> ○ Health Department ○ Emergency Management Agency ○ SNS Coordinators ○ Other State Offices ○ Emergency Response Organizations ○ Local Elected officials <p>B. Incident Commander identified with back-up and point of contact (POC) information</p> <p>C. Procedures are documented and in place for apportionment and inventory control of SNS materiel</p> <p>D. Sign-off on SNS plan documented between appropriate agencies and organizations</p>
Important Elements	<p>A. Regional plans between states are documented and in place between appropriate agencies and organizations</p> <p>B. State Emergency Operations Center (SEOC)/Health Department Operations Center (HDOC) is able to allow decision makers to communicate with each other</p>
REQUESTING SNS	
Critical Elements	<p>Individual or person(s) authorized by the governor to request SNS materiel are identified with POC information</p> <p>State SNS Plan contains request justification guidelines</p> <p>Signed MOU between CDC and State</p>
Important Elements	<p>Plan for Governor or designee(s) to communicate with key state officials to discuss incident and determine when to request SNS materials</p> <p>SNS Plan lists individuals who are authorized to sign for SNS materiel</p> <p>SNS Plan lists DEA Registrant</p> <p>Local SNS Plans contain request justification guidelines to the state</p> <p>Request procedures for on-going support for locals have been developed and are in the local SNS Plan</p> <p>Request procedures at the local and state level have been exercised</p> <ul style="list-style-type: none"> A. Initial request for support B. On-going requests for support
MANAGEMENT OF SNS OPERATIONS	
Critical Elements	<p>State SNS Coordinator identified with back-up and POC information</p> <p>The following State Leads have been identified with back-up and POC information:</p> <ul style="list-style-type: none"> Communications Security RSS Distribution Repackaging Dispensing Sites Treatment Centers Training/Exercise/Evaluation <p>Call-down rosters for SNS Leads are current and updated at least quarterly</p>
Important Elements	<p>State infrastructure in place to support State SNS plan</p> <ul style="list-style-type: none"> ○ Support from Governor's office ○ Support from State Health Director <p>Budget allocation adequately supports local SNS functions</p> <ul style="list-style-type: none"> ○ ____% of funds has been sent out to locals

	<ul style="list-style-type: none"> ○ Mechanism being used to fund locals ○ Specified deliverables ○ Contract monitoring
TACTICAL COMMUNICATION	
Critical Elements	<ul style="list-style-type: none"> A. State Communications Lead has a job action sheet and has been trained B. Communication networks and back-up system between Command and Control locations <ul style="list-style-type: none"> ○ State EOC ○ Health Department ○ RSS location ○ Distribution sites ○ Dispensing sites ○ Security ○ Transportation C. Maintenance plans to ensure rapid repair if communications systems go down D. Staffing call-down lists are reviewed to ensure accuracy at least quarterly
Important Elements	<p>Conducts call-down exercises to test call lists quarterly</p> <p>Internal Communications at RSS/Dispensing/Distribution sites</p> <ul style="list-style-type: none"> ○ Ham/Amateur Radio Operators ○ Cell Phones ○ UHF/VHF/ 800 MHz Radio Systems ○ Runners/couriers <p>Communication networks are tested and exercised at least once annually</p>
PUBLIC INFORMATION AND COMMUNICATIONS	
Critical Elements	<ul style="list-style-type: none"> A. State Public Information and Communications Lead has a job action sheet and has been trained B. A plan to coordinate local media efforts is in place: <ul style="list-style-type: none"> ○ All local media channels have been identified and contact information (and backup) documented ○ Capabilities and audiences for each media outlet have been identified ○ Regular meetings with local media are planned to educate, provide background information and foster collaboration between SNS Public Information and Communication Lead and media representatives. ○ Media channels have threat-specific information "on the shelf" and ready if needed. C. A plan to compile information for clinical and drug information has been developed <ul style="list-style-type: none"> ○ Information has been collected ○ Storage location (electronic and hard copy) identified and updated regularly ○ Plan for mass reproduction and storage of printed materials has been developed D. A plan for disseminating information to the public and to health care professionals has been developed: <ul style="list-style-type: none"> ○ Plan is in place for channels to disseminate information to state and local community. ○ Information has been evaluated and adapted for needs of local community ○ Plan to distribute printed materials ○ Plan for 24/7 Public Information Hotline in place E. A plan for public information campaigns has been developed: <ul style="list-style-type: none"> ○ Web site information, printed material, newspaper inserts, videos ○ Dispensing site location, news briefs, informing public, rumor control

	<ul style="list-style-type: none"> ○ Medication compliance
Important Elements	<ul style="list-style-type: none"> A. A plan to translate information is in place for non-English speaking, hearing impaired, visually impaired or functionally illiterate individuals: <ul style="list-style-type: none"> ○ Documents have been translated as appropriate for community ○ On-site interpreters available for dispensing sites ○ Translators and TTY plans for Public Information Hotlines B. Staff have been identified and trained in communications function
SECURITY	
Critical Elements	<ul style="list-style-type: none"> A. State Security Lead has a job action sheet and has been trained B. Security at RSS <ul style="list-style-type: none"> ○ Ample persons to secure facility ○ Protect the SNS materiel once signed over to the state ○ Securing materiel during RSS operations C. Coordination with US Marshals Service D. Plan in place for protecting staff/volunteers <ul style="list-style-type: none"> ○ RSS sites ○ Dispensing sites ○ Distribution sites ○ Treatment centers E. Crowd control plan for RSS sites F. Crowd control plan for Dispensing sites G. Crowd control plan for Treatment centers H. Developed a credentialing plan for SNS staff at RSS and Regional Distribution sites I. Developed a credentialing plan for SNS staff at Dispensing sites
Important Elements	<ul style="list-style-type: none"> A. Security procedures in place to transport SNS materiel to various locations around the state B. Traffic control plans for various SNS related sites (RSS, Dispensing, Distribution and Treatment Centers) C. Staff have been identified and trained in security functions
RECEIPT/STAGE/STORE (RSS)	
Critical Elements	<ul style="list-style-type: none"> A. State RSS Lead has a job action sheet and has been trained B. Primary location with alternate site(s) identified C. Locations reviewed by CDC SNS Consultant using Site Survey Tool D. The following Leads have been identified with back-up and POC information for each facility identified: <ul style="list-style-type: none"> ○ RSS Site Manager ○ Material Management (Inventory Management System) ○ Apportionment (Pick Teams) ○ Logistics ○ QA/QC ○ Safety ○ Security ○ Communications/IT ○ Appropriate Material Handling Equipment on site or readily available upon request ○ Pallet Jacks ○ Pallets ○ Hand Carts/Dollies ○ Forklifts ○ Repackaging/Shipping Materials (tape, plastic wrap, pens, paper, etc.) A. Appropriate Office Equipment <ul style="list-style-type: none"> ○ Telephones

	<ul style="list-style-type: none"> o 3 Analog telephone lines for TARU Team o Fax machine o Table/chairs o Copier <p>B. Call-down rosters for RSS Leads/staff are current and updated quarterly</p> <p>C. Staff have been identified and trained in RSS functions</p>
Important Elements	<p>A. Locations have been reviewed by the State</p> <p>B. Developed staffing plan for 24/7 operations</p> <p>C. Developed care/feed plan for staff</p> <p>D. RSS Site Manager and back-up trained in RSS operations</p> <p>E. The following Leads and back-ups have been trained in RSS operations for each facility identified:</p> <ul style="list-style-type: none"> o Materiel Management o Apportionment o QA/QC o Safety o Security o Communications/IT o Logistics Lead
CONTROLLING SNS INVENTORY	
Critical Elements	<p>A. Inventory Management System (IMS) in place with back-up</p> <ul style="list-style-type: none"> o Computer Program o Electronic Spread Sheet o Paper System <p>B. Inventory staff identified and trained in IMS functions</p>
Important Elements	<p>A. Procedure for chain of custody involving SNS materiel</p> <p>B. Procedure for chain of custody involving controlled substances</p>
REPACKAGING ORAL MEDS	
Critical Elements	<p>A. State Repackaging Lead has a job action sheet and has been trained</p> <p>B. Repackaging plan or contingent contracts have been developed</p> <p>C. Repackaging staff call-down rosters are current and updated at least quarterly</p>
Important Elements	<p>A. Staff have been identified and trained in Repackaging functions</p>
DISTRIBUTION	
Critical Elements	<p>A. State Distribution Lead has a job action sheet and has been trained</p> <p>B. Plan for coordinating delivery of SNS materiel directly to treatment facilities, distribution/dispensing sites</p> <p>C. Agreements are documented and in place with organization(s) that will distribute materiel</p> <p>D. Plan for 24/7 recovery and repair of vehicles/distribution assets</p> <p>E. Appropriate Material Handling Equipment for Regional Distribution sites (off-loading and loading as needed)</p> <ul style="list-style-type: none"> o Pallet Jacks o Hand Carts/Dollies o Forklifts o Repackaging/Shipping Materials (tape, plastic wrap, pens, paper, etc.)
Important Elements	<p>A. Drivers and Support Personnel have been credentialed</p> <p>B. Staff have been identified and trained in Distribution functions</p> <ul style="list-style-type: none"> o Chain of custody protocol o Routing information

	<ul style="list-style-type: none"> o Security/communication procedures o Appropriate Use of Material Handling Equipment o Assist in loading and off-loading materials
DISPENSING ORAL MEDS	
Critical Elements	<ul style="list-style-type: none"> A. Dispensing Site Managers have been identified with back-up and POC information for each dispensing site B. Safety Lead identified with back-up and POC information C. Security Lead identified with back-up and POC information D. Communications Lead identified with back-up and POC information E. Logistics Lead identified with back-up and POC information F. Plan to rapidly dispense medications to the public G. Plan contains standard operating procedures/protocols for the operation and management of dispensing sites H. Plan in place to request and receive SNS materiel I. Plan contains interpreters/translation services identified to support dispensing operations J. Dispensing sites identified by state and or local jurisdiction <ul style="list-style-type: none"> o Population o Number of Sites o Estimated Thru-put of population/hour K. Call-down rosters for SNS Leads/staff are current and updated at least quarterly L. Core dispensing site staff per site have been identified and trained in Dispensing functions
Important Elements	<ul style="list-style-type: none"> A. Local Dispensing Site plans are exercised annually B. A cross section of identified dispensing sites have been reviewed by the state C. Agreements are documented and in place for dispensing sites D. Plan to provide prophylaxis to first responders, essential personnel and their families E. Equipment and supplies to support dispensing site operations <ul style="list-style-type: none"> o Office supplies o Medical supplies o Drug Fact Sheets o Agent Fact Sheets F. Name/Address/Patient/History (NAPH) forms and plan developed for patient tracking G. Plan to reproduce and distribute NAPH forms to dispensing sites H. Triage/Transport plan developed for those who are symptomatic I. Dispensing Site Manager and back-up trained in dispensing operations J. Safety Lead and back-up trained in dispensing operations K. Security Lead and back-up trained in dispensing operations L. Communications Lead and back-up trained in dispensing operations M. Logistics Lead and back-up trained in dispensing operations
TREATMENT CENTER COORDINATION	
Critical Elements	<ul style="list-style-type: none"> A. State Treatment Center Lead has a job action sheet and has been trained B. Point of Contacts for Treatment Centers have been identified and is documented in SNS plan
Important Elements	<ul style="list-style-type: none"> A. Coordination exists between SNS Coordinator and HRSA Coordinator at state level B. Process for Treatment Centers to request SNS materiel C. Request process has been exercised <ul style="list-style-type: none"> o Forms o Communication

TRAINING, EXERCISE, AND EVALUATION	
Critical Elements	<p>State Training/Exercise/Evaluation Lead has a job action sheet and has been trained</p> <p>A. Training Plan</p> <ul style="list-style-type: none"> • State/Regional/Local agencies • Timelines/ schedules • SNS functions • Incident Command System <p>B. Training Plan implemented</p> <p>C. Exercise Plan</p> <ul style="list-style-type: none"> • State/Regional/Local exercises • Goals and objectives • Orientations/Drills/Tabletops/Functional <p>D. Exercise Plan implemented</p> <p>E. Evaluation Plan</p> <ul style="list-style-type: none"> ○ After Action Review (AAR) ○ Written evaluation Report ○ Corrective Action Plan ○ SNS Plan updated/revised ○ Training ○ Exercises <p>F. Evaluation Plan implemented</p>
Important Elements	<p>A. State/Local Agencies support training/exercise functions</p> <ul style="list-style-type: none"> ○ Administrative ○ Financial ○ Personnel and equipment <p>B. Staff have been identified and trained in Training/Exercise/ Evaluation functions as it relates to the overall SNS program</p> <p>C. Are the Following Exercised or Evaluated?</p> <ul style="list-style-type: none"> ○ Overall SNS Plan ○ Requesting SNS Procedures ○ Tactical Communications Plan ○ Public Information and Communication Plan ○ Security Plan ○ RSS Plan ○ Inventory Management System Plan ○ Distribution Plan ○ Dispensing Plan ○ Treatment Center Coordination