

[INSERT EXERCISE TITLE]



[INSERT DATE OF EXERCISE HERE]

SITUATION MANUAL

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise based on the Homeland Security Exercise Evaluation Program (HSEEP) and the Joint Commission (TJC). Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE OVERVIEW

Exercise Name	[Insert the formal name of exercise, which should match the name in the document title and the document header]
Exercise Date	[Insert the date(s) of the exercise]
Exercise Location	[Insert the location(s) of the exercise]
Scope	This exercise is a [Insert exercise type-Table Top; Functional Exercise; Full Scale Exercise]. Exercise play is limited to [Insert applicable exercise parameters].
Mission Areas	[Insert applicable HSEEP Mission Areas - Prevention, Protection, Mitigation, Response, and/or Recovery]
Objectives (Joint Commission and HSEEP)	<ul style="list-style-type: none"> • Communications: Test the facility's ability to communicate internally and with community partners, evaluating technology and Back Up systems. (TJC EM.02.02.01 and HSEEP Operational Communications and Public Information and Warning) • Safety and Security: Test the coordination of security activities, and plans to manage access control, traffic control, hazardous materials and waste, and CBRN management. (TJC EM.02.02.05 and HSEEP On-Scene Safety and Security) • Patient and Clinical Support Activities: Test of how will manage patient care during an emergency incident. (Joint Commission EM.02.02.07 and HSEEP Operational Coordination) • Command and Management: Test of ability to provide coordination for an incident response within the facility, including activation of Incident Command System positions, use of Incident Command System forms and resources. (TJC EM.01.01.01 and HSEEP Operational Coordination) • Resources and Assets Objective: Test of plans to manage and replenish personal protective equipment, water, fuel, and medical, surgical and medication – related resources and assets. (TJC EM.02.02.03 & HSEEP Planning, Public and Private Services Resources,) • Staff Responsibility Objective: Test to ensure that during an emergency staff (including physicians and volunteers) will be aware of their roles and responsibilities, and staffing resources will be managed. (TJC EM.02.02.07 & HSEEP Operational Coordination, Public Health and Medical Services) • Utility Management Objective: Test of primary and contingency plans to maintain communications, electricity, water, fuel, medical gas/vacuum, and other critical utilities during an incident. (TJC EM.02.02.09 & HSEEP On-Scene Security and Protection, Infrastructure Systems, Public and Private Services and Resource Systems).
Threat or Hazard	[Insert the threat or hazard (e.g. natural/earthquake, technological/cyberterrorism or human caused/active shooter)]
Sponsor(s)	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
Participants	[Insert a brief bullet point summary of the participating agencies (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies).

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Scope	This exercise is a [Insert exercise type-Table Top; Functional Exercise; Full Scale Exercise]. Exercise play is limited to [Insert applicable exercise parameters].
Mission Areas	[Insert applicable HSEEP Mission Areas - Prevention, Protection, Mitigation, Response, and/or Recovery]
Scenario	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]

GENERAL EXERCISE INFORMATION

EXERCISE OBJECTIVES AND CORE CAPABILITIES

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). Designate a minimum of three (3) Core Capabilities to test based on needs and After Action findings from previous exercises and incidents. Then, set Organizational Capability Targets specific for what is to be tested.

1. **Communications:** Test the facility's ability to communicate internally and with community partners, evaluating technology and Back Up systems. (TJC EM.02.02.01 and HSEEP Operational Communications and Public Information and Warning)
2. **Safety and Security:** Test the coordination of security activities, and plans to manage access control, traffic control, hazardous materials and waste, and CBRN management. (TJC EM.02.02.05 and HSEEP On-Scene Safety and Security)
3. **Patient and Clinical Support Activities:** Test of how will manage patient care during an emergency incident. (Joint Commission EM.02.02.07 and HSEEP Operational Coordination)
4. **Command and Management:** Test of ability to provide coordination for an incident response within the facility, including activation of Incident Command System positions, use of Incident Command System forms and resources. (TJC EM.01.01.01 and HSEEP Operational Coordination)
5. **Resources and Assets Objective:** Test of plans to manage and replenish personal protective equipment, water, fuel, and medical, surgical and medication – related resources and assets. (TJC EM.02.02.03 & HSEEP Planning, Public and Private Services Resources,)
6. **Staff Responsibility Objective:** Test to ensure that during an emergency staff (including physicians and volunteers) will be aware of their roles and responsibilities, and staffing

resources will be managed. (TJC EM.02.02.07 & HSEEP Operational Coordination, Public Health and Medical Services)

7. **Utility Management Objective:** Test of primary and contingency plans to maintain communications, electricity, water, fuel, medical gas/vacuum, and other critical utilities during an incident. (TJC EM.02.02.09 & HSEEP On-Scene Security and Protection, Infrastructure Systems, Public and Private Services and Resource Systems).

PARTICIPANT ROLES AND RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

EXERCISE STRUCTURE

This exercise will be a multimedia, facilitated exercise. Players will participate in the following [insert number of modules] modules:

- Module 1: [Insert module name]
- Module 2: [Insert module name]
- Module 3: [Insert module name]

Each module during the TTX begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in functional group discussions of appropriate response issues. [prevention, protection, mitigation, response, recovery] For this exercise, the functional groups are as follows:

- [Functional group, e.g. Incident Command]
- [Functional group, e.g. EMS]
- [Functional group, e.g. Law Enforcement]
- [Functional group, e.g. Fire Services]

After these functional group discussions, participants will engage in a moderated discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

EXERCISE GUIDELINES

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- While discussion is encouraged, and disagreements are possible, **professionalism** and **courtesy** is expected at all times from all participants.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve prevention/protection efforts. Problem-solving efforts should be the focus.

EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

EXERCISE EVALUATION

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in **Exercise Evaluation Guides (EEGs)**. Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

FACILITATOR INSTRUCTIONS

Facilitators provide situation updates and moderate discussions; they lead the TTX and guide participants through the questions and discussions. Facilitators also provide additional information or resolve questions as needed.

HANDOUTS

Provide all TTX players with the following handouts:

- *Participant Feedback Form*
- Printed PowerPoint education presentation (3 slides per page) for note taking
- Participation certificate

OPENING THE EXERCISE

- Begin by having everyone in the exercise introduce themselves and their role.
- Review the layout of the facility (restrooms, etc.)
- Remind participants to “silence the device”
- Remind all participants that exercises of this type are most useful when they are treated as real; everyone should respond and answer questions as if this was a real-life incident.
- Remind participants that they can ask clarifying questions at any time.
- Remind participants to remain professional and courteous at all times.

CONDUCTING THE EXERCISE

- Read each scenario update.
- Players should address most of the listed questions during the discussions and may take notes on decisions made and lessons learned for the debriefing at the end of the meeting.
- Attempt to stay on schedule; however, if questions spark productive conversations about key issues, remain flexible.
- If conversations become too detailed, combative, or unproductive, place the issue in a “parking lot,” and direct the involved participants to continue the conversation after the exercise.
- Provide applicable plans, policies and procedures such as:
 - Emergency Operations Plan/Emergency Action Plan
 - [insert other applicable plans here]

CLOSING THE EXERCISE (“HOT WASH”)

- Review the Debriefing Questions with the entire group.
- Remind all participants to complete the *Participant Feedback Form*.
- Collect all exercise documentation, including *Participant Feedback Forms*, note sheets and any notes taken by scribes.

EXERCISE MODULES

MODULE 1: [INSERT MODULE NAME]

Scenario

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

Key Issues

- [Summarize the key scenario events provided in this module.]
- [Summarize the key scenario events provided in this module.]
- [Summarize the key scenario events provided in this module.]

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

[Functional Group]

1. [List suggested discussion questions. Questions should be developed by the Exercise Planning Team with input from the Evaluators. Questions should be structured to help Evaluators collect data on the capability targets and critical tasks in the EEGs.]
2. [Provide suggested discussion questions.]
3. [Provide suggested discussion questions.]

MODULE 2: [INSERT MODULE NAME]**Scenario****[Month, Day, Year]: [Time]**

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

Key Issues

- [Summarize the key scenario events provided in this module.]
- [Summarize the key scenario events provided in this module.]
- [Summarize the key scenario events provided in this module.]

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

[Functional Group]

1. [List suggested discussion questions. Questions should be developed by the Exercise Planning Team with input from the Evaluators. Questions should be structured to help Evaluators collect data on the capability targets and critical tasks in the EEGs.]
2. [Provide suggested discussion questions.]
3. [Provide suggested discussion questions.]

MODULE 3: [INSERT MODULE NAME]**Scenario****[Month, Day, Year]: [Time]**

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

[Month, Day, Year]: [Time]

[Provide scenario event details, including any relevant locations and persons/groups involved in the scenario.]

Key Issues

- [Summarize the key scenario events provided in this module.]
- [Summarize the key scenario events provided in this module.]
- [Summarize the key scenario events provided in this module.]

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

[Functional Group]

1. [List suggested discussion questions. Questions should be developed by the Exercise Planning Team with input from the Evaluators. Questions should be structured to help Evaluators collect data on the capability targets and critical tasks in the EEGs.]
2. [Provide suggested discussion questions.]
3. [Provide suggested discussion questions.]

APPENDIX A: SAMPLE EXERCISE SCHEDULE

Note: Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Time	Activity
[Month Day, Year]	
00:00	Registration
00:00	Welcome and Opening Remarks
00:00	Module 1: Briefing, Caucus Discussion, and Brief-Back
00:00	Break
00:00	Module 2: Briefing, Caucus Discussion, and Brief-Back
00:00	Lunch
00:00	Module 3: Briefing, Caucus Discussion, and Brief-Back
00:00	Break
00:00	Hotwash
00:00	Closing Comments

APPENDIX C - PARTICIPANT FEEDBACK FORM

Name: _____ Job Title: _____

Facility: _____

Part I: Strengths

Based on the discussions today, what did you find most helpful?

1. _____
2. _____
3. _____

Part II: Recommendations

What changes would you make to this training? Please provide any recommendations on how this training or future trainings could be improved or enhanced.

Part III: Documentation

List policies and procedures, forms or other incident management documents that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority

Part IV: Assessment of Training Design and Conduct

Please rate, on a scale of 1 to 5, your overall assessment of the training relative to the statements provided below: (1 = strong agreement; 5 = strong disagreement)

Assessment Factor	Agree	Disagree
The training was well structured and organized.	1 2 3 4 5	1 2 3 4 5
The tabletop scenario was plausible and realistic.	1 2 3 4 5	1 2 3 4 5
The facilitator was knowledgeable about the material, kept the training on target, and was sensitive to group dynamics.	1 2 3 4 5	1 2 3 4 5
The handouts were helpful.	1 2 3 4 5	1 2 3 4 5
Participation in the training was appropriate for someone in my position.	1 2 3 4 5	1 2 3 4 5
The participants included the right people in terms of level and mix of disciplines.	1 2 3 4 5	1 2 3 4 5

Part V: Comments

Please Use Reverse Side for Any Additional Comments

APPENDIX D: ACRONYMS AND GLOSSARY

Acronyms:

Acronym	Term
AAR	After Action Report
ACS	Alternate Care Sites
ALS	Advanced Life Support
ARC	American Red Cross
ASPR	Office of the Assistant Secretary for Preparedness and Response (HHS)
ATSDR	Agency for Toxic Substances and Disease Registry
BLS	Basic Life Support
CAHF	California Association of Health Facilities
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosives
CCTV	Closed Circuit Television
CDP	Center for Domestic Preparedness
CEM	Certified Emergency Manager
CEO	Chief Executive Officer
CEU	Continuing Education Unit
CGC 1	Continuity Guidance Circular 1 (FEMA)
CHEM	Certification in Hospital Emergency Management
CHEP	Certified Healthcare Emergency Professional
CHEMTREC	Chemical Transportation Emergency Center
CME	Continuing Medical Education
COOP	Continuity of Operations
CPG	Comprehensive Preparedness Guide
CT	Computed Tomography
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
ECL	Emergency Credential Level
EMA	Emergency Management Agency
EMI	Emergency Management Institute (FEMA)
EMP	Electromechanical Pulse
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Active Labor Act
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF #8	Emergency Support Function 8 – Public Health and Medical Services
FAC	Family Assistance Center
FCC	Federal Communications Commission
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
FOG	Field Operations Guide

HazMat	Hazardous Materials
HCC(s)	Hospital Command Center(s)
HHS	U.S. Department of Health and Human Services
HICS	Hospital Incident Command System
HIMT	Hospital Incident Management Team
HIPAA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilation, and Air-conditioning
IAP	Incident Action Plan
IC	Incident Command or Incident Commander
ICDRM	Institute for Crisis, Disaster and Risk Management
ICP	Incident Command Post
ICS	Incident Command System
ICU	Intensive Care Unit
IMT	Incident Management Team
IT/IS	Information Technology/Information Services
IOM	Institute of Medicine
IP	Improvement Plan
IPG	Incident Planning Guide
IRG	Incident Response Guide
JAS	Job Action Sheet
JIC	Joint Information Center
JIS	Joint Information System
MAC	Multi-Agency Coordination
MACS	Multi-Agency Coordination System
MBO	Management by Objectives
MFH	Mobile Field Hospitals
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MRI	Magnetic Resonance Imaging
MSDS	Material Safety Data Sheet
NC	Net Control
NDMS	National Disaster Medical System
NFPA	National Fire Protection Association
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
NRF	National Response Framework
NVRT	National Veterinary Response Team
OSHA	Occupational Safety and Health Administration
PPD	Presidential Policy Directive
PIO	Public Information Officer
POD	Point of Dispensing (Pharmaceutical) or Distribution (Non-Pharmaceutical)
PPE	Personal Protective Equipment

RAIN	Recognize, Activate, Isolate, Notify
REAC/TS	Radiation Emergency Assistance Center/Training Site
REMM	Radiation Emergency Medical Management
RHCC	Regional Hospital Coordination Center
RN	Registered Nurse
SALT	Sort, Assess, Lifesaving Interventions, Treatment/Transport
SARS	Severe Acute Respiratory Syndrome
SMART	Specific, Measurable, Action-Oriented, Realistic and Time Sensitive
START	Simple Triage and Rapid Treatment
THIRA	Threat and Hazard Identification and Risk Assessment
UC	Unified Command
VHA	Veterans Health Administration
VHF	Viral Hemorrhagic Fever
VOIP	Voice Over Internet Protocol

Glossary:

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

Activation Notification: A notification category that provides urgent information about an unusual occurrence or threat of occurrence, and orders or recommends that the notified entity activate its emergency response (usually via its emergency operations plan). An activation notification may indicate a partial or full activation (see “Activate”). It usually includes actionable information directing the notified entity on initial actions for mobilization, deployment, and/or response (See “Advisory”, “Alert” and “Update” for contrast with other notification categories.)

Advisory: A notification category that provides urgent information about an unusual occurrence or threat of an occurrence, but no activation of the notified entity is ordered or expected at that time. The advisory notification may convey actionable information for individual personnel even though the response entity is not being activated or directed to address any specific organizational activity. For example, a weather advisory that includes recommended actions for individuals. (See “Alert”, “Activation” and “Update” for contrast with other notification categories.)

After-Action Report (AAR): The AAR summarizes key exercise-related evaluation information, including the exercise overview and analysis of objectives and core capabilities. The AAR is usually developed in conjunction with an Improvement Plan (IP).

Agency: A division of government with a specific function offering a particular kind of assistance. In the ICS, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support.

Agency, Assisting: An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management. ³(See “Supporting Agency”)

Agency, Cooperating: An agency supplying assistance other than direct operational or support functions or resources to the incident management effort.

Agency, Supporting: An agency that provides support and/or resource assistance to another agency. (See “Assisting Agency”)

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

Agency Dispatch: The agency or jurisdictional facility from which resources are sent to incidents.

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

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

All-Hazards: Describing an incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities.

Allocated Resources: Resources dispatched to an incident.

American Red Cross: The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies.

Area Command: An organization established to oversee the management of multiple incidents that are each being handled by a separate ICS organization or to oversee the management of a very large or evolving incident that has multiple Incident Management Teams engaged. An Agency Administrator/Executive or other public official with jurisdictional responsibility for the incident usually makes the decision to establish an Area Command. An Area Command is activated only if necessary, depending on the complexity of the incident and incident management span-of-control considerations.

Assigned Resource: Resource checked in and assigned work tasks on an incident.³

Assignment: Task given to a personnel resource to perform within a given operational period that is based on operational objectives defined in the Incident Action Plan.

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

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

Available Resource: Resource assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area.

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

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

Chain of Command: The orderly line of authority within the ranks of the incident management organization.

Check-In: The process through which resources first report to an incident. All responders, regardless of agency affiliation, must report in to receive an assignment in accordance with the procedures established by the Incident Commander.

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

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

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Command Staff: The staff that report directly to the Incident Commander, including the Public Information Officer, Safety Officer, Liaison Officer, and other positions as required. They may have an assistant or assistants, as needed.³

Common Operating Picture: An overview of an incident by all relevant parties that provides incident information enabling the Incident Commander/Unified Command and any supporting agencies and organizations to make effective, consistent, and timely decisions.

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

Communications/Dispatch Center: Agency or interagency dispatch centers, 911 call centers, emergency control or command dispatch centers, or any naming convention given to the facility and staff that handles emergency calls from the public and communication with emergency management/response personnel.

Community: A political entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county. Each State defines its own political subdivisions and forms of government.

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

Corporate Healthcare System: A collection of healthcare organizations owned by a corporate parent organization.

Corrective Action: The concrete, actionable steps outlined in an Improvement Plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

Crisis Standards of Care: The level of care possible during a disaster due to limitations in supplies, staff, environment or other factors.

Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status.

Department Operations Center (DOC): An emergency operations center (EOC) specific to a single department or agency. Its focus is on internal agency incident management and response. DOCs are often linked to and, in most cases, are physically represented in a combined agency EOC by authorized agent(s) for the department or agency.

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

Director: The ICS title for individuals responsible for supervision of a Branch.

Division: The organizational level having responsibility for operations within a defined geographic area. Divisions are established when the number of resources exceeds the manageable span of control of the Section Chief.

Emergency: Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Assistance: Assistance which may be made available under an emergency declaration. In general, Federal support to State and local efforts to save lives, protect property and public health and safety, and lessen or avert the threat of a catastrophe.

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

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

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

Emergency Management/Response Personnel: Includes Federal, State, territorial, tribal, substate regional, and local governments, nongovernmental organizations (NGOs), private sector organizations; critical infrastructure owners and operators, and all other organizations and individuals who assume an emergency management role. Also known as emergency or first responder.

Emergency Manager: The person who has day-to-day responsibility for emergency management programs and activities.

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

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or some combination thereof.

Emergency Operations Plan: An ongoing plan for responding to a wide variety of potential hazards.

Emergency Support Function #8: Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential public health and medical emergency.

Exercise: An exercise is an instrument to train for, assess, practice, and improve performance in prevention, protection, mitigation, response, and recovery capabilities in a risk-free environment. Exercises can be used for testing and validating policies, plans, procedures,

training, equipment, and interagency agreements; clarifying and training personnel in roles and responsibilities; improving interagency coordination and communications; improving individual performance; identifying gaps in resources; and identifying opportunities for improvement.

Field Operations Guide: (FOG) Durable pocket or desk guide that contains essential information required to perform specific assignments or functions.

Finance/Administration Section: The Incident Command System Section responsible for all administrative and financial considerations surrounding an incident.

First Receivers: Employees at a hospital engaged in decontamination and treatment of victims who have been contaminated by a hazardous substance(s) during an emergency incident. The incident occurs at a site other than the hospital. These employees are a subset of first responders.

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

Full-Scale Exercise (FSE): FSEs are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations and jurisdictions and validate many facets of preparedness. FSEs often include many players operating under cooperative systems such as the Incident Command System or Unified Command.

Function: One of the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. A sixth function, Intelligence/Investigations, may be established, if required, to meet incident management needs. The term *function* is also used when describing the activity involved (e.g., the planning function).

Functional Exercise (FE): Functional exercises are designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In FEs, events are projected through an exercise scenario with event updates that drive activity at the management level. An FE is conducted in a realistic, real-time environment; however, movement of personnel and equipment is usually simulated.

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

Group: An organizational subdivision established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

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

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

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

Healthcare Coalition: A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordination group to assist with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations. During response, healthcare coalitions should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.

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

Healthcare System: A collection of a community’s healthcare organizations

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

Homeland Security Exercise and Evaluation Program (HSEEP): HSEEP is a program that provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.

Hospital Command Center (HCC): A designated location in the hospital prepared to convene and coordinate response activities, resources, and information during an emergency or disaster.

Improvement Plan (IP): The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. The IP is developed in conjunction with the After-Action Report.

Incident: An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear

accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan: An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

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

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

Incident Command Post (ICP): The field location where the primary functions are performed. The ICP may be co-located with the Incident Base or other incident facilities.

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

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

Incident Management: The broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity.³

Incident Management Team (IMT): An Incident Commander and the appropriate Command and General Staff personnel assigned to an incident. The level of training and experience of the IMT members, coupled with the identified formal response requirements and responsibilities of the IMT, are factors in determining "type", or level, IMT.

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

Incident Planning Guides and Incident Response Guides: Guidance documents whose purpose is to prompt the healthcare facility to review their own plans relative to incident planning and response. The scenarios and planning/response considerations provided are not meant to be exhaustive; each hospital should build and/or modify IPG/IRGs based on their HVA.

Information Management: The collection, organization, and control over the structure, processing, and delivery of information from one or more sources and distribution to one or more audiences who have a stake in that information.

Job Action Sheets (JAS): Guidance documents for each HICS Command and General staff position to assist with describing the position's responsibilities, reporting relationship, needed forms, and potential action steps based on time period.

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

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

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, and local boundary lines) or functional (e.g., law enforcement, public health).

Jurisdictional Agency: The agency having jurisdiction and responsibility for a specific geographical area, or a mandated function.

Liaison: A form of communication for establishing and maintaining mutual understanding and cooperation.

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

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

Logistics: The process and procedure for providing resources and other services to support incident management.

Logistics Section: The ICS Section responsible for providing facilities, services, and material support for the incident.

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

Major Disaster Declaration (Federal): A declaration by the President of the United States based upon criteria and authority described in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended. The Presidential declaration of a major disaster is warranted when a hazard impact “causes damage of sufficient severity and magnitude to warrant Federal disaster assistance to supplement the efforts and available resources of States, local governments, and the disaster relief organizations in alleviating the damage, loss, hardship, or suffering.” Funding comes from the President's Disaster Relief Fund, which is managed by FEMA, and the disaster aid programs of other participating Federal departments and agencies. A Presidential major disaster declaration triggers long-term Federal recovery programs, some of which are matched by State programs, and designed to help disaster victims, businesses, and public entities.

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

Manager: Individual within an ICS organizational unit who is assigned specific managerial responsibilities (e.g., Staging Area Manager or Camp Manager).

Medical-Technical Specialist: Persons with specialized expertise in areas such as infectious disease, legal affairs, risk management, medical ethics, etc., who may be asked to provide the HIMT staff with needed insight and recommendations. Medical-Technical Specialists may be assigned anywhere in the HICS structure as needed.

Mitigation: The capabilities necessary to reduce loss of life and property by lessening the impact of disasters.

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

Multi-Agency Coordination (MAC) Group: A group of administrators or executives, or their appointed representatives, who are typically authorized to commit agency resources and funds. A MAC Group can provide coordinated decision making and resource allocation among cooperating agencies, and may establish the priorities among incidents, harmonize agency policies, and provide strategic guidance and direction to support incident management activities. MAC Groups may also be known as multiagency committees, emergency management committees, or as otherwise defined by the Multiagency Coordination System.

Multi-Agency Coordination System(s) (MACS): Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The elements of multiagency coordination systems include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are emergency operations centers and MAC Groups. These systems assist agencies and organizations responding to an incident.³

Multi-Jurisdictional Incident: An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In the ICS, these incidents will be managed under Unified Command.

Mutual Aid or Assistance Agreement: Written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

National Disaster Medical System (NDMS): A federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters. NDMS, under Emergency Support Function #8 – Public Health and Medical Services, supports Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters.

National Incident Management System (NIMS): A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

National Response Framework (NRF): A guide to how the Nation conducts all-hazards response.³

Officer: The ICS title for the personnel responsible for the Command Staff positions of Safety, Liaison, and Public Information.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours.

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

Operations Section: The ICS Section responsible for all tactical incident operations and implementation of the Incident Action Plan. In ICS, the Operations Section normally includes subordinate Branches, Divisions, and/or Groups.

Plain Language: Communication that can be understood by the intended audience and meets the purpose of the communicator. For the purposes of NIMS, plain language is designed to eliminate or limit the use of codes and acronyms, as appropriate, during incident response involving more than a single agency.

Planned Event: A scheduled nonemergency activity (e.g., sporting event, concert, parade, etc.).

Planning Meeting: A meeting held as needed throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan.

Planning Section: The Incident Command System Section responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Point of Dispensing (POD): A designated area to distribute medications and vaccinations and provide risk communication and public information during a public health emergency. A Point of Dispensing may be a “closed” POD operated by a hospital to distribute medications to their patients and staff or an “open” POD used to distribute medications to the general public. A Point of Distribution may also be a centralized location where the public obtains life-sustaining commodities following a disaster, including shelf stable food and water.

Point of Distribution (POD): A designated area to distribute medications and vaccinations and provide risk communication and public information during a public health emergency. A Point of Distribution may also be a centralized location where the public obtains life-sustaining commodities following a disaster, including shelf stable food and water.

Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within NIMS, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification.

Private Sector: Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

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

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

Regional Hospital Coordination Center (RHCC): The Regional Hospital Coordination Center is a multi-agency coordination center that provides policy and strategic guidance for hospitals and healthcare centers within a defined region. The RHCC has no jurisdictional authority, and its function and scope is determined by the incident. Functions of the RHCC may include working with local or regional EOCs in the coordination of hospital requests and response within the region and providing guidance on resource allocation and utilization.

Reimbursement: A mechanism used to recoup funds expended for incident-specific activities.

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

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.

Response Period: Refers to the period from the time of the onset of the incident. It provides a reference timeframe for response activities see Operational Period.

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

Risk: The expectation of loss from the impact of hazards. Risk is a function of probability (likelihood) of a hazard occurrence and the impact (consequences) of a hazard on the target of the risk assessment. It connotes a relationship between the hazard and the target's vulnerability to the hazard. Risk can be addressed by managing probability (through mitigation) and/or managing impact (through mitigation, preparedness, response and recovery).

Safety Officer: A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.³

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

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

Situation Report: Confirmed or verified information regarding the specific details relating to an incident.

Situational Awareness: Is the ability to identify, process, and comprehend the essential information about an incident to inform the decision making process in a continuous and timely cycle and includes the ability to interpret and act upon this information.

Span of Control: The number of resources for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals. (Under NIMS, an appropriate span of control is between 1:3 and 1:7, with optimal being 1:5.)

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

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

Strategy: The general plan or direction selected to accomplish incident objectives.

Strike Team: A set number of resources of the same kind and type that have an established minimum number of personnel, common communications, and a leader.

Supervisor: The ICS title for an individual responsible for a Division or Group.

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

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

Tabletop Exercise: A scenario-driven interaction that permits evaluation of the EOP and/or Recovery Plan, or elements thereof, through orally provided action descriptions and application of plan guidance. It is used to have individuals and teams describe their roles and responsibilities through a presented scenario, and to evaluate the performance of these roles and responsibilities in a relatively low stress environment. Through the use of simulation techniques, emphasis is placed on information processing, collaboration and cooperation, decision-making and team building in the context of a specified scenario. This format allows a significant amount of comment and coaching from the facilitator.

Tactics: The deployment and directing of resources on an incident to accomplish the objectives designated by the strategy.

Task: A clearly defined and measurable activity accomplished by organizations or some subset thereof (sections, functions, teams, individuals and others).

Task Force: Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

Technical Specialist: Person with special skills that can be used anywhere within the Incident Command System organization. No minimum qualifications are prescribed, as technical specialists normally perform the same duties during an incident that they perform in their everyday jobs, and they are typically certified in their fields or professions.

Threat: Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.

Triage: An organized process that matches needs with available resources according to a priority scheme designed to achieve the end objective (i.e., goal) of the specific triage system. In healthcare emergency management, 'triage' usually refers to sorting of patients based upon matching their healthcare needs with available healthcare resources, with priority assigned using specific criteria called a triage algorithm. The algorithm is designed to achieve an objective, such as transporting the most critical casualties first, "doing the greatest good for the greatest number" or other objective.

Unified Command (UC): An ICS application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior persons from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan.

Unit: The organizational element with functional responsibility for a specific incident Planning, Logistics, or Finance/Administration activity.

Unit Leader: The individual in charge of managing Units within an ICS functional section. The Unit can be staffed by a number of support personnel providing a wide range of services. Some of the support positions are pre-established within ICS (e.g. Base Camp Manager), but many others will be assigned as Technical Specialists.

Unity of Command: An ICS principle stating that each individual involved in incident operations will be assigned to only one supervisor.

Update: A notification category that provides non-urgent emergency management information during all four phases of emergency management (see "Advisory" – "Alert" – "Activation" for contrast with other notification categories.)

Warning: Dissemination of notification message signaling imminent hazard that may include advice on protective measures. For example, a warning is issued by the National Weather Service to let people know that a severe weather event is already occurring or is imminent, and usually provides direction on protective actions. A "warning" notification for individuals is equivalent to an "activation" notification for response systems.