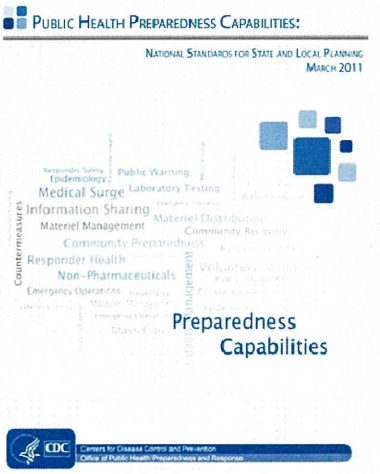
National Standards for State and Local Planning

Description of 15 capabilities and related functions, tasks, performance measures, and resources necessary for achieving each capability

Suggested activities for using the national standards to help public health departments organize work and identify most pressing needs



As it drives planning, the hope was that this capabilities document would help a state or a territory identify the gaps, where are the gaps. If this is truly a set of national standards, and you're looking at your operations and comparing it to a set of nationals, where are all the gaps, what do they need to work on? The hope was that they would prioritize the gaps and then the gaps would be reflected in their application every year, for this public health emergency preparedness funding or on a hospital side, the hospital preparedness funding.

Intent of National Standards and New PHEP Framework

New Public Health Emergency Preparedness Framework

Capability assessment informs awardee planning and investment decisions

Annual priorities reflected in the work plan

Work plan drives budget development

Performance measures and proposed demonstration plan drive program development and improvement

Now, interestingly, this is the first year that the hospital preparedness program and the public health preparedness programs are going to align. We're aligning those programs right now into one application, one funding opportunity [Unclear], and many of the local communities and state communities have already done that. We're doing it now at the federal level.

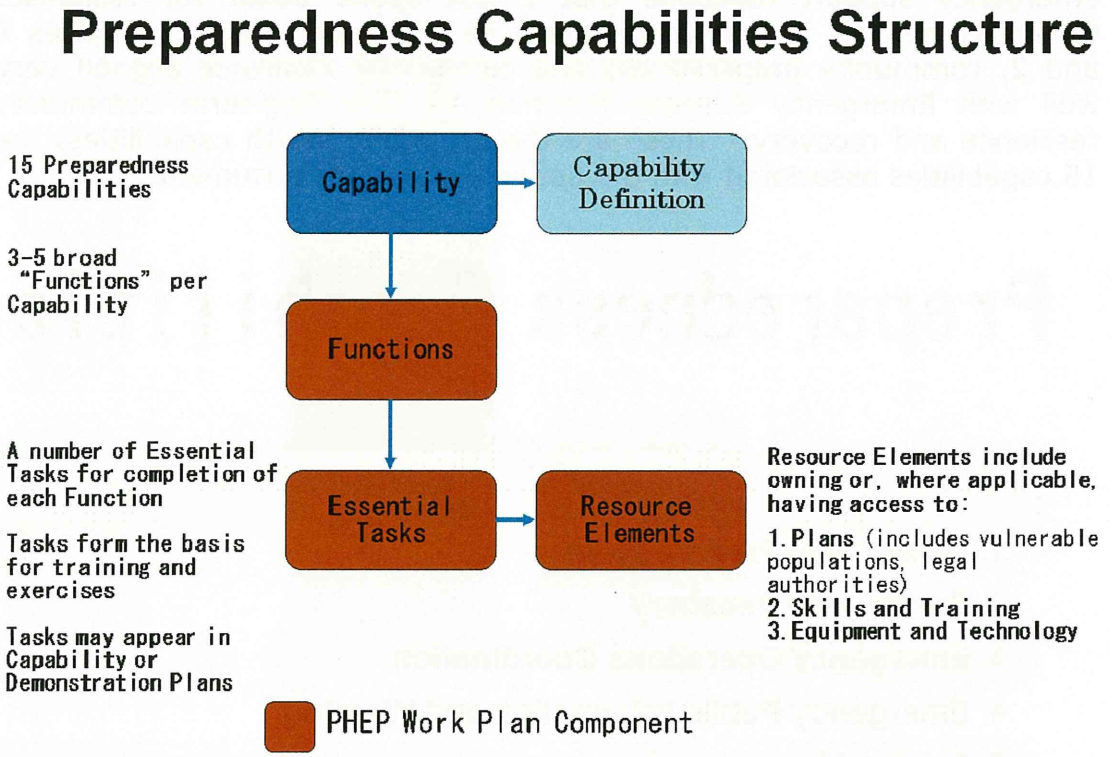
These are the 15 capabilities. Some of these align very nicely with the emergency support functions that I just spoke about for response. Capability number 7, mass care, that's ESF-6, mass care. Capabilities 1 and 2, community preparedness and community resilience aligned very well with Emergency Support Function 14, the long-term community resilience and recovery. These are the 15 public health capabilities, the 15 capabilities associated with the national standards document.

Preparedness Capabilities

	Capability Name
1	Community Preparedness
2	Community Recovery
3	Emergency Operations Coordination
4	Emergency Public Information and Warning
5	Fatality Management
6	Information Sharing
7	Mass Care
8	Medical Countermeasure Dispensing
9	Medical Materiel Management and Distribution
10	Medical Surge
11	Non-Pharmaceutical Interventions
12	Public Health Laboratory Testing
13	Public Health Surveillance and Epidemiological Investigation
14	Responder Safety and Health
15	Volunteer Management

Then the last slide, I'll just tell you how these capabilities are constructed. Each capability, obviously, has a definition of the capability. Let's take for example, capability number 1, community preparedness. That capability has four functions under it, and three of these functions are priority functions. For public health, under community preparedness, we're

talking about the ability to establish partnerships within the community. Private sector, faith based, healthcare sector, these types of partnerships. Another function under this capability would be vulnerable populations. Do you know where the vulnerable populations are in your community and specifically what are those needs? Then, a third function under this capability as an example relates to training. Do you have a staff that is trained on how to execute their roles and responsibilities in an event?



The functions are further broken down into discreet tasks associated with that capability and then, the last element of this capabilities document is what we call the resource elements. Typically, these are plans. These are training sessions. These are pieces of equipment and really those are how these resource elements fall out. For example, if you had to – under this community preparedness capability, one of the resource elements would be, do you have a memorandum of understanding with your local partners that this will be their contributions during response and recovery as an example of a resource element.

Female Participant
Florida is a prepared state.

Jeff Bryant
It is. It really is.

Female Participant
Probably, it is because hurricanes hitting?

Jeff Bryant
Because they have a very high frequency of threat.

Female Participant
Yeah, okay. They have experience. Does federal government encouraging other states to be prepared or probably Florida is prioritized by the government?

Jeff Bryant
Well, no, Florida is not prioritized by the government, but Florida also is a very populated state. Florida has a very high population. The money that the federal government gives out is often, not always, but often based on population. Florida receives a lot of money because it has a lot of people in it. A very rural state like South Dakota, South Dakota has less than 700,000 people in the whole state and there's three times that or more just in Miami, one city in Florida. But, the threats in South Dakota are different. The threats in South Dakota – you're not going to have a hurricane. Every state has its different own unique set of threats and hazards. That's what we expect them to plan against. What would – these state are required to do a risk assessment. What are the risks for that state or that jurisdiction? Then, plan against that, yeah.

Female Participant
Another question, you showed like ESF-1, 2, 3 probably like 19 – I mean there're several different groups.

Jeff Bryant
Right.

Female Participant
Who are coordinating each group?

Jeff Bryant
Right, exactly. In a large disaster, there is the Joint Field Office, the headquarters for the response. State assets are there. Private sector people are there. There's a lot of people. Other countries sometimes are there if there is a significant role and response from that country. These emergency support functions live under the structure of the Joint Field Office. You'll have 15 or sometimes more, but you'll have 15 groups that are each responsible for their own piece of the response.

Those groups coordinate directly with each other. Like if I was working in ESF-8, I would walk down – we were in a warehouse. I would walk down to the other part of the warehouse and talk to ESF-10 because the Environmental Protection Agency had something I needed to ask them about. It's very much everybody is together and it's just – there are daily meetings and daily phone calls between the ESFs.

Susan Bulecza
Just like we said, at the local level, the local emergency manger is kind of over all of these ESFs, same system with the federal emergency

management that they would be over and have the lead that all of these people are reporting.

Female Participant
Okay.

Rhonda White
Then, each of the ESFs has a lead agency that would coordinate that particular function.

Female Participant
Okay. That agency is connecting or seeing each other probably frequently or periodically at the case of emergency?

Jeff Bryant
Again in a large disaster, ESF-5 the operators, the operations, daily meetings, sometimes meeting are twice a day, all of the ESFs meet together and coordinate that day or that next day's activity, yeah.

In America, we're structured a little bit differently. Actually each governor has his or her own set of military forces really. These will come into play first.

Female Participant
Oh, my god! I didn't even know that.

Jeff Bryant
With the National Guard, they are...

Female Participant
They are recruited by the state actually, yeah.

Jeff Bryant
Yeah. There is a small set of military capability that resides within or support to the state. But the big department of defense, the big American military, very often is involved in response and recovery operations. Because of the capability, just the airlift alone with the air force is very valuable in response, operations. Also patient movement, many patients were moved during Katrina and hurricane Rita with military aircraft.

Rhonda White
But, the thing that helped is this National Incident Management System, the NIMS, this structure that we've been showing in the diagrams where we've had the ESF. That's what keeps them connected so that you've got the communication across whose doing what when you say, done.

Jeff Bryant
Absolutely, yeah.

Female Participant
But, probably, in the case of a emergency, like, top level and the bottom level has to work together like military people and public health worker

sometimes has to work together to solve the program immediately and in that time probably a chaos going on.

Jeff Bryant
John, do you want to speak at a local level?

Dr. John Lanza
Yeah. A lot of people in United States think that the United States military is going to – the air force, army, navy, is going to come to the local level and do everything. Well, there's a federal law about a 130 years old Posse Comitatus, which prevents the federal military forces from coming to the local level to the greatest extend and [Unclear] issues and stuff like that. But there's a reason for that because they don't want the federal government to kind of taking over a state.

That's why we have the Air National Guard and Army National Guard at the local level that's controlled by the governor, he or she. We had that after Irene, the Army National Guard came into Pensacola, and they were staying at a part our shelter.

Female Participant
I think the power of the governor is stronger in US.

Female Participant
Yeah, that's what I thought. Yeah. That supposed to – just out of my curiosity, what is the non-pharmaceutical response in preparedness…?

Jeff Bryant
Okay, yeah, exactly and that's a great question. It's very simple honestly and H1N1 is the best example. Non-pharmaceutical could be social distancing or closing…

Female Participant
Quarantine.

Jeff Bryant
…or canceling large gatherings like concerts or major sporting events. Those will be examples of non-pharmaceutical interventions to try and…

Female Participant
Who are engaged in that…?

Jeff Bryant
Yes.

Female Participant
Who are engage in that responsibility, non-medical doctor maybe, no…?

Jeff Bryant
Well, okay. Those decisions are very much made at a local level.

Female Participant

Again, so many responsibilities.

Jeff Bryant
Yeah, I mean, again, you don't want the federal government dictating what has to happen in Escambia County.

Female Participant
It has to be flexible.

Jeff Bryant
Yes.

Dr. John Lanza
These non-pharmaceuticals could be bringing in rat food, could be bringing in infant formula, could be bringing in generators. It's something other than vaccines, something other than sick drugs and antibiotics.

Female Participant
Something which can be easily ignored, something which is very important.

Dr. John Lanza
They're very important, right.

Female Participant
Okay.

Dr. John Lanza
When someone cannot leave the shelter because they don't have power at their home, and they have water and no electricity, we would give people a generator and 20, 30 gallons of gasoline, and take it to their home, set it up, and they could use that, so get them out of shelter [Technical Difficulty] pharmaceuticals.

Susan Bulecza
One of the things that we've set up for our shelters is discharge planning teams and developed a discharge planning guide so that when people come into a shelter, and then we start working with them, if we find out they're not able to go back to their home for whatever reason, there's no power, there's home left, whatever, these teams can help figure out alternate placement. Do they need to go to an assisted living facilitate or a nursing home? Do we need to get them temporary housing working through Red Cross for an apartment or something? But that's what those teams come in and can help work these hard-to-place individuals who may not have, for whatever reason, be able to go back to their home.

They're usually comprised of social workers and others, discharge planners who know what community resources may need, who typically provides different services, and be able to start working through that placement. We've developed a whole resource guide that helps the discharge planners be able to identify the types of the issues that we – and this came out from our responses in '04, where we did have people

who were in shelters and didn't have homes to go back to. How do we discharge them and place them more efficiently because the shelters are not a greatest environment for a long-term event.

Female Participant
Right.

Susan Bulecza
Our goal is to get people out of the shelters as quickly as we can and this is one mechanism to help support it.

Female Participant
Is it only for the special shelters or general shelter?

Susan Bulecza
We built them primarily for special needs shelters, but there is nothing that wouldn't say that there wouldn't be utilized, it couldn't be utilized in a general population shelter, if you had hard-to-place individuals.

Dr. John Lanza
Yeah. After triage, when they're accepted into our special needs shelter, they go to another place where we ask them more in-depth demographic needs, the way to address those sort of things, medical problems. Then we ask them, "What happens if you cannot go back to your home in a week or two? What are your plans?" If they don't have any plan, then they go to the discharge planner as they are getting into the shelter. We know ahead of time, so we know what we need to do to help them.

Susan Bulecza
The reason that they're prioritized for special needs shelters is because these are individuals who have medical needs and other needs than the general population. By and large, the Red Cross is able to assist individuals who are in the general population with alternate housing and those kinds of things.

Typically, individuals with medical needs are more difficult to make sure that you've got the right type of housing situation for them to go back into because you have to take them in consideration, what their medical needs are, their health needs are, do they have access issue as far as are they in wheelchair, those kind of things. Pulling from people who do that on a day-to-day basis, like the social workers, the hospital folks or people that work with the elder care services on a daily basis, they are more versed in what particular needs need to be addressed as well as what resources would be out there for them to go to. Any other questions? Sure, okay.

Female Participant
About the Joint Field Office of the ESF, is it that it takes 1 week to establish the joint...?

Jeff Bryant
Not always. For example, in Tropical Storm Fay, I mean I was working that disaster. We were already in Florida. As the storm was coming up

through the Caribbean and getting ready to enter Southern Florida, and then it – I don't have the map, but Tropical Storm Fay went all the way up Florida, and then took a hard left, and went all across the Panhandle of Florida. It was designed to make life bad in Florida that particular tropical storm.

Susan Bulecza
It never made the hurricane [Unclear].

Jeff Bryant
Yeah, and all 67 counties in Florida received a major presidential declaration because of that storm in 2008. But, we were already in the state. We saw it coming on the weather, and so the governor asked through the emergency managers, Craig Fugate and Dave Halstead and those guys, they asked for us to come down early. We were already here when the storm hit in that particular disaster. But if it's a no-notice event, if it's an earthquake, it may take – or even with Hurricane Katrina in New Orleans, it wasn't the winds that damaged New Orleans, it was the levees broke. Well, people thought when the wind went through and New Orleans escaped the storm surge and that everything was going to be fine, and then later that day is when the levees broke and the city became inundated. Yeah.

Female Participant
If it takes 1 week, I think the county level ESF-8 can starts its operation before the establishment of its Joint Field?

Dr. John Lanza
Oh, yes. I mean, if we see a hurricane coming down in the Atlantic, when it enters the Gulf for us, we're in the Gulf side of Florida, that's when we start activating our plan, a county that is also – and it's get more intense in what is activated post or against. Two or three days ahead of time or more, when we see something coming, we get ready.

Female Participant
Okay.

Jeff Bryant
The state does also – the state emergency operations center will be activated and the federal does also if we – for something we know is coming, everybody is activated early. It doesn't take a week for every Joint Field Office to stand up. But it can take a few days before all the federal assets are in place to start managing that disaster like it's going to be managed. Yeah. What else?

Female Participant
Yes, who will be the coordinator of the ESFs?

Jeff Bryant
It is the Department of Health and Human Services.

Female Participant

At both state level and federal level?

Jeff Bryant
At the federal level, it's the Department of Health and Human Services. A senior medical or health officer will be appointed as the lead for ESF-8, but the agency is the Department of Health and Human Services. Yeah, at the state level…

Rhonda White
Is your question about 8 or 6?

Female Participant
All ESFs coordinator.

Rhonda White
Each of the ESFs will have a lead agency at the federal, state and local level. Then, they'll be an emergency management coordinating function at the federal, state and local level. At the local level, it's the emergency manager and ESF-8 is mostly run by the Public Health Department in most counties. At the state level, the Division of Emergency Management works directly for the governor coordinates all the ESFs. The Department of Health is the lead for ESF-8. At the federal level, FEMA is the coordinating body and the Department of Health and Human Services – is that your question?

Female Participant
Yes. FEMA is located on the upper level of other departments?

Jeff Bryant
Well, FEMA is an agency within the Department of Homeland Security. The cabinet level department is Homeland Security and FEMA is part of that. It's very similar for CDC. The Centers for Disease Control is a part of the Department of Health and Human Services. Yeah. FEMA is just one agency in Homeland Security and the Centers for Disease Control is just one agency within the Department of Health and Human Services.

Female Participant
But FEMA will coordinate all ESFs?

Jeff Bryant
Yes. In a disaster response, FEMA is the coordinating agency for the response.

Female Participant
At the state level?

Jeff Bryant
At the federal level.

Female Participant
State level, who will be the coordinator of ESFs?

Rhonda White
In Florida, it's the Division of Emergency Management which is another agency that reports.

It's an agency that reports directly to the governor for Florida, different states have different arrangements.

Jeff Bryant
They do. Every state has their own structure.

Female Participant
It's governor's office, no?

Rhonda White
It's an agency that reports to the governor. In Florida, you can be a governor's agency or you can be an agency of the legislature. Division of Emergency Management is a governor's agency.

Jeff Bryant
I think it's pretty safe to say though that all of the state emergency management functions coordinate very closely with the governor, yeah.

END

FLORIDA DEPARTMENT OF HEALTH

SPECIAL NEEDS SHELTER (SpNS) INTAKE FORM

(This form is to be completed for previously unregistered SpNS Clients or if pre-registration information if unavailable)

資料 3

To Be Completed Or Verified By The Clerical Staff Receiving Clients At SpNS

ARRIVAL - Date: _____ Time: _____ Mode of Arrival: _____ Shelter Location: _____

NAME - Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ DOB: _____ Age: ____ (years) Sex: _____ SSN: _____

Medicare/Medicaid number: _____

Weight: ____(lbs) Height: ____(ft.) ____(in.) Primary Language: _____

Residence Type: _____ Living Situation: ☐ Alone ☐ Relative ☐ Other: _____

Name of Emergency Contacts: Local: _____ Relationship: _____ Phone: _____

Non - Local: _____ Relationship: _____ Phone: _____

To Be Completed By Health And Medical Staff

Number of care givers/ family members accompanying client to the SpNS: _____

Caregiver/family member names: _____

MEDICAL PROBLEMS OF CAREGIVER: _____

Special Medical Needs of Client

Medically Dependent On Electricity:	**Oxygen Dependent:**	
☐ O2 Concentrator ☐ Feeding Pump ☐ Suction ☐ Other: _____	☐ 24 hour ☐ Only Overnight ☐ Nebulizer ☐ CPAP O2 Type: _____ Liters flow: _____ L /minute O2 Company: _____ Phone: _____	
☐ Assistance with medications ☐ Insulin Dependent ☐ Assistance needed with Insulin	☐ Mental Health Problems ☐ Anxiety/Depression ☐ Alzheimer's/Dementia - ***Full time caregiver must be present at all times during client stay at shelter.***	☐ Vision Loss/ Impaired ☐ Hearing Loss/ Impaired ☐ Speech Impaired ☐ Cognitive Impaired
☐ Incontinence ☐ Dialysis Dependent	☐ Mobility Impaired ☐ Walker ☐ Cane ☐ Wheelchair	☐ Open wounds ☐ Decubitis
☐ Other/Comments: _____	☐ Trained Service Animal Type of Animal: _____ 1. Is client disabled? _____ 2. Is the animal trained? _____ 3. What does the animal do for the client? _____	

Medical Information:

Primary Doctor: _____ Phone: _____

Home Health Agency: _____ Phone: _____

Dialysis:: _____ Phone: _____

Pharmacy _____ Phone: _____

☐ Patient Assigned to Hospice Name of Hospice: _____ Phone: _____

☐ Do Not Resuscitate Order (DNRO) provided ☐ Photo ID ☐ Person present having knowledge of client's identity

☐ Living Will provided ☐ Client Identification Verified- *Identification must be on the client at all times during the shelter event.*

List Medications: _____

FLORIDA DEPARTMENT OF HEALTH

SPECIAL NEEDS SHELTER (SpNS) INTAKE FORM

(This form is to be completed for previously unregistered SpNS Clients or if pre-registration information if unavailable)

List Medical Conditions: _____

_____

List Medical Equipment/Supplies Brought To The Shelter By The Patient: _____

_____

Discharge Planning: *Plans If Client Cannot Return Home*

Transportation Needs: ☐ Car ☐ Bus ☐ Wheelchair Van ☐ Ambulance
☐ Other: _____ Number of Persons to Transport: _____

☐ Returning Home ☐ Returning to Another Family Member's Home ☐ Other (Friend, Hotel, Hospital, Nursing Home)

Specify Discharge Destination- Address: _____
Apt/ House #: _____ Apt. Complex name: _____

Name of individual discharge to: _____ Phone: _____

Discharge Checklist: ☐ Electricity to area ☐ Road to Home Open ☐ Medications Loaded ☐ Personal Effects Loaded
☐ Medical Equipment Loaded

Name of Discharge Planner: _____ Signature: _____
DISCHARGE - Date: _____ Time: _____ Mode of Discharge: _____

Comments: _____

_____

I do ☐ do not ☐ authorize release of the above information concerning my whereabouts or general condition.

Signature: _____ Date: _____

SpNS MEDICAL UPDATE

Date / Time	Observations / Notes	Medications Given	Signature

SPECIAL NEEDS SHELTERS

資料 4

Definition of A Person with Special Needs and Special Needs Shelter (SpNS) Eligibility Guidelines

1) A person with special needs is someone, who during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities, that exceeds the basic level of care provided at a general population shelter, but does not require the level of care provided at a skilled medical facility. A person with special needs is not a person residing in a facility required by state law to have an evacuation and emergency management plan for natural and man-made disasters.

2) Eligibility guidelines for Special Needs Shelter client may include, but not limited to:

   a) A person with a stable medical condition that requires periodic observation, assessment, and maintenance (i.e. glucose readings, vital signs, ostomy care, urinary catheter)
   b) A person requiring periodic wound care assistance (i.e. dressing changes).
   c) A person with limitations that requires assistance with activities of daily living
   d) A person requiring and needing assistance with oral, subcutaneous or intramuscular injectable, or topical medication
   e) A person requiring minimal assistance with ambulation, position change and transfer (i.e. able to move more than 100 feet with or without an assistive device)
   f) A person requiring oxygen that can be manually supplied
   g) A person medically dependent on uninterrupted electricity for therapies including but not limited to oxygen, nebulizer, and feeding tubes. Ventilator dependent persons and persons with multiple special needs requiring a higher level of care, may need to be referred to a skilled medical facility
   h) A person with mental or cognitive limitations requiring assistance who is accompanied by an appropriate fulltime caregiver for the duration of their stay in the shelter
   i) A person requiring fulltime care who is accompanied by an appropriate fulltime caregiver for the duration of their stay in the shelter
   j) A person whose weight does not exceed the safety weight restrictions of provided cots.
   k) A person who can be safely transferred and does not require specialty lifting or transferring equipment. A person requiring a stretcher to be transported may need to be referred to a higher skilled medical facility

3) Every reasonable effort shall be made to avoid admitting a person with a known communicable condition.

4) Counties with special needs shelters with resources that can safely accept a person exceeding the above criteria may choose to do so.

SPECIAL NEEDS SHELTERS - LEVELS OF CARE
Examples of Eligibility Guidelines

Condition	Level By Shelter Type		
	American Red Cross (ARC) General Shelter	**Special Needs Shelter (SpNS)**	**Medical Management Facility (Hospital or Nursing Home)**
Alzheimer's Disease/Dementia	Early	Progressive	Advanced/Total Care
Ambulation (walker, cane, crutches, wheelchair) • Arthritis • Osteoporosis • Parkinson's Disease • Multiple Sclerosis • Muscular Dystrophy • Neuromuscular Disorders	✓	Assistance required	Bedridden
Aphasia (difficulty communicating)	✓	Combined with other conditions	
Cardiac abnormalities	Stable	Controlled	Unstable
Contagious diseases or infection *MRSA		Consult with local CHD	✓
Dialysis	✓	Combined with other conditions	
Diabetes/Hyperglycemia	Insulin and diet controlled	Requires assistance	
Eating and swallowing disorders	✓	Require assistance/ Tube feeding	
Ileostomy/Colostomy	✓	Combined with other conditions	
Neurological Deficit		✓	Incoherent/Total care
Psychosis	Controlled	Requires caregiver	Uncontrolled
Respiratory • Asthma/Chronic Obstructive Pulmonary Disease (COPD) • Emphysema	✓	Oxygen Dependent	Ventilator Dependent
Seizures	Controlled	Medication assistance required	Uncontrolled
Sleep Apnea	Not-mechanically dependent	Mechanically dependent	
Wheelchair Transferable	Mobile with minimal assistance	Wheelchair bound with complicating conditions	
Wounds *MRSA	Uncomplicated	Open draining wounds, dressing changes, complicated treatments	

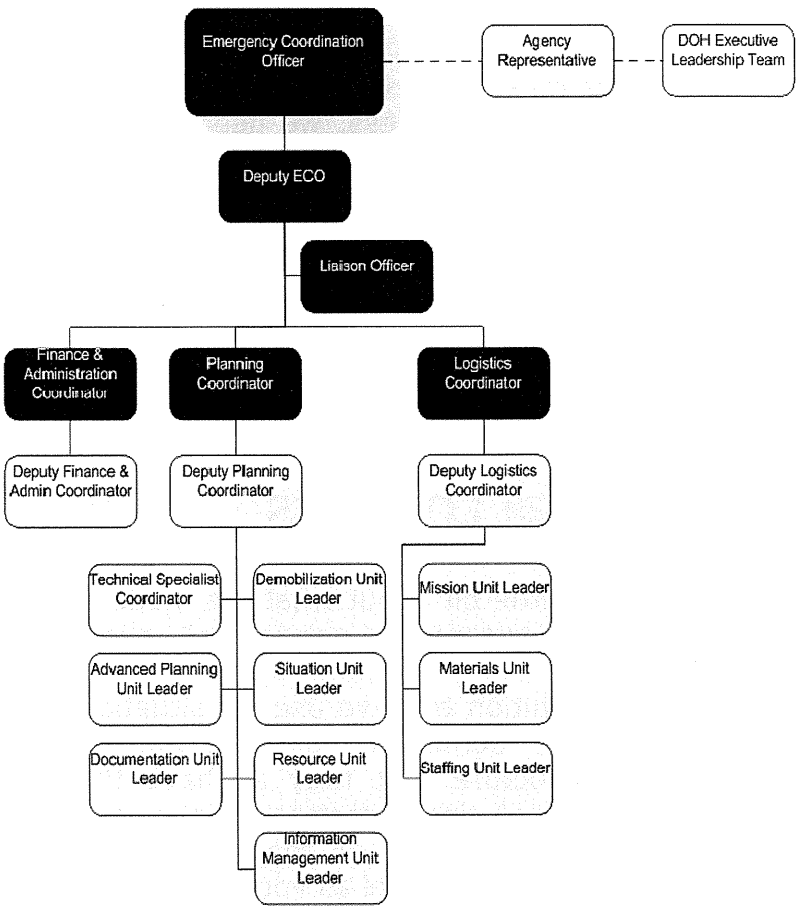
***-Wounds infected with MRSA are not appropriate for General or Special Needs Shelters**

（資料５）米国フロリダ州保健局によるプレゼンテーションテープ起こし原稿②

Day 1
3:45 pm – 4:30 pm
Situational Awareness Approach Overview

Rhonda White (MBA, Chief, Bureau of Preparedness and Response, Florida Department of Health)

You've heard us talk about the Incident Command System and the structure that we use to organize ourselves in response. It sounds complicated when you talk about it at different levels, but at the very basic level, it's a very simple structure. The structure is designed to have that common understanding and that common flow of information and that single message about the event and about the actions that we're going to take. So, what we do in ESF 8, and this is in your packet, a little version if you want to write on it or see it a little bit clearer, this chart here, because at the state level, we are not the responders, we are not helping the victims and the survivors. What we are doing is providing people and material to help the local people do the response, so we don't have an operations unit that you saw on some of the other slides.



The main thing that we do is we provide planning support and try to do contingency planning, what might happen in the next 3 days, 5 days, next tomorrow. We do contingency planning and then we move resources, either people or equipment and supplies down to the local folks that are actually doing the response. Those are our two primary functions at our level and at the state level.

This particular version of the structure is called the Multiagency Coordinating Group in system, and it is about coordinating assets and getting those assets from different agencies, different resources to the local response, so that's really our role here.

In order for us to be prepositioned to do our role, we have to know what's going on, so we have to understand the event, what's happening at the scene, what kind of capabilities and capacity they have at the local level, what kinds of services they are needing, and sort of what the structure is.

This is our operating structure, just so you kind of know, and what I am going to talk about today inside the planning section is what we call a Situation Unit, and that's what I am really going to talk about the role of the Situation Unit today.

The major role of that Situation Unit is to provide situational awareness and that common understanding of what's happening, so that's our full-time job in the Situation Unit. I am going to just talk about that for a few minutes.

We have these three core responsibilities that I just mentioned. We need to have situational awareness, we need to help with advanced planning, and we need to move medical supplies and equipment and people. That's the three core responsibilities that this structure is designed to implement.

- Situational Awareness
- Advanced Planning
- Medical Logistics

I want to talk a little bit about what the model that we are using to try to help us really understand and get good situational awareness.

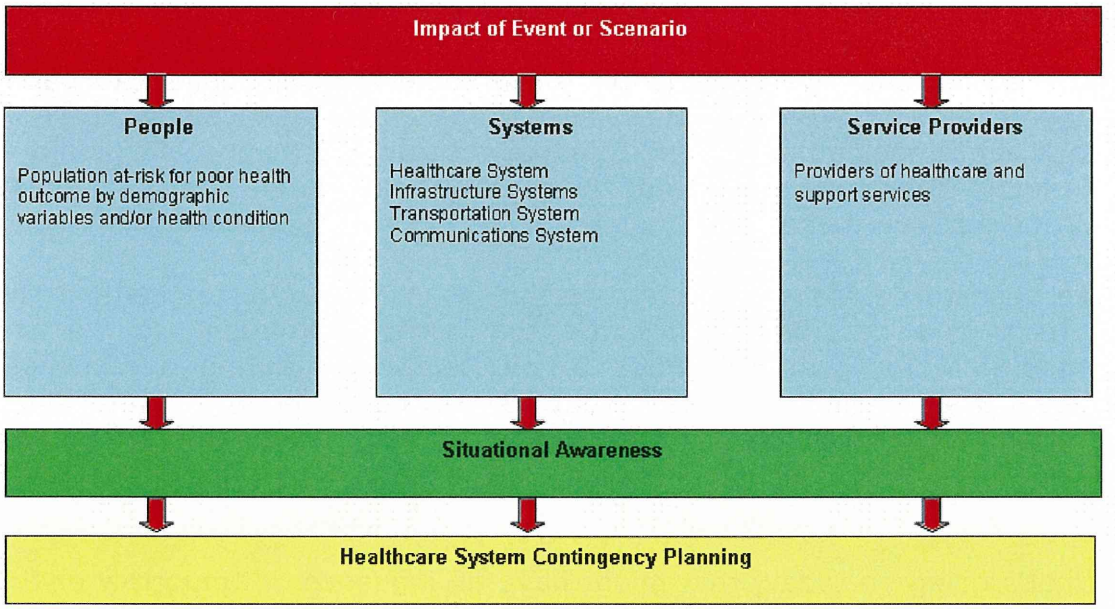
Our working definition that we use for situational awareness is there are several different definitions at different parts of the Emergency Management Structure, but they all have those common elements of compiling and analyzing information and making that very disparate information from the nurse on the ground and something that's usable and meaningful at every level as you go up.

What they need to know at the hands-on care level is very different than what we need to know, and it's different than what our federal partners need to know, so how do we compile and analyze that information and roll it up to get that picture.

We've organized our thinking into three basic groupings, if you will. The first thing you will see is there is an impact of an event or we also use the same philosophy in an exercise, so if it's a scenario, if you're planning based on scenarios. We think about for ESF 8; there're really three views of the world that we have. What's happening to the people, what is the population, what's happening to the people, who in that population is most at risk for poor health outcome, what kinds of services might they need based on their vulnerability, what are their demographic information, so all that kind of view of the people that are impacted by the event or the scenario.

Our second view of the world is about the systems piece. What's happening with the healthcare delivery system, what's the status of the hospitals, what's the status of the dialysis nurse, how's the transportation system holding up, what's the communication system, are we getting information, so that's the second sort of view of the world that we have is that systems view.

Then, the third view, of course, is our service providers and these would be our first responders either law enforcement or the fire rescue people, the emergency ambulance drivers, or those service providers that are providing care in a hospital setting, those specialty nurses and doctors that we need for dialysis, what's the status of the folks that are providing care.



Those three things exist prior to the event, of course. What our question to ourselves is, what is the impact of what just happened or what we're planning for on those three groupings?

If the event is a hurricane, what's the impact on the population? What's the impact on the systems? What's the impact on the healthcare providers or the service providers?

When you can paint that picture of that impact on that system, what we think we have is situational awareness, so you have some idea of what's going on out there.

Once, you have situational awareness, then you can begin to do preplanning for contingencies. Maybe, you have a hospital that's damaged today, their generator is working, they are holding it kind of making that work, but they're going to be out of fuel in 3 days, so what do you need 3 days from now to be able to support that facility?

That's the contingency planning and Susan is going to talk about that some more tomorrow. But, situational awareness provides you with the data and information to do that planning and that's really what impacts the response for the effectiveness of the response and the decision-makers being able to make the right decision about the resources. Jeff [ph] talked earlier about if you have a limited resource and you need to decide, should I send it now or do I think I am going to need it more in 3 days, so what does that look like.

Some of that decision-making helps when we can provide solid situational awareness to the decision-makers. That's our goal and our mission in the Situation Unit.

Again, we're the focal point for information collection. We get it from a variety of places. Depending on the event, the information streams maybe different. We have to try to do some level of analysis to put it together in a picture that makes sense to folks, and then we have to get it back out to people that needed to make decisions. It's not really helpful if we know it because we are not the decision-makers, we are the support for the decision-makers.

We need to do really kind of three things. We need to understand the current and be able to describe the current situation, so we are responsible for giving briefings to our leadership during a response. Here's what's going on; here's what I know, boom, boom, boom; here's the high level of picture. If you want more detail about this, let me tell you that, so that's our role and analyzing the factors at a current situation that might influence the future.

What's going on today, that might have an influence on tomorrow or the next day or the next day. Then, we are interested in the Sit Unit on tomorrow's activities, the Advanced Planning Unit that Susan is going to share with you tomorrow is 3, 5 days out. We are interested in tomorrow in the Situation Unit. We have a short-term focus for us, and then she

takes on advanced planning that gives out longer term for you. Does that make sense kind of what our job is? Okay.

The **Situation Unit** is the focal point for information collection, analysis, and dissemination.

- **Understanding** and describing the current situation.
- **Analyzing** factors in the current situation that will influence future conditions.
- **Predicting** possible impacts of future conditions on ongoing operations.

We have an organizational structure below that box on the paper you have that is expandable based on the event. We might only have two people in the Situation Unit or we might have as many as 30 or 40 depending on the event, the information streams, what you are having to do with the information, so it can expand or contract based on the event.