

PUEBLO EMERGENCY OPERATIONS PLAN

ANNEX O - HEALTH AND MEDICAL SERVICES

I. PURPOSE

To provide response and recovery actions related to lifesaving, transport, evacuation, and treatment of the injured, controlling the spread of contamination, disease control activities, preventing contamination of water and food supplies, and disposition of the dead.

II. SITUATIONS AND ASSUMPTIONS

A. Situations

1. Most emergency situations may pose public health problems. Depending upon the nature of the incident, complications might include diseases, sanitation problems, contamination of food and water, and community behavioral health problems.
2. Disaster and mass-casualty incidents take many forms. Proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.

B. Assumptions

A disaster that would cause many casualties and/or fatalities may overwhelm local medical, health, and mortuary services capabilities.

III. CONCEPT OF OPERATIONS

- A. In following National Incident Management System (NIMS) compliance, each agency will designate a point of contact with the Incident Command System (ICS) to coordinate with the Emergency Operations Center (EOC).
- B. Each health care organization's Standard Operating Procedures (SOPs), at a minimum, should:
 1. Maintain a personnel alerting and call-up roster.

2. Maintain primary and secondary communication systems which will be tested twice a year, (backup system may include ARES radio groups);
 3. Provide decision-makers and dispatchers, empowered to make decisions for Emergency Operations Center (EOC), as required.
 4. Prepare to escalate to full and sustained operational status on short notice.
 5. Maintain relief and shift schedules.
 6. Obtain and ensure operational condition of equipment necessary for 24-hour operations.
 7. Arrange for necessary supporting resources, for example: medical supplies including procurement of antibiotics, personal protective equipment, an internal operations center, equipment, and personnel.
 8. Maintain records as accurately as possible for legal, historical, and monetary purposes;
 9. Provide adequate accommodations for special needs populations.
 10. Be able to operate at NIMS basic level with personnel trained to appropriate level.
- C. Health and Medical Services may be provided by the City-County Health Department (CCCHD), Emergency Medical Services (EMS), Parkview Medical Center, Centura Health-St. Mary Corwin Medical Center, Colorado Mental Health Institute at Pueblo, other health care organizations, County Coroner, doctors, nurses, and trained medical volunteers.
- D. The Director, City-County Health Department, will coordinate communication with health and medical facilities, with the assistance of EMS and health agency personnel.
- E. Assisting the City-County Health Department Director will be:
1. Medical Coordinator
 2. Environmental and Public Health Coordinator
 3. Coroner

IV. ORGANIZATION AND RESPONSIBILITIES

A. City/County Health Department Director or designee

1. Initiate Pueblo Behavioral Health Response Team (BHRT), as appropriate. Refer to BHRT plan for specifics (Appendix 1).
2. Contact Colorado Department of Public Health and Environment, and Medical Services;
3. Provide public health spokespersons responsible for providing advice and education on disease prevention, environmental sanitation, vector control, how to protect oneself, what actions are being taken to control the situation and when the situation is resolved. Whenever feasible, all information should be provided to the public and the media through the Joint Information Center (JIC) serving the emergency.
4. Arrange for the organization, staffing, security, and logistics of the distribution and delivery of antibiotics, antiviral medications, vaccines, or other medications needed in an emergency situation. (Refer to PCCHD Internal Plan);
5. Create teams to (i) monitor the situation, including infection control, in each health care provider facility within PCCHD's jurisdiction, doing this on-site as necessary and with assistance from the state health department as appropriate; (ii) assess and manage infection control in the community outside of the health care providers; and (iii) assess and manage, in coordination with health care providers and the county coroner, the disposal of human corpses;
6. Implement quarantine protocol covered under Colorado Revised Statutes 25-1-506(1) (c), if warranted.

B. Medical Coordinator functions:

1. Monitor and serve as a resource for medical activities;
2. Contact all health and medical facilities and medical transporting agencies within Pueblo County;
3. Maintain a situation status of medical and health operations and resources.

4. Facilitate health care facilities' requests for personnel, equipment, and supplies.
5. Coordinate with behavioral health agencies (i.e., Spanish Peaks Mental Health, EMS – CISM Team, Colorado Mental Health Institute at Pueblo, ACOVA, VA Medical Center, and Law Enforcement chaplains) for counseling services.
6. Identify medical facilities, fixed and mobile, that have the capability to decontaminate injured individuals that have been biologically, radiologically or chemically contaminated.

C. Environmental and Public Health Coordinator

1. Coordinate the monitoring of food handling and mass feeding sanitation service in emergency facilities.
2. Ensure adequate sanitary facilities are provided in emergency shelters.
3. Implement action to prevent or control vectors such as flies, mosquitoes, rodents, and work with veterinarians to prevent the spread of disease through animals.
4. Coordinate actions for removal/disposal of sewage, solid wastes (including dead animals), potentially hazardous and toxic chemicals or materials.
5. Provide for the monitoring and evaluation of environmental health risks or hazards and take or assign appropriate corrective measures.
6. Inspect for purity, usability, and quality control of vital foodstuffs, water, and other consumables.
7. Implement embargo procedures for foodstuffs, if warranted.
8. Coordinate to ensure the availability of potable water and an effective sewage system.
9. Detect and inspect sources of contamination dangerous to the public's health.

- D. Hospitals and Health care providers shall:
1. Operate within scope of their internal plans and established procedures for maximum effort conditions.
 2. Inform the Medical Coordinator at the EOC of capabilities and limitations.
 3. Provide triage and decontamination.
 4. Handle news media personnel in accordance with their own policies and procedures.
 5. Adjust the patient population in their facility and coordinate with other health care facilities to prepare for a disaster related patient load or evacuation, if necessary, while continuing medical care for those that cannot be evacuated
- E. Fire, EMS and Haz-Mat functions:
1. Operate according to agency specific SOPs.
 2. Report the number of casualties to be transported and those that may otherwise arrive to the health care providers, to the Medical Coordinator at the EOC.
 3. Determine if contamination exists on exposed individuals and advise transporting agencies, health care providers and the Medical Coordinator at the EOC of the circumstances.
 4. Coordinate field decontamination utilizing Pueblo Rural Fire Department, Pueblo West Fire Department, or Pueblo City Fire Department.
- F. Behavioral Health Services
1. Provide counseling assessment and assistance at medical facilities, field locations and at shelter facilities.
 2. Assist in mobilizing community counseling for victims, families, emergency workers, and others recognized to have behavioral health needs.

G. Coroner (See Annex R for more details.)

1. Coordinate the decontamination, transportation and storage of human remains, as necessary.
2. Establish temporary morgues, as required.
3. Ensure that fatalities are handled to conform to legal and moral standards and that deviations are accurately documented, verified and witnessed.
4. Assure identification of fatalities.
5. Provide for integration of local, state, national and private resources.
6. Alert all local funeral homes and provide guidance and instructions to funeral directors for identification, storage and burial of dead.
7. Request security support as needed.

V. ADMINISTRATION AND LOGISTICS

Document all actions so that records can be compiled for financial and historical data.

VI. ANNEX DEVELOPMENT

The primary responsibility for development and maintenance of this annex is that of the Department of Emergency Management with support from responsible agencies. The annex will be reviewed annually unless significant change warrants an earlier revision.

BEHAVIORAL HEALTH RESPONSE TEAM (BHRT)

I. Purpose:

The purpose of this annex is to establish a framework to ensure an efficient, coordinated, effective response to the behavioral health needs of those affected by a natural or human caused emergency/disaster at a community level in Pueblo County.

All efforts will be made to provide behavioral health services within the scope of community response capabilities.

The agencies and individuals have agreed to be known as the Pueblo Behavioral Health Response Team (BHRT)

II. Assumptions:

- A. Emergency/disaster events have immediate and long-term psychological consequences that affect normal daily functioning. Emotional distress may be apparent at the time of the incident and behavioral health interventions may be required immediately.
- B. Outreach and crisis counseling interventions can assist survivors, responders and community members in meeting the challenge of the event. In addition crisis counseling can provide support in returning to a level of pre-event functioning.
- C. It is the mission of BHRT to develop and implement processes for behavioral health care delivery on an ongoing basis including preparation for catastrophic events.
- D. Behavioral health emergency/disaster responders are critical in providing support soon after the event occurs. Intervention by the behavioral health system will be in accordance with the National Incident Management System (NIMS) model.
- E. All services will be voluntary and confidential.
- F. Local behavioral health/substance abuse and public health agencies will retain full control of their resources and will provide mutual aid to other partners as resource allocation allows.

- G. Pueblo City-County Health Department (PCCHD) will provide prophylaxis to all behavioral health response partners that volunteer at point of delivery sites as necessary.
- H. The term “Behavioral Health” encompasses mental health and substance abuse treatment services.

III. Concept of Operations:

- A. The PCCHD will coordinate communication with behavioral health entities, with the assistance of EMS (Emergency Medical Services).
- B. A MOU (Memo of Understanding) will be obtained from all behavioral health agencies and professionals who agree to provide behavioral health services.
- C. Mobile teams will be established as the event dictates.
- D. Behavioral health responders in an event will provide triage of behavioral health needs and be able to direct persons involved to the appropriate and available resources.
- E. BHRT will assist in identifying resources for the purpose of event management and ongoing services.
- F. BHRT and PCCHD will collaborate together to develop appropriate key information regarding the event and any related behavioral health issues to ensure consistent standardized messages are released to the public.
- G. BHRT will be available for consultation for the purpose of behavioral health response training, keep a communication network in place, update the behavioral health response annex annually, and assist the PCCHD with maintaining a current database of behavioral health responders.
- H. The communication network will be tested yearly.
- I. BHRT will participate in emergency/disaster preparedness activities with other emergency/disaster responders.
- J. BHRT will have minimum standards for training of all behavioral health (BH) responders (these standards are currently being set through the System Planning Council at the state by members of state and local BH agencies).

- K. Credentialing and basic emergency/disaster training of BHRT members will be done through a standardized process of the Colorado Medical and Public Health Volunteer System and database:
<http://www.coloradodmat.com/>
- L. At times when BHRT resources are deployed and/or are over-extended, BHRT leadership may seek consultation from the Colorado Department of Human Service Division of Mental Health Disaster Response and Planning workgroup.

IV. Preparedness Activities:

- A. BHRT will act as the mental health leader in policy discussion with other emergency/disaster preparedness organizations in Pueblo County.
- B. Behavioral health responders are trained per Colorado Division of Mental Health (CDMH) standards.
- C. PCCHD will coordinate with shelter services, American Red Cross and other responding behavioral health agencies.
- D. The director of PCCHD will coordinate with response partners to provide information to the public.
- E. The medical coordinator will develop and acquire, track and maintain needed resources and supplies.
- F. PCCHD will develop, sign and maintain Memoranda of Understanding with professional behavioral health organizations and individuals in the county.
- G. BHRT will participate in county emergency/disaster preparedness activities.
- H. BHRT will recruit and facilitate training of behavioral health volunteers.
- I. Colorado Medical and Public Health Volunteer System will maintain a database of on-call behavioral health professionals who are credentialed to respond in an emergency/disaster.
- J. The Colorado Medical and Public Health Volunteer System will maintain a database of resources, including special needs responders, interpreters, neighborhood resources, clergy, family, and peer support groups.

- K. PCCHD will review the complete plan, all memoranda of understanding, and training at least annually.

V. Roles and Responsibilities:

A. Department of Human Services (DHS), Division of Mental Health

1. Notify or make request that local behavioral health partners activate mobile Mental Health Disaster Response System (MHDRS) teams.
2. Assist with coordinating emergency/disaster mental health response.
3. Liaison with the state emergency operation center for site response support
4. Assist with assessing behavioral health needs of Pueblo County.
5. Assist local behavioral health agencies with the necessary resources to provide behavioral health care.
6. Assist with procurement of services rendered.
7. Verify credentials through the Colorado Medical and Public Health Volunteer System.

B. Medical Coordinator

1. Will coordinate the behavioral health response to an emergency/disaster through the Pueblo County Department of Emergency Management.
2. Coordinate with Behavioral Health Agencies (SPMHC, EMS-CISM Team, CMHIP, ACOVA, VA Medical Center and Law Enforcement Chaplains) for counseling services, resources, and equipment as needed.

C. Pueblo City-County Health Department (PCCHD)

1. Ensure memoranda of understanding are signed and up to date.
2. Assist with procurement of services rendered (i.e. data collection, completion of required forms/paperwork).

D. Pueblo Behavioral Health Response Team (BHRT) Leader

1. Assist with assessing mental health needs of the responders and the community in response to an emergency/disaster and providing direct behavioral health care based on area of expertise at designated sites.
2. Notify, assemble and deploy mobile BHRT members to incident site.
3. Coordinate counseling assessment and assistance at medical facilities, field locations and at shelter facilities.
4. Assist in mobilizing community counseling for victims, families, emergency workers, and others recognized to have behavioral health needs.
5. Provide regular updates to immediate incident command supervisor.
6. Make additional requests for support to immediate incident command supervisor. (This includes human resource support requests.)
7. Provide just-in-time training for staff.
8. Monitor staff for stress, fatigue, and other needs.
9. Refer media request to Emergency Operations Center (EOM) and/or Joint Information Center (JIC), if activated.
10. Supervise overall provision of behavioral health and addictions crisis care.
11. Assure that BHRT is carrying out the mission assigned to it by Incident Command.
12. Incorporate changes in the incident action plan as driven by the incident.
13. Communicate and provide Incident Action Plans to the immediate supervisor.
14. Brief and debrief staff before and after operation periods or more frequently if necessary.
15. Provide CDHS, DMH with a community assessment of mental health services and recovery support needs for potential crisis counseling program.

E. Logistics Liaison

1. Obtain any needed equipment or material for BHRT response.
2. Coordinate team transportation.
3. Coordinate with Logistics Officer/EOC for food, water, and shelter as needed for team support.
4. Set up and equip the team location.

F. Administrative Data Entry Person

1. Record data.
 - a) Resources deployed and time in the field.
 - b) Number of informational brochures distributed (rough estimate).
 - c) Number of individual victims contacted (rough estimate).
2. Ensure appropriate documentation is maintained.
3. Maintain confidentiality of records.

G. Tactical Communications Unit Leader

1. Responsible for intra-team communication.
2. Assure that team members have equipment for team communication.
3. Assure that the team leader has contact with Incident Command.
4. Assure that the BHRT leader has contact with larger organizing response agencies.

H. Safety Liaison

1. Responsible for an assessment of the situation and safety issues as they relate to the team and individual responders.
2. Responsible for assuring that each person on the team has appropriate support and coverage (e.g., agitated, highly fearful, or violent individuals)
3. Inform Team Leader if there are credible risks to the team or individuals and develop appropriate protocols.
4. Assess the entry point and egress from the deployment.
5. Encourage each member to take responsibility for their hydration, nourishment and breaks.
6. Coordinate with Incident Safety Officer.

I. Licensed Mental Health Professional, RN, CAC

1. Conduct informal clinical behavioral health and substance use/abuse assessments to determine need.
2. Provide triage, psychological first aid and immediate crisis interventions.

J. Licensed Mental Health Professional, RN, CAC (cont'd)

1. Provide referrals for substance abuse and behavioral health.
2. Assume various duties as necessary as assigned by the Team Leader.
3. Supervise unlicensed BH responders if necessary.

K. Public Information Officer (PIO)-BH Liaison

1. Coordinate with partner PIOs to develop messages for public information and risk communication to reduce distress and increase function and awareness to gain community support for actions dictated by the event.
2. Work closely with JIC.

L. Behavioral Health Responders

1. Obtain at least Level I Field Response Training.
2. Assume various duties as needed and as assigned by BHRT leader.

VI. Communications

A. Contact procedure:

1. Director of PCCHD is notified that there is an emergency/disaster requiring behavioral health response.
2. Director of PCCHD notifies the medical coordinator who then notifies the leader of BHRT.
3. BHRT team leader notifies BHRT members and Colorado Division of Mental Health of the following information:
 - a) Origin of call
 - b) Nature of emergency/disaster. (What is the issue?)
 - c) What resources are needed? (Stand-by resources, quick response resources & staging area, list first)
 - d) What possible response is needed?
 - e) Where to meet
 - f) Contact person and number
4. BHRT will initiate contact with the team utilizing a phone tree.
5. Each agency will activate their internal call down lists to activate personnel and coordinate available resources with BHRT leader.
6. Possible means of communication include cell phones, landline phones, internet, satellite phones, 800 MHz radios, Health Alert Network (HAN), and pagers.
7. All public information messages will be coordinated and released through the JIC. A PIO-BH liaison will be an integral part of all public information and risk communications messages that are developed with partner agencies involved in the incident.

VII. Mobilization

Upon activation, BHRT will contact and mobilize behavioral health professionals and volunteers in the community through use of a phone tree or other means of communication.

VIII. Response

- A. BHRT responders will attend briefings and coordinate activities within the designated incident command system.
- B. BHRT members will congregate at designated areas to: organize, assess response capacity, assess resources and resource need, define individual buddy time in field, and designate time/place for demobilization debriefings.
 - 1. Individual team members will be paired into working buddy groups.
 - a) Each buddy pair will maintain contact with their partner and assess the safety of their mission.
 - b) Each buddy pair has the responsibility to assess exposure, debrief and demobilize together.
 - 2. Buddy groups will be organized into functional teams with team members functioning in pre-identified roles (see pages 3-5).
 - a) Each team will be assigned per BHRT team leader a primary and secondary response goal that may include survivor need, responder need, referrals/education and system assessment.
 - b) Each team will be assigned per BHRT team leader a primary and secondary functional area (physical environment to focus attention within).
- C. BHRT will set up necessary work areas or respond to designated shelters or sites as designated by incident command.
- D. BHRT teams will be deployed in a manner that best utilizes available resources and limits exposure, allowing for appropriate recovery time for each team prior to next work time.
- E. BHRT will maintain records of all activities of behavioral health responders as required for tracking and reimbursement of costs if

available. Appropriate Incident Command System and Federal Emergency Management Agency (FEMA) forms will be utilized.

IX. Demobilization

- A. BHRT will demobilize utilizing the following procedures:
 - 1. Each buddy pair will quickly review level of exposure, discuss problem issues, and make plans for self-care and future planning needs.
 - 2. Teams will briefly conduct a review of activities, concerns and needs of response.
 - 3. Teams will set expectations of team members around further response activities and limiting of exposure to trauma.
 - 4. Teams will set time and date for further “debriefing” of event no later than two weeks past demobilization, and no sooner than 3 days after demobilization.
 - 5. BHRT will evaluate response and make recommendations to Incident Command and PCCHD to improve future planning and response.
 - 6. The after action report will be reviewed by BHRT member to plan for remedial actions.
 - 7. BHRT will provide information in an appropriate format to PIOs.

X. Recovery

- A. Team members are encouraged in their own debriefing and participate in after action reports.
- B. BHRT will encourage all response teams and partners to set up systems of responder care, including self-care education and support, peer support, team debriefings when appropriate, Employee Assistance Programs, Human Resource policy change, and referral to traditional mental health services when necessary.
- C. Behavioral health partners may continue to provide technical assistance as requested to response agencies.

- D. Long-term behavioral health services will be the survivors' responsibility.
- E. The CDMH will coordinate and seek FEMA Crisis Counseling Program grants and/or other grants, as appropriate.

BHRT Appendix A: Common Acronyms:

ACOVA	A Community Organization for Victim Assistance
ARC	American Red Cross
BH	Behavioral Health
BHRT	Pueblo Behavioral Health Response Team
CAC	Certified Addictions Counselor
CDHS	Colorado Department of Human Services
CDMH	Colorado Division of Mental Health
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
CMHIP	Colorado Mental Health Institute at Pueblo
CMHS	Center for Mental Health Services
DHS	Department of Human Services
DMH	Division of Mental Health
EMS	Emergency Medical Services
EM	Emergency Management
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HRSA	Health Resource and Services Administration
ICS	Incident Command System
ISP	Immediate Services Program
JIC	Joint Information Center
MHDRS	Mental Health Disaster Response System
MHz	Mega hertz
MOU	Memorandum of Understanding
NIMS	National Incident Management System
PCCHD	Pueblo City-County Health Department
PH	Public Health
PIO	Public Information Officer
PTSD	Post Traumatic Stress Disorder
RN	Registered Nurse
SAMHSA	Substance Abuse and Mental Health Services Administration
SPMHC	Spanish Peaks Mental Health Center
VA	Veterans' Administration

BHRT Appendix B: Glossary of Terms

Behavioral Health Treatment – Includes professional conducted assessment, therapies, and treatment that are provided to persons who usually qualify for or already have a behavioral health diagnosis.

Crisis Counseling Team - A team of paraprofessionals, including one or more behavioral health professionals, who provide behavioral health triage, psychological first aid and assessment to survivors immediately after a natural or human-caused emergency/disaster.

Crisis Counseling – A short-term intervention with individuals and groups experiencing psychological reactions to a major disaster and its aftermath. Crisis counseling assists people in understanding their current situation and reactions, reviewing their options, addressing their survival. It is assumed that, unless there are contrary indications, the disaster survivor is capable of resuming a productive and fulfilling life following the disaster experience if given support, assistance, and information in a manner appropriate to the person’s experience, education, developmental stage and ethnicity. Crisis counseling does not include treatments or medication for people with severe and persistent mental illnesses, substance abuse problems or developmental disabilities.

Critical Incident Stress Debriefing (CISD) – This technique is provided to survivors or relief workers within 48 hours of the disaster event. CISD has three goals:

- To reduce to prevent Post Traumatic Stress Disorder (PTSD) by helping victims tell their story, unload their emotions and access their coping skills
- To offer support with the healing process
- To reduce costs to the employer for lost productivity and health and human costs due to untreated trauma.
- Only individuals trained specifically in CISD should perform this process. This specialized technique is not crisis counseling.

Critical Incident Stress Management (CISM) – An integrated system of interventions designed to prevent and/or mitigate the adverse psychological reactions that so often accompany emergency services, public safety and disaster response functions.

Debriefing – Usually, a formal meeting between a trained individual and a disaster/crisis responder or a disaster/crisis survivor, generally conducted within 72 hours of exposure to the disaster/crisis. The purpose of the meeting is to allow the

person who was exposed to a disaster/crisis to communicate his/her cognitive and emotional reactions to the highly stressful event to a clinician who will provide therapeutic assistance to that person in the recovery process.

Disaster (FEMA definition) – An occurrence of a severity and magnitude that normally results in deaths, injuries and property damage and that cannot be managed through the routine procedures and resources of government and private sector organizations to meet human needs and speed recovery.

Emergency/Disaster – A disaster and an emergency can both be described as any natural or human-caused event, which threatens or causes excessive morbidity, mortality, and/or loss of property. Disaster and emergency are used interchangeably whenever a situation calls for a crisis response; however, emergencies can be handled with resources that are routinely available to the community. A disaster calls for a response and resources that exceed local capabilities.

Emergency Management (EM) – The organized analysis, planning, decision-making, and assigning and coordinating of available resources, for the purpose of preparing for, responding to, or recovering from major community-wide emergencies and disasters.

Emergency Medical Services (EMS) – Local medical response teams, usually rescue squads or local ambulance services that provide medical services during a disaster.

Emergency Operations Center (EOC) – This is the nerve center of disaster response operation. The EOC is designed to be self sufficient for a reasonable amount of time, with provisions for electricity, water, sewage disposal, ventilation and security. The major functions of the EOC are information management, situation assessment, and resource allocation. A protected site, from which government officials and emergency response personnel exercise direction and control in an emergency/disaster. The Emergency Communications Center is usually an essential part of the EOC

Essential Services Personnel – Positions providing service that must be maintained regardless of the emergency/disaster situation to ensure quality care. These positions include direct care in 24-hour, 7-day-a-week programs such as residential services, emergency services, medication delivery to clients, medical personnel, and maintenance/transportation personnel.

Federal Emergency Management Agency (FEMA) – Lead Federal agency in disaster response and recovery. Provides funding for crisis counseling grants to State mental health authorities following Presidential declared disasters through the

Substance Abuse and mental Health Services Administrations (SAMHSA), Center for Mental Health Services (CMHS).

Federally Declared Disasters – There are varying levels of disaster declaration. Federally declared disasters represent the highest level, and can be established only by formal declaration of the President of the United States. An event, real and/or perceived, receives Federal declaration when it is deemed to threaten the well being of citizens, overwhelm the local and state ability to respond and/or recover, or affect Federally owned property or interests.

Immediate Services Program (ISP) – A grant award, from FEMA/CMHS to a state, to provide crisis counseling to survivors of a disaster within a 60 day period following the disaster occurrence.

Incident Command System (ICS) – An organized system of roles, responsibilities, and suggested operational guidelines used to manage and direct emergency operations at the scene of an incident. The Incident Commander (IC) is located on scene at an Incident Command Post (ICP).

Joint Information Center (JIC) – In the event of a disaster, threat, or emergency, a Joint Information Center is established at the State level as part of the state Emergency Operations Center

Local Disaster – A local disaster is any event, real and/or perceived, which threatens the well being of citizens in one municipality. A local disaster is manageable by local officials without a need for outside resources.

Major Disaster – As defined under P.L. 93-288, a major disaster is any natural catastrophe, (including any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mud slide, snowstorm, or drought), or regardless of cause, any fire, flood, or explosion, in any part of the united State, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act, that serves to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Mass Care – Mass care consists of activities to provide shelter, feeding, first aid and distribution of relief supplies to disaster survivors, following a natural disaster or other event.

Memorandum of Understanding (MOU) – A document that is negotiated between organizations or legal jurisdictions, for mutual aid and assistance in times of need. An MOU usually contains information on organizational structure and responsibility, assigned or delegated authority, financial considerations, liability, and commercial considerations.

Mutual Aid Agreement – A formal or informal understanding between jurisdictions that pledge exchange of emergency or disaster assistance.

Outreach – A method for delivering crisis-counseling services to disaster survivors and victims. It consists primarily of face-to-face contact with survivors in their natural environments in order to provide disaster-related crisis counseling services.

Paraprofessional – People who have strong intuitive skills about people and how to relate to others. They possess good judgment, common sense and are good listeners. Paraprofessionals may or may not be indigenous workers. Paraprofessionals will do outreach, counseling, education, provide information and referral services and work with individuals, families and groups.

Post Traumatic Stress Disorder (PTSD) – An acute or chronic disorder stemming from the neurological and psychological effects of exposure to traumatic experiences. Common symptoms of chronic PTSD include anxiety, depression, hypervigilance, anger, substance abuse, and rapid production of high amounts of adrenaline in response to ordinary stimuli.

Preparedness – Pre-event activities that facilitate disaster response to save lives and minimize damage. These include the development of shelter and evacuation plans; the establishment of warning and communication systems; the training of emergency response personnel; and the conduction of tests and exercises.

Psychological First Aid – Psychological First Aid is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

Recovery – Assistance provided to return a community to normal or near-normal conditions. Short-term recovery returns vital life-support systems to minimum operating standards. Long-term recovery may continue for a number of years after a disaster and seeks to return life to normal or improved levels. Recovery activities include temporary housing, loans or grants, disaster unemployment insurance, reconstruction, and counseling programs.

Regular Services Grant (RSG) – A grant award from FEMA/CMHS to a state, to provide crisis counseling to survivors of a disaster within a nine-month period following the termination of an Immediate Services Project

Response – Activities that occur immediately before, during, or directly after an emergency or disaster. This includes lifesaving actions, such as the activation of warning systems, staffing the EOC's, implementation of shelter or evacuation plans, search and rescue, and provision of emergency medical services.

Special Needs Population – In a disaster, those people who are more vulnerable to physical or emotional harm than most people. They may be physically and/or emotionally disabled, or isolated from the community as a whole.

State Declared Disasters – A state declared disaster is any event, real and/or perceived, which threatens the well-being of citizens in multiple cities, counties, regions and/or overwhelms a local jurisdiction's ability to respond, or affects a state owned property or interest.

Substance Abuse Treatment – Includes professionally conducted assessment, therapies, and treatment provided to people who suffer from substance use disorders (e.g., substance dependence or substance abuse). Throughout this document, the term “Behavioral Health” is inclusive of behavioral health treatment and substance abuse treatment.

Trauma – An experience of extreme fear, pain, and/or stress. Individual trauma is described as a blow to the psyche that breaks through one's defenses so suddenly and with such brutal force that one cannot react to it effectively. Collective trauma is described as a blow to the basic tissue of social life that damages the bonds attaching people together and impairs the prevailing sense of community.

Triage – the screening and classification of sick, wounded, or injured persons to determine priority needs for the efficient use of medical and nursing personnel, equipment and facilities.

Unified Command – An application of Incident Command System used when there is more than one agency with incident jurisdiction. Agencies work together through their designated Incident Commanders at a single Incident Command Post to establish a common set of objectives and strategies, and a single Incident Action Plan.