

Medical Reserve Corps
Office of the Surgeon General
U.S. Department of Health and Human Services



Technical Assistance Series

***Coordinating With
Your Local Response Partners***

Revised: August 2006



www.medicalreservecorps.gov

Medical Reserve Corps Technical Assistance Series



Office of the Surgeon General, U.S. Department of Health and Human Services

As part of its effort to support the growth and sustainability of **Medical Reserve Corps (MRC)** units across the United States, the MRC Program Office—headquartered in the Office of the U.S. Surgeon General—has developed a series of technical assistance documents. Each one addresses topics considered important for MRC units. The Technical Assistance Series is available at: www.medicalreservecorps.gov. Some of the topics addressed are as follows:

- **Getting Started: A Guide for Local Leaders**
Each MRC functions differently. The first step in forming a unit is to carefully evaluate your local situation. It is important to secure a broad base of support from others in your community. Identifying and acquiring resources is essential to meeting your MRC's operational needs.
- **Organizing an MRC Unit: Operational Components and the Coordinator's Role**
The coordinator's main job is matching community needs for emergency medical response and public health initiatives with local volunteer capabilities. Establishing and sustaining the unit's internal organization also is a priority.
- **Coordinating With Your Local Response Partners**
MRC units supplement a community's existing emergency medical response capabilities and public health infrastructure. Coordinating with local response partners is critical, as is developing and nurturing a broad network of partners. Conducting exercises with response partners will be necessary, as will close communications during and after an emergency or engagement.
- **Developing Volunteer Relationships and Capabilities**
Developing volunteer capabilities is a key mandate for every MRC unit. The process begins by advertising your MRC unit to the community. As volunteers are screened and matched with existing needs, they must be informed of any risks associated with their MRC activities. They also will require additional training.
- **Establishing and Maintaining Your MRC Unit's Organization**
A well-run organization is the foundation for every successful MRC unit. Information must be tracked and updated for volunteers and local partners. Policies must be established and followed. Operating funds must be solicited, along with leveraged public- and private-sector resources. Planning—strategically, financially, and operationally—is an essential, ongoing function of the MRC unit's administrators.
- **Special Topics**
Some of the more complex aspects of operating an MRC unit are related to differences in local laws and the evolving technical nature of the MRC's work. For example, legal liability is something every unit member should know about. Another special topic of interest to MRC units is sustainability. Special publications address these and other emerging topics.
- **Action Steps Checklist**
Each subtopic in this publication features suggested action items that can be found at the end of each section.



The **Medical Reserve Corps** program is sponsored by the U.S. Surgeon General's Office in cooperation with the White House's **USA Freedom Corps** and the Department of Homeland Security's **Citizen Corps**.





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The information in this publication is intended as a general guide to establishing and operating a Medical Reserve Corps unit. The MRC Program Office encourages communities to consider alternative approaches that may offer a better fit for their local circumstances, resources, and needs. The MRC Program Office welcomes learning from these successes.

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MRC Technical Assistance Series
Coordinating With Your Local Response Partners

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Office of the Surgeon General • U.S. Department of Health and Human Services
5600 Fishers Lane, Room 18C-14 • Rockville, MD 20857
Tel: (301) 443-4951 • Fax: (301) 480-1163 • E-mail: MRCcontact@hhs.gov



Coordinating With Your Local Response Partners

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Coordinating With Your Local Response Partners

Key Activities

The information on starting a Medical Reserve Corps (MRC) unit in this publication is intended to support the following ongoing efforts:

- 1. Developing a network of community partners and supporters** that provides multiple resources and optimizes your MRC volunteers' effectiveness.
- 2. Working with response partners to understand risks, needs, and resources** as an ongoing part of planning for volunteer utilization.
- 3. Communicating before, during, and after an incident or utilization of volunteers** so that critical information can flow efficiently and accurately and working procedures with response partners can be improved.
- 4. Identifying volunteer activities during non-emergency periods.** This may expand your network of partners, offer your volunteers a method of connecting to the MRC year-round, and provide needed health support to your community throughout the year.



Introduction

Your Medical Reserve Corps (MRC) unit is intended to supplement your community's existing public health and emergency medical capabilities. Many of these organizations or groups will have existing operational procedures and requirements for their paid staff. The MRC unit coordinator's task will be to facilitate the eventual integration of MRC volunteers into these groups.

As part of your local preparedness efforts, MRC volunteers may need to train or conduct emergency response exercises in concert with your community response partners. The unit coordinator will need to maintain the best possible communications with them during an emergency or engagement. Post-response activities will be part of the ongoing dialogue that will help improve responsiveness as your MRC volunteers are needed.

Given the MRC's supplementary role, coordination with local response partners is essential. Remember that this method of coordination may vary due to differing local conditions. The manner in which you structure your MRC unit may change as lessons are learned and as you become adept at expanding and nurturing your broad network of partners.

This publication discusses partnering and developing a community network and describes some possible issues that may arise when working with your local response partners. Examples of community practices are used to illustrate these general principles.

Topics Addressed in This Publication

This publication discusses topics related to partnering and developing a community network, including the following:

- A partnering primer
- Developing a community network
- Working with response partners to understand risks, needs, and resources
- Communicating during and after an incident
- Identifying activities during non-emergency periods



A Partnering Primer

Partnering is a complex process that entails many related activities. You may never complete each stage of this process with each potential partner. However, each step strengthens your Medical Reserve Corps (MRC) unit and community, as partnering offers many benefits.

Use your knowledge of building relationships to establish working relationships with community partners.

Five Stages of Partnering

The five stages of partnering include:

1. Understanding your system
2. Establishing and sustaining contact
3. Identifying needs and negotiating differences
4. Resolving conflict
5. Optimizing shared resources

Understanding Your System

Partnering begins with identifying potential individuals or groups with whom you might want to work. Partnering begins prior to establishing contacts—simply being aware of the organizations and groups in your area will change your vision of your MRC's contribution. Community building extends your vision of who you think belongs in your community. An expanded vision improves your understanding of constraints, available resources, and the reality of situations.

Establishing and Sustaining Contact

The next step in partnering is contacting the potential partners you identified, which can take time and persistence. Some prospects are more promising than others. If contacting potential partners becomes challenging, be patient and revisit the possibility of a more substantial engagement in the future. Maintaining open communication is important in the event there is a more pressing need for interaction in the future.

Identifying Needs and Negotiating Differences

Partners in potential working relationship have different needs. Ideally, these needs are complementary; however, differences may exist. Partnering is negotiating and working with or around these differences. Dialogue includes much discussion among partners, but it also involves sharing resources. In exchange for what your partner brings, you offer what you have to give.

Ideally, partnerships benefit all involved, but achieving this agreement is seldom easy. This process requires persistence, clarity, ingenuity, flexibility, generosity, and faith that all involved want the best for themselves and their partners. This will not always be the case, but we extend the benefit of the doubt to engage partners with whom we anticipate creating something productive.

Sending follow-up letters after a meeting is an effective way to outline and document discussion points, any action items, and any agreements reached.

Once you have a clear agreement, ask your partner for a letter of intent, explaining that such letters help with your other fundraising and network-building efforts. They can offer concrete evidence of community support for the MRC.

A letter of intent can take time to develop, depending on the complexity of factors involved in working together. A letter of intent does not always guarantee that a partner will commit. Partners may be unable to fulfill their agreement for several reasons. In many cases, however, MRC units benefit from maintaining positive relationships with such organizations, particularly because they may be willing to participate in the future.

Resolving Conflicts

Resolving conflicts is perhaps the hardest aspect of partnering, as it can be uncomfortable, but conflicts are part of community life. The faster you resolve conflicts, the better you become at solving them. Conflicts that are resolved amicably allow for sturdier and more flexible working relationships. Rather than spending time in conflict with one another, learn how to resolve difficulties. This will strengthen trust, which is essential when working together in emergencies.

Optimizing Shared Resources

Working with others can become a creative, community-enlivening process. Because collaborative efforts optimize resource sharing, everyone can benefit. Resources also are more easily distributed once a community network has been established.

Identify the areas in partnering that are particularly difficult.
Strengthen these areas through practice.

Partnering can eliminate community divisiveness and isolation. Because partnering networks strengthen over time, they represent one of the most important forms of investing in our communities' futures.



Developing a Community Network

Communities are as strong as the networks—of relationships, information flows, and shared resources—that unite them. The Medical Reserve Corps (MRC) is uniquely positioned to play a significant role in building and strengthening such community networks. The MRC unit coordinator can begin by identifying and contacting all organizations and groups that can utilize its MRC volunteers.

Partners can be found locally, at the county level; statewide; or regionally; depending on:

- The geographic area from which you can realistically recruit and train volunteers
- The area in which you effectively can utilize volunteers

Build a network to maintain contact with the key stakeholders in your community, such as response partners, local government officials, community champions, neighborhood representatives, and others.

Possible Points of Contact

Some general points of contact exist between your MRC unit, local Citizen Corps councils, and other volunteer-based organizations. Partnering among these groups may promote volunteerism. Other organizations may have access to certain resources—information, contacts, in-kind goods and services, training resources, and funds—which they may be willing to share.

Other natural points of contact for MRC units exist with the public health, medical, and emergency response organizations in your area. These might include:

- Public health departments
- EMS (emergency medical services) agencies
- Hospitals
- Emergency management agencies
- Fire departments
- Law enforcement agencies
- Local Emergency Planning Committees (LEPCs)

Contact your state's office of volunteerism. Identify networks devoted to statewide or regional health, medical and/or emergency management efforts. Consider how local volunteers can assist in the event of a regional health effort or public health emergency. The network may include contacts with representatives from Federal-level programs



such as MMRS (Metropolitan Medical Response System), DMAT (Disaster Medical Assistance Team), and NDMS (National Disaster Medical System).

It is vital to network beyond these general partners. Other community groups—such as faith-based organizations, groups that work with the elderly or disabled, agencies that work with non-English speaking populations, etc.—may reveal unmet community needs and offer valuable resources in knowledge, personnel, and possible material resources that may be useful to your MRC.

Identifying Partnership Opportunities

When identifying partnership opportunities, consider:

- Which local efforts are underway that the MRC can help support?
- Which ongoing community needs might your MRC volunteers usefully respond to?
- Which vulnerable populations of your community—low-income groups, non-English speakers, individuals with disabilities, etc.—could utilize your MRC volunteers' services during emergencies and non-emergencies?

Other Related Programs of the United States Government

- U.S. Department of Health and Human Services (HHS) Office of Public Health Emergency Preparedness (OPHEP)
- HHS Bioterrorism Hospital Preparedness Program
- Department of Homeland Security (DHS)
- Federal Emergency Management Agency (FEMA)
- Strategic National Stockpile (SNS) Program
- Centers for Disease Control and Prevention (CDC)
- CDC Bioterrorism Health Preparedness and Response
- Department of Veterans Affairs (VA)

Supporting Hospital Preparedness Planning

Explain to hospital representatives how your MRC volunteers can support and assist hospitals with emergency planning and operations, including:

- Using volunteers and integrating them into their emergency preparedness planning and exercises.
- Developing an emergency operations plan that reviews the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standard MS.5.14.4.1, which recommends establishing procedures for quickly verifying volunteer credentials during an emergency (when unable to handle immediate patient needs) and

granting disaster privileges to pre-identified and pre-qualified individuals to address surge capacity needs.

- Partnering with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
- Partnering with a local MRC or starting an MRC to optimize emergency planning and volunteer integration into existing systems, including pre-screening volunteers for greater operational efficiencies during actual emergencies.
- Using volunteers throughout the year, during non-emergency periods, to strengthen relationships with the medical and public health volunteer community. This will promote familiarity among individuals (staff and volunteers) and encourage awareness of operational systems and organizational cultures so that emergency utilization will flow more smoothly.

Developing Shared Missions and Objectives

As a general rule, it helps to look for partnering organizations with similar goals and objectives compatible with the MRC. Such overlap also makes it important to:

- Avoid interfering with one another's efforts
- Coordinate timelines
- Build on one another's budgets and resources

Moderate funding levels from one donor organization can be leveraged into more substantial amounts when your fund requests are combined with those of other agencies addressing similar community issues, particularly when this collaboration enhances the community's overall capacity to respond to public health needs and emergencies. Partnering organizations that share objectives can collaborate effectively to develop mutually beneficial strategies

You may need to address how to manage volunteers working for a response partner and for the MRC. This dual role is not inherently a problem, but policies pertaining to utilization and prioritization will be essential to ensuring that volunteers are aware of where they are needed. It also can create tension between the partners, each of whom may see the other as appropriating a scarce resource.

Avoiding Political Feuds

MRC units likely will work with several groups, agencies, offices, and organizations. Some of these groups may have longstanding disagreements concerning procedures for allocating resources or for executing missions. Although such conflict does not prevent collaboration, it requires cooperation among participating groups.

MRC unit coordinators will need to be sensitive to tensions among potential partners in their community to avoid any pre-existing conflicts. Avoiding the conflicting parties may reinforce the lack of open communication and cooperation. Rather, while negotiating collaborative partnerships, the unit coordinator must understand the conflict's history.



This will require maintaining perspective on the overall vision and mission against which differences may seem less consequential. It also will require remaining cautious about acting as the mediator.

When two parties sincerely want to mend a breach, they will find a way to do it, sometimes by asking a neutral third party to mediate. When there is no genuine effort to resolve conflict, a non-neutral third party—such as an MRC unit coordinator—may become involved in interactions that only perpetuate the longstanding animosity. When there is no genuine effort to resolve differences, you do not want to be responsible for resolving other parties' conflicts.

Non-Governmental Partners

If local leaders are interested in establishing a local MRC unit, they should work with non-governmental organizations (NGOs).

Generally, NGOs play important, trusted roles in a community and can provide vital support to an MRC unit. Often, they have a broad range of experience, including emergency response, volunteer utilization, event planning, and fundraising, among others.

The MRC coordinator must work with key agencies in the community, establishing the MRC as a legitimate venture in this larger network. Simultaneously, some political knowledge is necessary to avoid crossing other agencies or organizations and to develop their support where skepticism may exist and resolve conflicts with partners.

Types of Non-governmental Organizations and Businesses

- Humanitarian organizations, such as the local chapters of the American Red Cross, volunteer centers, Voluntary Organizations Active in Disaster (VOAD)
- Civic organizations, such as the Jaycees, Rotary Club, Kiwanis, Lions Club, etc.
- Health professional organizations, such as the American Medical Association (AMA), the American Nurses Association (ANA), and the American Pharmacists Association (APA)
- Churches and other faith-based organizations, such as The Salvation Army
- Veterans' organizations, such as the Veterans of Foreign Wars (VFW) and The American Legion
- Local hospitals and health facilities, including community health centers, nursing homes, and assisted living facilities
- Schools, universities, and community colleges, particularly schools of medicine, nursing, and other health specialties
- Businesses, such as pharmacies, transportation facilities, health and medical supply companies, restaurants, food suppliers, and printing companies

Working With Response Partners to Understand Risks, Needs, and Resources

Building local partnerships and community networks serves a highly practical purpose. The objective is to make the most productive and effective utilization of your Medical Reserve Corps (MRC) volunteers such that it also contributes significantly to your community.

Thoroughly assessing your local risks and needs will help identify uses for MRC volunteers that initially may not have been considered. You will conduct a preliminary risk and needs assessment as you form your MRC. As a next step, include your response partners in this ongoing process.

This cooperative assessment process will help identify the supplementary aid needed so that existing capabilities are not duplicated. Based on your risk and needs assessment, the ongoing nature of emergency planning also maintains practical contact with your response partners throughout the year and helps you stay focused on the purpose for this partnering.

Cooperate with local response partners to conduct a risk and needs assessment that extends the assessment you conducted when you formed your unit.

Assessing Local Risks and Needs

An assessment can be a highly technical, time-consuming process, particularly when considering the factors involved in community medical and public health preparedness. The amount of information you might need to collect and evaluate to fully plan for your area may seem overwhelming. It is important not to let this objective interfere with the basic principles of assessment, which can be implemented more simply.

Similar to other aspects of the MRC, assessment is a learning process. You will build your capabilities in this area—as with all areas—one step at a time. Initially, you may not have the resources to conduct the assessment you would prefer or need. However, by beginning sooner rather than later, you can begin to build the sophistication you eventually will require.

Assessment Basics

When assessing risks and needs, consider the following:

- Identify where you are now and where you want to be
- Be realistic—consider likely risks in your area
- Use past experiences—what was successful and unsuccessful
- Build a more encompassing vision by leveraging resources

- Track your assessment process as you refine it
- Locate and review existing assessment tools

Identifying Start and End Points

To plan effectively, you first need to know your start and end points and should have some idea of the terrain between them. How you will get there is part of planning and strategy.

At its simplest, assessment is identifying:

1. Where you want to be,
2. Where you are now in relation to this goal, and
3. The distance between where you are and where you want to be.

Being Realistic

When discussing your goals, it is essential to be realistic. Disasters and emergencies are inevitable. Assessment consists of facing these eventualities and determining how to strive for success during situations that are most likely to overwhelm your community's response capability.

Considering Likely Local Risks

Your end goals always will be slightly unpredictable since they will occur at some point in the future. When we're looking at risks, for example, we can predict the likelihood of certain things happening in our localities—earthquakes, floods, hurricanes, fires, drought, or other public health threats—but we can never know for sure. Nonetheless, when considering local risks and needs, in effect, we are saying, "If this happens at some point in the future, this is how we want to prevent or lessen the damage and harm in our community."

Using Past Experience

Some communities have experienced particular natural disasters or other public health problems. These communities are vulnerable in certain ways, and to be ready for such eventualities, certain predictable measures are necessary. Based on where you are today and where you would like to be tomorrow, as a community, you will have completed the simplest form of an assessment.

For example, an influenza epidemic may have struck your local nursing homes. During this event, readily available medical supplies may have been lacking, and this deficit may have interfered with response measures. You also may know that no preventative measures have been taken since the event to resolve the problem. Identifying these conditions means that you identified your start and end points—it is a simple assessment. Your local planning effort will determine how to close the gap between current and more ideal conditions.

Developing a Broader Vision

Medical and public health preparedness is ongoing, and similar to other forms of safety, there always is an additional measure or precaution to consider. Once you review your local history, remember that there are more concerns than initially considered. You and your response partners will start with the most pressing or likely risks. You will not be able to address all issues at one time. In fact, trying to do so will only overwhelm your capabilities.

Once you determine how to collaborate with your response partners on the most important local concerns or risks, you may find that preventive measures for one potential problem may solve another. Over time, it is possible to develop a broader vision of safety and health for your community, as the investment in building response capabilities can be leveraged to other concerns. You will be able to do more with relatively fewer resources.

Capacity Assessments

Although a community may have material or social vulnerabilities, it also may have capabilities. For example, a health system may not have adequate resources to supply medical staff with diverse language skills in a large-scaled, unanticipated emergency vaccination initiative, leaving non-English speaking segments of the population vulnerable.

However, community-based clinics and other organizations serving non-English segments of the community may have interpretation resources that could benefit public health personnel if these interpreters are adequately trained to translate health-related information.

Tracking Your Assessment Process

Once you have developed a procedure for conducting a risk and needs assessment in your community, it is extremely important to record it to avoid duplicating effort. You will want to build on your prior work, which is how more effective assessment procedures are developed. You will want to share your assessment process with other local response partners and with other MRC units.

When soliciting funds for your MRC, describe succinctly how you have examined the medical and public health situation in your community and how you have identified your ideal preparedness and response scenario based on existing capabilities, risks, and needs. In this way, you can argue that your MRC volunteers are not duplicating existing services. Also, you will be able to claim the support of your response partners, who will be confident that the MRC is not infringing on their domains, but simply supplementing their capabilities.

Reviewing Existing Risk Assessments

Your local community may have already conducted a risk assessment as part of its emergency planning process. The results of this assessment may be included in your community's emergency operations plan or hazard mitigation plan. These plans may

describe the risks and hazards most likely to impact your area and any past occurrences of these hazards. In addition, these assessments may describe your vulnerabilities and limitations in addressing these risks and hazards. These plans also may contain assessments of your community's capacity or capability to respond to risks and hazards.

Hospitals, public health agencies, and other healthcare institutions in your community may have conducted similar assessments of their ability to manage significant public health and medical emergencies. By reviewing these existing risk assessments, you may determine if there are gaps or limitations that can be addressed by your MRC unit.

Locating Existing Assessment Tools

These guidelines have outlined a process for conducting an assessment using minimal resources. There also are some existing standardized assessment instruments that you might use in your area. Some are aimed specifically at hospitals, while others focus on public health situations.

Many of your local response partners—such as hospitals, emergency management agencies, public health departments, etc.—may be using risk and needs assessment tools for their existing emergency planning purposes. These tools may be sufficient for what you need in order to participate in the planning process and to identify how your MRC volunteers can make a difference.

Planning and Resource Sharing

Once you and your response partners know where you are and where you want to be, you can plan how to get there.

In many respects, planning is one of the MRC unit coordinator's primary tasks. It will be important to brainstorm and prepare for all operational or functional areas of the MRC, from procedures for volunteer utilization to volunteer training, to managing internal information and databases. This publication primarily addresses the planning for volunteer utilization with your MRC unit's response partners.

When forming your MRC unit, you will have begun an internal planning process that will consider others in your community. One next step is to work more closely with response partners to develop the utilization aspects of your MRC's plan. Cooperation in this regard is essential.

Locating and Upgrading Existing Capabilities

Some of your response partners already may be conducting a local risk and needs assessment, and they may have started articulating a plan to achieve their assessment goals. Therefore, the MRC unit may integrate its volunteers into an existing public health or emergency operations plan.

Nonetheless, as a fully participating partner at the planning table, it will be important for you to understand the basics of such plans to identify where your volunteers might be useful, but also to suggest areas for improving these existing plans.

An MRC utilization plan (or MRC operations plan, handbook, manual, etc.) should:

- **Describe your risk or vulnerability assessment results.** These results will determine the context for everything else to follow.
- **Describe what is in place before what is needed to achieve the improvements identified in the assessment.** Your plan should detail the structure of the current emergency and public health response systems and capabilities in your community and state. These would include all principal participants, resources, and procedures, including plans for medical triage, medical evacuation, backup referrals to other health facilities, alternatives for additional bed capacity, and staffing, quarantine, decontamination measures, and evidence preservation.
- **Include a description of procedures used during routine, non-emergency periods,** including routine methods of sharing information among different functional groups or organizations. Often, routine resource management procedures can help in an emergency provided that all involved are familiar with the procedures.
- **Detail the organizational structure of your MRC unit,** including its chain of command—who reports to whom and who is responsible for which activities. You also may want to include a comprehensive volunteer list and their areas of expertise. Although this may change, it provides an overall picture of what your MRC unit is capable of delivering.
- **Describe the existing structure to help determine where the system and its capabilities can be supplemented by MRC volunteers.** Given differing local needs and capabilities, your unit's MRC volunteers may be involved in diverse activities, from providing direct care to offering medical support, expert knowledge, and public education. These differences and determining conditions should be detailed in the plan.

The components of a sample MRC utilization plan (handbook), including the elements described above, are listed in Appendix A of the MRC Technical Assistance Series publication *Special Topics: Guidelines for Developing and Managing an MRC Unit*.

Assigning Roles and Responsibilities

Accomplishing these specific tasks with your response partners will require consensus regarding roles and responsibilities. Ultimately, this will determine what your MRC volunteers are permitted to do, and will define appropriate training, required certification, and any legal restrictions that might apply in your area. To begin, you will want to clarify your partners' needs and how your partners envision integrating your volunteers into their existing operations.

Knowing the authority of declaring a public health or other emergency in your community is critical to a well-developed plan. It is important to decide when to activate an emergency operations plan and to recognize that the determination should not be made without appropriate information and authority. If it has not been decided already,



this will need to be established in advance with appropriate city, county, and state officials.

Once the designated authority has recognized a valid need to implement the emergency operations plan, it is important that key decisionmakers are available to determine which aspects to implement. Remember, most plans will address various natural and manmade emergencies and disasters that may affect the community. This also means that although its volunteers are assigned certain roles relative to existing capabilities, the nature of an incident may not warrant their participation.

Each local plan must be flexible enough to accommodate the unexpected—the plan should exceed needs at any given time and remain flexible. Although this may be challenging, it is possible to achieve over time. If your community is new to this type of planning, you may not achieve balance in the beginning. However, by beginning the planning process and by revisiting this plan regularly, you and your response partners will become more adept at multitasking.

Spontaneous, Unaffiliated Volunteers

The MRC was established primarily to plan for spontaneous, unaffiliated health and medical volunteers who almost always volunteer during times of community need. This well-meaning display of community spirit, however, can sometimes interfere with the difficult and complex procedures that must be implemented by the regular emergency services and medical and public health personnel. Training medical and public health volunteers ahead of time and defining their roles and responsibilities in the larger response system is one way to convert a potential problem into a potential resource.

Many local governments and community organizations may already have developed plans and procedures for managing spontaneous, unaffiliated volunteers. These plans and procedures also may describe the establishment and operation of volunteer reception centers to manage these volunteers. For example, Florida, Ohio, and the Kansas City metropolitan area have well-developed plans for managing spontaneous, unaffiliated volunteers and managing volunteer reception center operations. Determine whether these plans exist in your community or work with your response partners and other community organizations that utilize volunteers to develop these plans.

Despite preparation, however, spontaneous medical and health volunteers will appear during emergencies. These individuals may be:

- Unaware of the MRC
- Newly drawn to volunteering
- Visiting from other states or communities

Regardless, it is important to plan and determine how to manage these volunteers, ensuring that they remain safe and non-interfering, and using what they have to offer. Many local governments and community organizations may have already developed plans and procedures for managing these volunteers. These plans and procedures may



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describe the establishment and operation of volunteer reception centers to manage them.

Finally, develop a procedure for deactivating your regular MRC volunteers for their own safety and so they do not interfere with ongoing emergency operations once they are no longer needed. It is as important to know when to cease activity as it is to initiate it.



Conducting Emergency Operations

Each organization and individual participating in emergency planning and response efforts should be assigned a position in an organizational structure that has clear reporting and decisionmaking responsibilities. It is important to identify:

- Who makes critical decisions at certain points in the organization
- How these decisions will be communicated and delegated regarding implementation
- How information should be communicated in the organizational hierarchy

A clear management system allows all partners to function together, rather than in a fragmented manner.

Some of these reporting structures may exist in the organizations that make up your community's emergency planning and response efforts. Your Medical Reserve Corps (MRC) unit, for example, will have its own organizational structure addressing its direct responsibility and scope of operations. However, the overall community will need to adopt a system that integrates these components so they can collaborate during the planning, implementation, and post-response activities phases of a response effort.

Incident Command System

Communities and MRC units should adopt the Incident Command System (ICS) as the management system for response to emergencies and disasters. The ICS contains the attributes necessary for efficient, well-coordinated emergency operations. The ICS defines:

- Operating characteristics
- Interactive management components
- Structure of incident management and emergency response organizations engaged throughout the life cycle of an incident.

This management system allows MRC units to be integrated into the emergency response system used by emergency services agencies, local public health departments, and healthcare institutions nationwide.

ICS was developed by representatives of local, state, and Federal fire agencies in Southern California in the 1970s to respond more effectively to the complexities of fighting large wildfires that often crossed jurisdictional boundaries, involving multiple agencies and organizations. Since then, Federal, state, tribal, and local governments and many private-sector and non-governmental organizations have used ICS for numerous emergencies. These emergencies range from small to complex incidents, both natural and manmade, and include acts of catastrophic terrorism.

Many emergencies involve response from multiple disciplines and may involve multiple jurisdictions. ICS, because of its standardized organizational structure and common

terminology, provides a useful and flexible management system adaptable to incidents involving multiple jurisdictions and agencies.

The primary features of ICS are that it:

- Provides the flexibility to rapidly activate and establish an organizational form around the functions needing to be performed to efficiently and effectively mitigate an emergency.
- Can be used for any type or size of emergency, ranging from a minor incident involving only a few members of the emergency organization, to a major incident involving multiple agencies and/or jurisdictions.
- Allows agencies throughout a community and at all government levels (and non-governmental and private-sector organizations) to communicate using common terminology and operating procedures.
- Allows for the timely acquisition of a combination of resources during an emergency.
- Develops its organizational structure modularly, based on the type and size of the incident
 - The organization's staff builds from the top down. Five sections can be developed, each with several units established as needed.
 - The specific organizational structure established for any given emergency will be based on the incident's management and resource needs.

Basic Incident Command System Organizational Structure

Integral parts of the basic ICS organizational structure consist of:

- **Command**—Sets objectives and priorities and has the overall responsibility at the incident or event.
- **Operations**—Conducts tactical operations to implement the plan and develops the tactical objectives and necessary organization. Directs all resources.
- **Planning**—Develops the action plan to accomplish the objectives. Collects and evaluates information and maintains resource status.
- **Logistics**—Provides support to meet incident needs. Provides resources and all other services needed to support the incident.
- **Finance and administration**—Monitors costs related to incidents; and provides accounting, procurement, time recording, and cost analyses.

The basic ICS organizational structure is contained in [Appendix A](#).

National Incident Management System

ICS also is an essential component of the National Incident Management System (NIMS). ICS has been established by NIMS as the standardized organizational structure for incident management. Although most incidents are generally managed daily by a



single jurisdiction at the local level, there are important instances in which successful domestic incident management depends on the involvement of multiple jurisdictions and multiple functions and/or agencies from all government levels, non-governmental organizations, and the private sector. These instances require effective and efficient coordination with these organizations and activities.

NIMS uses a systems approach to integrate the most effective processes and methods into a unified national framework for incident management. This framework forms the basis for interoperability and compatibility to enable a diverse set of public and private organizations to conduct well-integrated and effective domestic incident management. The framework uses a core set of concepts, principle procedures, organizational processes, terminology, and standards requirements applicable to a broad community of NIMS users.

On February 28, 2003, the President issued Homeland Security Presidential Directive (HSPD)-5, which directs the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS).

According to HSPD-5:

"This system will provide a consistent nationwide approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, state, and local capabilities, the NIMS will include a core set of concepts, principles, terminology, and technologies covering the incident command system; multi-agency coordination systems; unified command; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collection, tracking, and reporting of incident information and incident resources."

The NIMS concepts and principles are contained in [Appendix B](#).



Communicating During and After an Event

In addition to understanding the overall communications plan that will synchronize the various response partners' activities, the Medical Reserve Corps (MRC) unit leader or coordinator must clarify his or her particular communication responsibilities.

Responsibilities will vary, depending on the MRC unit's status in the incident response cycle. Prior to an incident, the MRC unit leader may propose new ideas, advocate for certain policies and procedures, develop relationships, etc. In these cases, adhering to a more formal chain of command may be unnecessary and undesirable.

Be prepared to stand by. The MRC's most important role may offer the security of backup support. Similar to a safety net, your backup may not always be used.

During an incident, however, it will be essential to adapt one's communication style and role to fit more effectively into the hierarchical reporting and decisionmaking structures required by most incident response systems.

For the MRC unit coordinator or designee, it will be necessary to:

1. Transfer information between the incident response leader and the MRC unit's volunteers efficiently and accurately
2. Implement all delegated activities and direct volunteers who report to the MRC unit coordinator or designee as appropriate

Once the MRC volunteers are no longer needed, communications may consist of simply standing by, either to await further activation orders or to allow the other response partners to complete their duties.

The MRC unit, once finished with its activities, may be ready to critique its activities, but it may have to wait until its partners have completed theirs.

When appropriate to conduct a complete after-action review following an incident, it will be important for the MRC unit coordinator to compile:

1. A complete summary of the unit's volunteers' activities
2. A report of problems encountered
3. An account of successful practices

Understand the communications role and responsibilities of the MRC unit during an incident or engagement that might utilize MRC volunteers.

Conduct thorough post-response activities following each incident, whether or not MRC volunteers were utilized.

Clarify what was successful and unsuccessful.



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Listen closely to others' reports to learn from their mistakes and successes and to consider the overall picture.

Regardless of the method of communication an MRC unit leader employs, clear and consistent communications practices always improve unit responsiveness and effectiveness.



Identifying Activities During Non-Emergency Periods

Once an emergency has passed and all after-action reviews have been completed, the Medical Reserve Corps (MRC) unit's activities will return to its typical daily routine. This may entail continued planning with response partners, an ongoing part of each MRC unit's ordinary activities—particularly for the unit coordinator or leader.

Expand the scope of your network by reaching partners who might utilize MRC volunteers during non-emergency periods.

In addition to supporting your response partners by supplementing their missions and ongoing responsibilities, you also can be more proactive and identify other activities suitable for your MRC volunteers during non-emergency periods that will meet previously unidentified needs of your response partners.

When expanding and developing your network, you may partner with organizations that previously were not part of your original community response group and whose needs may be less emergency-oriented.

Regardless, you strengthen the bonds with your response partners and nurture belonging and the commitment experienced by your volunteers; both are necessary to sustaining your unit.

Maintain the planning effort with response partners.

Establish periodic reviews to update your utilization plan as necessary.



Action Steps Checklist

The checklist of possible action steps below follows the basic outline of this particular technical assistance topic. It is important to remember that these are only suggestions. They serve as a quick reference guide to stimulate your thoughts of the complexities you may face in your Medical Reserve Corps (MRC) unit. You may choose to follow a different approach. If so, the MRC Program Office welcomes your best practices.

A Partnering Primer

- Use your knowledge of building relationships to establish working relationships with community partners.
- Identify the areas in partnering that are typically overwhelming. Strengthen these areas through practice.

Understanding Your System

- Create a chart showing all the potential individuals or groups with whom your MRC might partner.
- Ask others to help complete the chart and brainstorm with you. Be as inclusive as possible.

Establishing and Sustaining Contact

- List your most significant or likely partnering prospects.
- Make telephone calls and set up appointments for preliminary discussions. Remember, you only want to discuss the possibility of working together. Neither party has to agree to anything beyond a conversation.
- Be persistent. People often are busy, and it may take time for them to understand how they might benefit from partnering with the MRC.
- Maintain ongoing communication and welcome future partnering possibilities.

Identifying Needs and Negotiating Differences

- Clarify what you can offer your partner and what you would like in return.
- Be flexible if it is likely to benefit both parties in the long run.
- Agree to less than you might have hoped for if you see a chance to gain more in the future as the partnership develops.
- Follow up conversations with letters outlining your understanding of the agreement.

- Ask partners for letters of intent once you have reached a consensus, explaining that these letters help with other fundraising and networking.

Resolving Conflicts

- Approach conflicts head-on, rather than avoiding them.
 - Nothing produces more anxiety and mistrust than a conflict that all involved are aware of but do not resolve.
- Let the resolution unfold provided that constructive discussions are occurring.
 - Premature resolutions typically indicate that one party has given in or that both sides want to resolve the conflict before reaching an agreement. This postpones resolution and may foster bitterness and mistrust.
- Use a neutral mediator if a stalemate occurs; sometimes it helps to have an outside point of view.

Optimizing Shared Resources

- Be aware of the resources in your network of partners and seek opportunities to share them when possible.
 - Often, partners have surpluses that can be redistributed easily and willingly once there is a network of open communication, goodwill, and trust in the community.

Developing a Community Network

- Build a network that fosters communication with key stakeholders in your community: response partners, local government officials, community champions, neighborhood representatives, etc.

Possible Points of Contact

- Work with your local Citizen Corps council and with other volunteer-based organizations.
- Maintain open communication with public health, medical, and emergency response organizations in your area.
 - These might include public health departments, EMS agencies, hospitals, emergency management agencies, fire departments, law enforcement agencies, and Local Emergency Planning Committees (LEPCs). Networks devoted to state wide or regional health, medical and/or emergency management efforts also may provide important linkages.
- Seek local government officials, other individuals, or corporations that can serve as community champions.

- Approach faith-based organizations, groups that work with the elderly or disabled, agencies that work with non-English-speaking populations, neighborhood representatives, etc.
- Contact representatives of Federal-level programs such as Metropolitan Medical Response System (MMRS), Disaster Medical Assistance Team (DMAT), and National Disaster Medical System (NDMS) when appropriate.

Developing Shared Missions and Objectives

- Identify shared missions, complementary or similar activities, and needs for supplementary services that your MRC might provide.
- Identify overlaps that might signal unnecessary duplication of services or perceived competition for resources.
- Leverage common resources when possible, particularly when developing community objectives.

Avoiding Political Feuds

- Avoid conflicts between two or more of your network partners, but maintain contact.
 - Your job is to be a cooperative group member, not a mediator.
- Remember that a realistic history of community conflicts that may be longstanding. They can take time to be resolved, and some of them may remain unresolved.
- Lead other partners by demonstrating your commitment to a larger vision and mission.

Non-Governmental Partners

- Approach non-governmental organizations (NGOs) whose mission might overlap with or complement your MRC.
- Determine if there are any businesses in your community that may support your MRC (e.g., pharmacies, transportation facilities, health and medical supply companies, restaurants, food suppliers, and printing companies).

Working With Response Partners to Understand Risks, Needs, and Resources

- Cooperate with local response partners to conduct a risk and needs assessment that extends your first assessment.
- Revisit your assessment periodically, and ensure that it remains an ongoing part of your community planning efforts.

Assessing Local Risks and Needs

- Identify the status and resolution of your recognized risk or problem. Allow your plan to logically connect start and end points.
- Be realistic about your proposed solution.
- Consider the most likely risks in your area and the most likely available resources.
- Examine your community's past experiences. What has been successful and unsuccessful? What can be replicated and what needs improvement?
- Start with the most important risks and use what you learn from these successes to expand your scope of response gradually.
- Track the method or procedure used for your assessment process to avoid reinventing it in the future.
- Review any risk assessments previously conducted by organizations in your community, such as those included in your community's emergency operations plan or hazard mitigation plan.
- Review capability assessments conducted by hospitals, public health agencies, and other healthcare institutions in your community to determine if there are gaps or limitations that your MRC unit can address.
- Use existing assessment instruments to measure relevance to your MRC's vision.

Planning and Resource Sharing

- Include a concise description of your community's risk and needs assessment results in your MRC utilization plan.
- Outline existing benefits that address these risks or problems, including what is needed to supplement them.
 - Note the structure of the current emergency and public health response system and capabilities in your community and state (including plans for medical triage, medical evacuation, backup referrals to other health facilities, alternatives for additional bed capacity and staffing, quarantine and decontamination measures, evidence preservation, etc.).
- Outline the contributions made by your MRC volunteers. If possible, include individual volunteers, their expertise, and an organizational chart of your MRC unit that illustrates its chain of command.
- Designate clear roles and responsibilities for all response partners, including a system for communicating and decisionmaking.

- Clearly state any legal or professional practice restrictions governing the participation of your MRC volunteers. Ensure your volunteers understand these distinctions prior to their utilization.
- Specify methods for transporting MRC volunteers to and from staging areas and emergency incidents.
- Describe the processes and mechanisms related to voluntary out-of-area deployments for MRC volunteers.
- Provide an inventory of available supplies and equipment, their locations, and how to obtain access.
- List key community leaders and organizations, including complete contact information.
- Agree on a clear procedure for activating your local MRC unit, including the names/titles of individuals with the authority to activate.
 - Learn the existing communication, command, or deployment systems of your response partners.
- Develop a comprehensive communications plan with backup (including both a unified communication system and redundant systems, such as amateur radio operators).
- Devise a method for evaluating the effectiveness of the utilization plan—in particular, its utilization of MRC volunteers.

Communicating During and After an Incident

- Understand the communications role and responsibilities of the MRC unit during an emergency or engagement that might utilize MRC volunteers.
- Be prepared to stand by—at times, the MRC’s most important role may offer the security of backup support. Similar to a safety net, your backup may not always be used.
- Conduct a thorough after-action review following each incident, regardless of whether MRC volunteers were utilized. Clarify what was successful and unsuccessful.

Identifying Activities During Non-Emergency Periods

- Maintain ongoing planning efforts with response partners. Establish periodic reviews to update your utilization plan as necessary.
- Expand the scope of your network by reaching partners who might utilize MRC volunteers during non-emergency periods.



Appendix A – Basic Incident Command System (ICS) Organizational Structure

I. Command

- A. Command is responsible for overall management of the incident or disaster. The command function may be conducted in two general ways:
 - 1. Single command—In a single command structure, the Incident Commander is solely responsible for the overall management of an incident.
 - 2. Unified command
 - a. Because large or complex incidents usually require a response by multiple agencies and jurisdictions, a unified command structure, a hallmark of ICS, is invaluable in effectively managing and mitigating an emergency.
 - b. In a unified command, all agencies having a jurisdictional responsibility at a multi-jurisdictional incident contribute to the process of:
 - (1) Determining the overall incident objectives.
 - (2) Selecting strategies.
 - (3) Ensuring joint planning for tactical operations is accomplished.
 - (4) Maximizing the use of all assigned resources.
 - (5) Developing the overall Incident Action Plan.
 - c. The proper selection of participants to work within a unified command structure depends upon the following:
 - (1) The location of the incident (i.e., which political subdivisions are involved).
 - (2) The kind of incident (i.e., which functional agencies are required).
 - d. A unified command structure could consist of a key responsible official from each jurisdiction involved in a multi-jurisdictional incident, or it could consist of several functional departments within a single political jurisdiction.
 - e. The major distinction between single and unified commands is that in a unified command structure, the individuals designated by their



jurisdictions (or by departments within a single jurisdiction) jointly determine objectives, strategy and priorities.

3. Command Staff elements include:
 - a. Incident Commander.
 - (1) The Incident Commander's function is to assume the overall responsibility for the management of the operation.
 - (2) The Incident Commander may be selected on the basis of:
 - (a) Greatest jurisdictional involvement.
 - (b) Number of resources involved.
 - (c) Existing statutory or pre-agreement authority.
 - (d) Mutual knowledge of the individual's qualification for a specific type of incident.
 - b. Public Information Officer (PIO)
 - (1) The PIO is responsible for developing accurate and complete information regarding incident cause, size, current situation, resources committed and other matters of general interest.
 - (2) The PIO will normally be the point of contact for the media and other government agencies desiring information about the incident.
 - (3) In both single and unified command structures, only one PIO is designated, although assistants from other agencies or departments may be appointed.
 - (4) In a unified command structure, a Joint Information Center (JIC) should be established. The JIC contains representatives from all involved agencies and collects and disseminates information for the entire unified command.
 - c. Safety Officer
 - (1) The Safety Officer is responsible for assessing hazardous or unsafe situations and developing measures to ensure the safety of incident personnel.
 - (2) The Safety Officer must have the authority to stop and/or prevent unsafe acts and practices.
 - (3) In both single and unified command structures, only one Safety Officer is designated, although assistants from other agencies or departments may be appointed.



d. Liaison Officer

- (1) Incidents that are multi-jurisdictional or involve multiple agencies may require the establishment of the Liaison Officer position on the Command Staff. The Liaison Officer is the point of contact for the assisting and cooperating agency representatives and stakeholder groups.
- (2) Only one Liaison Officer will be assigned for each incident, including incidents operating under Unified Command and multi-jurisdictional incidents.
- (3) The Liaison Officer may have assistants, as necessary, and the assistants may also represent assisting agencies or jurisdictions.

II. General Staff

A. Operations

1. The Operations Section is responsible for the management of all incident tactical operations, i.e., those operations directed at the reduction of immediate hazards, the establishment of control over the situation, and the restoration of normal activities and conditions.
2. The Operations Section Chief activates and supervises organization elements in accordance with the Incident Action Plan and directs its execution.
3. The Operations Section Chief also directs the preparation of unit operational plans, requests or releases resources, makes expedient changes to the Incident Action Plan as necessary, and reports such to the Incident Commander.

B. Planning

1. The Planning Section is responsible for the collection, evaluation and dissemination of disaster intelligence.
2. The section maintains information on the current and forecast situation and on the status of assigned resources.
3. The Planning Section is also responsible for the preparation of Incident Action Plans:
 - a. Incident Action Plans outline the objectives, strategy, organization and resources necessary to effectively mitigate an incident.



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- b. Incident Action Plans cover all tactical and support activities for a given operational period.

C. Logistics

- 1. The Logistics Section is responsible for providing all support needs to an incident, including ordering all resources from off-site locations.
- 2. The Logistics Section also provides facilities, transportation, supplies, equipment maintenance and fueling, feeding, communications, and medical services.

D. Finance and Administration

Usually only established on large and complex incidents, the Finance and Administration Section is responsible for all financial and cost analysis aspects of an incident.

III. More detailed information on the ICS organizational structure is available at <http://www.fema.gov/emergency/nims/index.shtm>.

Appendix B – National Incident Management System Concepts and Principles

To provide this framework for interoperability and compatibility, the National Incident Management System (NIMS) is based on an appropriate balance of flexibility and standardization:

- **Flexibility**—NIMS provides a consistent, flexible, and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location, or complexity. This flexibility applies across all phases of incident management: prevention, preparedness, response, recovery, and mitigation.
- **Standardization**—NIMS provides a set of standardized organizational structures—such as ICS, multi-agency coordination systems, and public information systems—as well as requirements for processes, procedures, and systems designed to improve interoperability among jurisdictions and disciplines in various areas, including: training; resource management; personnel qualification and certification; equipment certification; communications and information management; technology support; and continuous system improvement.

NIMS integrates existing best practices into a consistent, nationwide approach to domestic incident management that is applicable at all jurisdictional levels and across functional disciplines in an all-hazards context. Six major components make up this systems approach:

- **Command and Management**—NIMS standard incident command structures are based on three key organizational systems:
 - **ICS**—ICS defines the operating characteristics, interactive management components, and structure of incident management and emergency response organizations engaged throughout the life cycle of an incident.
 - **Multi-agency Coordination Systems**—These define the operating characteristics, interactive management components, and organizational structure of supporting incident management entities engaged at the Federal, State, local, tribal, and regional levels through mutual-aid agreements and other assistance arrangements.
 - **Public Information Systems**—These refer to processes, procedures, and systems for communicating timely and accurate information to the public during crisis or emergency situations.
- **Preparedness**—Effective incident management begins with a host of preparedness activities conducted on a steady-state basis, well in advance of any potential incident. Preparedness involves an integrated combination of planning, training, exercises, personnel qualification and certification standards, equipment acquisition and certification standards, and guide management processes and activities:

- **Planning**—Plans describe how personnel, equipment, and other resources are used to support incident management and emergency response activities. Plans provide mechanisms and systems for setting priorities, integrating multiple entities and functions, and ensuring that communications and other systems are available and integrated in support of a full spectrum of incident management requirements.
- **Training**—Training includes standard courses on multiagency incident command and management, organizational structure, and operational procedures; discipline-specific and agency-specific incident management courses; and courses on the integration and use of supporting technologies.
- **Exercises**—Incident management organizations and personnel must participate in realistic exercises—including multidisciplinary, multi-jurisdictional, and multi-sector interaction—to improve integration and interoperability and optimize resource utilization during incident operations.
- **Personnel Qualification and Certification**—Qualification and certification activities are undertaken to identify and publish national-level standards and measure performance against these standards to ensure that incident management and emergency responder personnel are appropriately qualified and officially certified to perform NIMS-related functions.
- **Equipment Acquisition and Certification**—Incident management organizations and emergency responders at all levels rely on various types of equipment to perform mission essential tasks. A critical component of operational preparedness is the acquisition of equipment that will perform to certain standards, including the capability to be interoperable with similar equipment used by other jurisdictions.
- **Mutual Aid**—Mutual-aid agreements are the means for one jurisdiction to provide resources, facilities, services, and other required support to another jurisdiction during an incident. Each jurisdiction should be party to a mutual-aid agreement with appropriate jurisdictions from which they expect to receive or to which they expect to provide assistance during an incident.
- **Guides Management**—Guides management refers to forms and forms standardization, developing guide materials, administering guides—including establishing naming and numbering conventions, managing the guide and promulgation of documents, and exercising control over sensitive documents—and revising guides when necessary.
- **Resource Management**—The NIMS defines standardized mechanisms and establishes requirements for processes to describe, inventory, mobilize, dispatch, track, and recover resources over the life cycle of an incident.
- **Communications and Information Management**—The NIMS identifies the requirement for a standardized framework for communications, information

management (collection, analysis, and dissemination), and information-sharing at all levels of incident management. These elements are briefly described as follows:

- **Incident Management Communications**—Incident management organizations must ensure that effective, interoperable communications processes, procedures, and systems exist to support a wide variety of incident management activities across agencies and jurisdictions.
- **Information Management**—Information management processes, procedures, and systems help ensure that information, including communications and data, flows efficiently through a commonly accepted architecture supporting numerous agencies and jurisdictions responsible for managing or directing domestic incidents, those impacted by the incident, and those contributing resources to the incident management effort. Effective information management enhances incident management and response and helps insure that crisis decision- making is better informed.
- **Supporting Technologies**—Technology and technological systems provide supporting capabilities essential to implementing and continuously refining the NIMS. These include voice and data communications systems, information management systems (i.e., record keeping and resource tracking), and data display systems. Also included are specialized technologies that facilitate ongoing operations and incident management activities in situations that call for unique technology-based capabilities.
- **Ongoing Management and Maintenance**—This component establishes an activity to provide strategic direction for and oversight of the NIMS, supporting both routine review and the continuous refinement of the system and its components over the long term.

Detailed information on NIMS is available at www.fema.gov/emergency/nims/index.shtm.