



**RADIOLOGICAL INCIDENT**

**RESPONSE annex K**

April 28, 2023

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Letter of Adoption

The Crawford County Public Health (CCPH) And Galion City Health Department (GCHD) Radiological Incident Response Annex (RIRA) establishes the basis for the coordination of CCPH and GCHD resources and response to provide public health and medical services during a radiological emergency or disaster.

There are two local health departments within Crawford County, CCPH and Galion City Health Department (GCHD). Each agency will have administrative control over their respective jurisdiction, with Crawford County Public Health as the county seat for the Public Health Emergency Preparedness (PHEP CORE Grant) planning and day-to-day functions. Consequently, CCPH and GCHD resources are used to provide public health services throughout each agency’s respective jurisdiction and Crawford County as a whole.

All program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities. CCPH will maintain this plan, and reauthorizing the plan on a regular basis. All findings from usage of the plan in exercises or real-life events will inform and shape updates.

This RIRA as part of the CCPH and GCHD’s Emergency Response Plans is hereby adopted, and all CCPH and GCHD staff are directed to implement the plan. All previous versions of the CCPH and GCHD RIRAs are hereby rescinded.

**Jason McBride, MPH Date**

Health Commissioner

Galion City Health Department

Record of Changes

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| --- | --- | --- | --- |
| Updated By: | Version: | Reason: | Date: |
| Alena T. Fox | 2.0 | Revision/expansion from Environmental Health Annex | 4/28/2023 |
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Document Maintenance

If, during the course of the budget period, it becomes necessary to revise or update the *Radiological Incident Response Annex K*, CCPH will highlight any changes and communicate those changes to GCHD, designated local Emergency Response Partners and Crawford County Emergency Management Agency (CCEMA) through email. ODH will update the version number of the plan annex to indicate that a change has been made. The updated/current version of the *Radiological Incident Response Annex K* will be uploaded to the CCPH Sharepoint, OneDrive, and shared with GCHD, replacing the previous version. Paper copies of the current RIRA will be added to the CCPH and GCHD ERP binder located in the Health Commissioner’s office, the CCPH PHEP Coordinator’s office and the CCPH EOC, 1st Floor Conference Room.

If such a change occurs after plans have been submitted for review, CCPH and GCHD will utilize the version of the *Radiological Incident Response Annex Rubric for FY23* that was in force at the time the plan(s) were submitted to evaluate the submitted plan(s).

Purpose

The purpose of this document is to provide a framework to outline the emergency response actions that CCPH or GCHD environmental health professionals and staff (i.e., public health emergency coordinators, specialists, registered environmental health specialists and/or environmentalists, radiological specialists) could be responsible for in the event of a natural disaster, an industrial or transportation-related incident, or a deliberate act of terrorism. Incidents may arise from multiple sources and include both the unintentional and intentional release of radioactive materials. The annex provides guidance to support a coordinated healthcare response to a radiation emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of Crawford County Healthcare Coalition (CCHCC) member facilities. The annex will outline specific incident response, treatment, and response protocol necessary to properly plan for, manage, and care for patients during a radiological emergency.

Unintentional releases of radioactive materials may occur during the normal transportation, storage, or use of the materials (hospitals, laboratories, industry, etc.). Intentional releases may come from a radiation dispersal device (e.g., dirty bomb) or radiation emission/exposure device. This document attempts to describe potential roles for local public health staff responding to a hazardous radiological incident. This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annex.

During an environmental health emergency, the Bureau of Health Preparedness (BHP) and other ODH offices and bureaus will have a role in supporting the CCPH and GCHD public health emergency response. During a natural disaster or other emergency, such as a terrorist attack, the primary role of the public environmental health system is to provide services essential for protecting and ensuring the wellbeing of the people in affected areas, with an emphasis on prevention and control of communicable diseases and exposures to hazardous materials. This annex contains strategies to support public health and medical needs statewide during an environmental health incident that includes radiological risks, hazards and exposure.

An all hazards vulnerability assessment (HVA) for Crawford County, is done periodically by the CCEMA, and public health is a portion of this particular assessment. The compiled HVA is then sent to a regional health care emergency management coalition to add the regional HVA. The risk assessment includes the potential magnitude and frequency of risks, speed of onset of the risks, and areas of the community or special populations likely to be impacted by those risks. The assessment also addresses health department capabilities, resources, and operations available to respond to all hazards. Exercises, drills, and other training opportunities are available and used to continue development of response skills, educate staff on preparedness initiatives, and how to plan and execute an emergency response to radiological incidents at the request of the CCEMA and the guidance and assistance of the Ohio Department of Health (ODH), Bureau of Environmental Health and Radiation Protection, Radiological Health and Safety Section.

Scope and Applicability

As noted in the previous section, there are many types of incidents that could occur involving radioactive materials, such as natural disaster or other emergency, or a terrorist attack including nuclear detonations that would endanger the public in Crawford County and the surrounding area. Protection of people, vital facilities and the return to stable living conditions will require an organized capability to detect, monitor, report and analyze the radiological hazard should an incident occur. Radiation measuring and detecting instruments used by trained personnel are the only means of gaining reasonably accurate radiological information in order to analyze the situation and take appropriate protective actions.

In the event of terrorist attack, Crawford County could be subject to the effects of radioactive fallout. Shipments of limited quantities of radioactive materials do occasionally become involved in accidents, which could produce loss of containment and contamination; however, the potential hazard from such shipments is low. Large quantity radioactive materials are shipped in special containers designed to withstand severe accident conditions. Such containers may contain amounts of radioactive material that if accidentally released, could cause serious health/safety effects over large areas. As a result, sheltering from radioactive fallout may be required for protection.

The CCEMA shall be responsible for forming and developing a Radiological Protection Program (RPP) and ensuring the proper execution of this plan in time of emergency. The RPP will collect data on nuclear incidents, spills/releases and hazards. The RPP will use resources as necessary to furnish radiological information to authorities as a basis for making decisions affecting:

a) The periods of shelter occupancy

b) Control of radiation exposure to emergency workers during shelter and post-shelter periods.

c) Decontamination activities

d) Food and water supplies

e) Restoration of vital facilities

f) Relocation of people to avoid radiation (CRCs)

g) Rescue, medical and welfare operations to include: coordinating response by local first responders, CCPH and GCHD staff response, local non-governmental organizational response, Crawford County Medical Reserve Corps (CCMRC) response

h) Reunification centers

4. The RPP Organization will consist of:

a) A Disaster Analysis Section (DAS) located in the EOC, with an RPP section

b) An RPP Office responsible for all RPP operations

c) Monitoring stations located throughout Crawford County

d) Trained monitors in monitoring stations and public shelters

e) A reporting system to provide radiological data to the EOC

f) Support personnel and equipment for decontamination

Situation

When there is a radioactive material incident, a swift, efficient response is needed. That response comes from a variety of sources including local authorities, state government agencies and industry. Groups that become involved vary with each incident depending on which are notified and respective capabilities. Often these groups operate independently, and that can mean delays, misunderstandings or conflict. Cooperation is essential among industry, state agencies and local authorities. Working together at the incident site and in the affected community provides an effective response, each contributing in areas of expertise.

The chief of the fire department in whose jurisdiction the radioactive incident occurs, or his designee, is responsible for primary coordination of the on-scene activities of all agencies responding to the incident. The local police and/or fire agency normally are the first responders at the site, and will make the initial emergency response decisions including securing the area, evacuating people, and giving emergency medical treatment. State agencies perform a key role because they may have more expertise and resources than the local authorities, and they have legal authority to make response decisions. Industry is the third group that may be at an incident. Industry representatives understand characteristics of specific products, and often have both the equipment and expertise to advise and respond.

The DAS will be stationed in the CCEMA EOC for the period of the emergency. Here the RPP Section will receive, analyze and evaluate radiological data from the monitoring system and make recommendations to local government officials concerning operating decisions in a radiological environment. CCEMA will partner with local NGOs, Crawford County Medical Reserve Corps (CCMRC), Crawford County Humane Society (CCHS) and the American Red Cross (ARC) to establish Community Reception Centers (CRCs) and shelters for decontaminated evacuees. Monitors stationed in appropriately dispersed centers of monitoring throughout Crawford County will perform:

a) On-station monitoring when radiation is expected and when the radiation is present

b) Detailed mobile monitoring when radiation levels will permit limited outside operations on a controlled risk basis

Shelter monitors and volunteers will be positioned in each public shelter to provide:

a) Detailed radiological information needed to conduct shelter operations.

b) Radiation exposure records for all shelter occupants as a basis for decisions concerning out of shelter and post shelter work assignments.

Communications between shelters, monitoring stations and the county EOC shall be by telephone when available and via any MARCS radio as a back-up, taking care to abide by HIPAA.

CCPH and GCHD will be responsible for protecting life and property in their jurisdictional areas. Under the direction from ODH Bureau of Health Preparedness (BHP), this may include the collection of environmental samples and performing radiation surveys. Coordination with local Hospitals and healthcare providers, United States Department of Agriculture (USDA) offices and the Crawford County Extension Office should be made.

**Incident Initial Actions, Information Collection, Analysis and Dissemination**

The following steps are to be carried out by responders arriving at the scene of a radiological incident. Local law enforcement and fire department officials have primary responsibilities to carry out the items below until such time as an accident response team arrives on the scene and Incident Command is established. A brief encapsulation of the steps listed below exists within the CCPH Emergency Response Plan, Environmental Health Annex F, page #23, and can be accessed electronically via the CCPH Sharepoint or hardcopy located in the Health Commissioner’s office, PHEP Coordinator’s office, or the CCPH EOC.

1. Make certain the local fire department is notified and responding.

2. Perform life-saving rescues and emergency first aid; if medical attention is indicated, assist in arrangements for medical assistance. The physician and/or hospital should be informed that radiation contamination may exist on the victim(s) and/or his clothing. Information can be relayed by the person transporting the injured; however, preliminary notification by law enforcement or fire officials is desired.

3. If work connected with rescue or firefighting must be done in the incident area, handle the debris resulting from the incident with mechanical means to avoid direct skin contact or contact with clothing. Clothing and tools used at the scene should remain set aside until checked for radioactive contamination by qualified monitoring personnel.

4. Contact the CCEMA as soon as possible.

5. CCEMA will contact the Ohio EMA, Ohio EPA, CCPH and GCHD Health Commissioners as soon as possible, and Health Commissioners will begin protocols to notify ODH BHP dependent upon the emergency situation. Immediate notification is essential so that the accident response team can be activated and dispatched to the emergency location.

6. Restrict the area of the emergency; keep the public as far as practical from the incident scene. Refer to the Emergency Response Guidebook (ERG) or to the ERG 2020 app on a smartphone, laptop or electronic device for more precise information based on any known radiological or chemical agent.

7. Keep upwind of fires and smoke; the area downwind of a fire should be evacuated.

8. Detain all persons involved with the incident or potentially contaminated by the incident (except those requiring emergency medical evacuation) at the scene until the accident response team arrives. Upon arrival of the team, individuals will be monitored, decontaminated, if necessary, and cleared (after further medical treatment) or released. Record names, addresses, and phone numbers from those individuals who cannot, or will not, stay at the incident scene, including those with AFNs that may need medications or devices, partnering with LTC facilities and local support-providing partners.

9. Eating, drinking, or smoking in the incident area should be prohibited.

10. Remain calm and wait for the arrival of the radiation response team.

**Radiation Exposure**

1. The Safe Distance Chart located in the SOP, Ohio Physician’s Radiological Treatment Guide or ERG 2020 Guide/app at the EOC will be used to determine local areas needing to be evacuated.

2. The total number of citizens located within the area will need to be monitored and decontaminated if readings from the Geiger Counter (CDV-700) register .3MR/HR or higher. Use the tracking form here to document radiation exposure of affected individuals and responders: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/radiological-health-and-safety/forms/HEA5537>

3. In the event of a nuclear attack, the entire area of Crawford County could be affected by radiation fallout.

4. Man Rems may be determined by multiplying the number of people affected by exposure.

**Radiation Dose Rate Limits and Records**

1. Dosimeters should be read once every 1/2 hour, at a minimum, but more often if possible.

2. An on-scene designated responder or Radiological Officer (RO) should record dose rate records for each individual exposed.

3. If the EOC is activated, these dose rate records should frequently be reported to the EOC by the on-scene RO or Subject Matter Expert (SME) and recorded at the EOC.

4. The radiological dose received by each individual should be kept to a minimum.

5. When an emergency worker’s dose rate is nearing 25R, they should be notified immediately and replaced by another worker.

6. When lifesaving activities are involved, a maximum lifetime limit of 100R may be accepted. This applies only if the saving of a human life may result by incurring this level of exposure.

7. The decision chain for authorizing emergency workers to incur exposures in excess of EPA general protective guidelines should only be made in dire life-threatening circumstances, under guidance from professional health/physics personnel.

8. The person in charge of an incident would handle this situation on a case by case basis, utilizing volunteers only. Additional volunteers from local NGOs, CCMRC, and local industry SMEs will be recruited via the Ohio Responds website, local partner organizations and employers. If the CCEMA asks for further assistance in recruiting additional specialized radiological skilled volunteers, CCPH will reach out to Franklin County Emergency Management Homeland Security (FCEMHS) office to coordinate with the Citizen Emergency Response Team (CERT) there. These new local volunteers will be processed/given ID badges, and then given Just-in-time-Training (JIT) by the IC Safety Officer/Commander to safely assist in the radiological emergency incident response.

**Decontamination**

1. To determine the need for decontamination, exposed persons, areas and equipment need to be monitored with a CDV-700.

2. If the reading obtained measures .3MR/HR, skin, clothes, contaminated objects, equipment and areas affected must be decontaminated and contained securely for proper disposal per EPA protocols.

3. Methods of decontamination can be found in the EOC SOP and/or ERG 2020 Guide.

4. Those needing healthcare after decontamination should be transported to local AVITA hospital(s) or Urgent Care facilities for treatment.

Assumptions

**Statistics**

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| Crawford County is exposed to many hazards, all of which have the potential to disrupt the community and cause damage to lives and property. Geographically, Crawford County is in a rural part of north central Ohio, with Huron and Seneca Counties to the North, Richland County to the East, Marion and Morrow Counties to the South and Wyandot County to the West. There are currently 42,025 residents in Crawford County, with 10,442 of those living within the GCHD healthcare jurisdiction. The majority of working adults are employed in manufacturing, followed by education, healthcare, and social assistance. Financially, the area ranks half the state average for having a Bachelor’s degree, and at 75% of the State average income. In regards to health, residents are slightly more challenged with disabilities, with nearly 600 experiencing mobility issues (8.2% of the area population). These demographics could affect individual and community response and speed/ability to recover from a radiological incident.  **Area Hazards**  It is important to also note that while an emergency may not originate in Crawford County; it may have a direct impact on the public health of Crawford County. Crawford County is the head waters for five different watersheds; it is important to be aware of how emergencies in Crawford County have the potential to affect the rest of the state of Ohio. Crawford County is within 50-mile Ingestion Planning Zone (IPZ) of the Davis-Besse Nuclear Power Plant and is at risk for low level radiological material contamination of food supplies if there were an incident or meltdown/malfunction at the plant. Crawford County might also be asked to assist in relocation activities by surrounding counties and municipalities.  **Incident Initial Actions**  Local fire and law enforcement officers arriving first on the scene of an emergency incident will assume Incident Command. Different agencies may have authority over management of power plant, transportation, and terrorist incidents, including the authority to implement shelter-in-place and evacuation orders. This annex does not replace the need for protocols at each hospital and EMS agency; the roles and responsibilities of agencies and organizations may change depending on the severity and scale of the incident, and the respective level of activation by impacted jurisdictions and should be outlined ahead of an incident per the protocols of the agency or organization’s emergency plans.  CCEMA will assume the IC once on the scene. Until such time as local resources are incapable of meeting the demand of an emergency incident, CCEMA will make requests or direct agencies to order supplies and request support staff as soon as an assessment of the incident is completed. Federal, state, and local emergency resources will most likely be needed during a large-scale event. To assist in the response and recovery of a radiological emergency incident, local resources will be used first, and then State resources, followed by a Federal/Strategic National Stockpile (SNS) request as needed, however State and Federal resources may not be available for 72-96 hours. Healthcare Facilities will communicate their needs to CCPH or GCHD EOC (dependent upon their jurisdiction. Note: Some facilities may communicate their needs through ESF-8 at the IC; CCPH and GCHD staff can supplement ESF-8 staff at the IC. The ESF-8 liaison will communicate with IC members to update the status of an incident and request support for needed resources with other ESF agencies and partners.)  Impacted facilities may have activated their emergency operations plan and staffing of their facility operations center. The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance. Contamination assessments, proper PPE utilization, and decontamination efforts will be essential in protecting public health staff, first responders, volunteers, and the public. Healthcare organizations will report status on situational awareness, but will assume to be able to handle the incident on their own as much as possible before asking for assistance. Healthcare organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance from CCEMA and/or the IC. The use of National Incident Management System (NIMS) consistent processes and procedures by CCPH and GCHD will promote integration with public sector response efforts. Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies. |
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Alert and Notification

**Communications**

Refer to Crawford County Public Health (CCPH) and Galion City Health Department (GCHD) Communications Plan, Annex B and the COOP Annex C to the Emergency Response Plan for other partner agency and/or after-hours contact information for CCPH and GCHD Health Commissioners and Staff, and CCMRC.

CCPH and GCHD submit information to staff and local community partners in both non-emergency and emergency situations. The community includes, but is not limited to hospitals, public safety, law enforcement, emergency management, governing bodies, non-governmental organizations (NGOs), shelters, community resource centers, and private businesses/restaurants/pharmacies. CCPH and GCHD also communicate non-emergency/emergency information to local, regional, state, and federal partners. The Health Commissioner/Designee is on call 24/7 and can be reached within one hour and the Medical Director within two hours.

Notifications and alerts will be drafted with input from the EOC, IC, and PIO based on SitReps and available public information. Ensure that emergency alert levels are included in emergency communications. Staff who receive alerts will be expected to take the prescribed actions within the timeframe prescribed.

**Non-Emergency**

* **Important**: which requires a response within four (4) hours of receipt of the message.
* **Standard**: which requires a response within eight (8) hours of receipt of the message.
* Communicate information to other agencies when their involvement is needed.
* When individual public persons are requesting information that is public record, they must request it using a Public Records Request Form.
* When requested, may send information out to emergency management, hospitals, and other agencies.
* May also communicate with other local, regional, state, and federal agencies in non-emergencies.

**Emergency**

* **Immediate**: which requires a response within one (1) hour of receipt of the message
* **Urgent**: which requires a response within two (2) hours of receipt of receipt of the message
* The Health Commissioner should be notified during an emergency that affects public health, according to the County ERP.
* CCPH and GCHD should reach out to neighboring jurisdictions to inform them of the emergency and to coordinate resources as necessary. This may be completed through OPHCS, phone, or email. All Central Region LHDs are listed in the HAN directory.
* CCPH and GCHD will participate in regional coordination calls during times of emergency.
* When requested by CCEMA, CCPH and GCHD may send information to emergency management, hospital, and other agencies. See CCPH and GCHD ERP, Communications Annex B for contact information and protocols.

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| **Agency** | **Contact Information & Responsibility** | **Comment** |
| Local (CCEMA) and state EMA | Information Management   * CCEMA 419-834-0826 (Parties that receive notification other than through CCEMA should ensure that CCEMA has been notified) * Ohio EMA Watch Office  1. (614)-799-6500 | * CCEMA will distribute radiological monitoring equipment to law enforcement and fire agencies for further disbursement and augment radiological monitoring teams, as necessary |
| LHD | ODH Initial Notification:   * Communicable Disease Reporting (Class A) * Emergency Contact Number 24/7 (614) 722-7221   \*\*\*See WMD information below  Follow Up & Notifications   * Potentially exposed individuals follow up & lab results * Notify Urgent Care facilities, Physician’s offices, etc. | * Use: CCPH ERP, Annex B, COOP, pages 11-16, Notification procedures * CCPH and GCHD will notify local agencies, partners and businesses per direction from CCEMA via WENS (by specific groups if necessary) to ensure proper communication regarding situation status and response or recovery efforts |
| Poison Center and Radiological Health and Safety | * Central Ohio Poison Center  1. (800)-222-1222 2. ODH Bureau of Environmental Health and Radiation Protection, Radiological Health and Safety: Phone: (614) 466-2727 <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/radiological-health-and-safety/forms/HEA5537> | * Perform research on materials data for personnel protection and emergency medical information * Provide information to the LHD’s, hospitals, and incident commander, if requested |

* National Domestic Preparedness Weapons of Mass Destruction (WMD) Hotline/Helpline, contact is made as necessary. EMERGENCY number is 1-800-424-8802.

**Critical Information**

1. Maintain frequent communication (conference calls, emails, faxes) with all involved agencies.

2. Health Commissioner’s authority to close/reopen retail, restaurants, and other facilities as determined per the situation, radiological risks, contamination, CCEMA and IC via ORC 5502.21.

3. In order to ensure that responders are well informed, all key messages to be shared with activated staff and volunteers should include:

* Summary of the incident
* Summary of current operations
* Response lead/IC
* Objectives to be completed by the agency
* Planned public information activities
* Other engaged agencies
* When to report
* Where to report

Upon reporting to the DOC, CCPH, GCHD, and Crawford County Medical Reserve Corps (CCMRC) staff and Volunteers will be received, checked in, provided an incident summary and assigned to their role. At this time, the staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information. **No CCPH or GCHD staff member will self-deploy to an incident response.**

Glossary

**Access and Functional Needs:** Individual circumstances requiring assistance, accommodation, or modification for mobility, communication, transportation, safety, health maintenance, etc., due to any temporary or permanent situation that limits an individual’s ability to act in an emergency.

**Agency:** A government element with a specific function offering a particular kind of assistance.

**Agency Administrator/Executive:** The official responsible for administering policy for an agency or jurisdiction.

**Agency Representative:** A person assigned by a primary, assisting, or cooperating local, state, tribal, territorial, or Federal Government agency, or nongovernmental or private organization, who has authority to make decisions affecting that agency’s or organization’s participation in incident management activities following appropriate consultation with that agency’s leadership.

**Area Command:** An organization that oversees the management of multiple incidents or oversees the management of a very large or evolving situation with multiple ICS organizations. See Unified Area Command.

**Assigned Resource:** A resource that has been checked in and assigned work tasks on an incident.

**Assignment:** A task given to a person or team to perform based on operational objectives defined in the IAP.

**Assistant:** A title for subordinates of principal Command Staff and EOC director’s staff positions. The title indicates a level of technical capability, qualification, and responsibility subordinate to the primary positions. Assistants may also be assigned to unit leaders.

**Assisting Agency:** An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management.

**Authority Having Jurisdiction (AHJ):** An entity that has the authority and responsibility for developing, implementing, maintaining, and overseeing the qualification process within its organization or jurisdiction. This may be a state or Federal agency, training commission, NGO, private sector company, or a tribal or local agency such as a police, fire, or public works department. In some cases, the AHJ may provide support to multiple disciplines that collaborate as a part of a team (e.g., an IMT).

**Available Resource:** A resource assigned to an incident, checked in, and available for assignment.

**Badging:** The assignment of physical incident-specific credentials to establish legitimacy and permit access to incident sites. See Credentialing.

**Base:** See Incident Base.

**Branch:** The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch falls between the Section Chief and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by Roman numerals or by functional area.

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

**Certification:** The process of authoritatively attesting that individuals meet qualifications established for key incident management functions and are, therefore, qualified for specific positions.

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

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

**Chief:** The ICS title for individuals responsible for the management of functional sections: Operations, Planning, Logistics, and Finance/Administration.

**Clear Text:** Communication that does not use codes. See Plain Language.

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

**Command Staff:** A group of incident personnel that the Incident Commander or Unified Command assigns to support the command function at an ICP. Command staff often include a PIO, a Safety Officer, and a Liaison Officer, who have assistants as necessary. Additional positions may be needed, depending on the incident.

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

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

**Core Capability:** An element defined in the National Preparedness Goal as necessary to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.

**Credentialing:** Providing documentation that identifies personnel and authenticates and verifies their qualification for a particular position. See Badging.

**Critical Infrastructure:** Assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

**Delegation of Authority:** A statement that the agency executive delegating authority and assigning responsibility provides to the Incident Commander. The delegation of authority can include priorities, expectations, constraints, and other considerations or guidelines, as needed.

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

**Department Operations Center (DOC):** An operations or coordination center dedicated to a single, specific department or agency. The focus of a DOC is on internal agency incident management and response. DOCs are often linked to and/or physically represented in a combined agency EOC by an authorized agent(s) for the department or agency.

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

**Director:** The ICS title for individuals responsible for supervision of a branch. Also, an organizational title for an individual responsible for managing and directing the team in an EOC.

**Dispatch:** The ordered movement of a resource or resources to an assigned operational mission, or an administrative move from one location to another.

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

**Emergency:** Any incident, whether natural, technological, or human-caused, that necessitates responsive action to protect life or property.

**Emergency Management Assistance Compact (EMAC):** A congressionally ratified agreement that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected state can request and receive assistance from other member states quickly and efficiently, resolving two key issues up front: liability and reimbursement.

**Emergency Operations Center (EOC):** The physical location where the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction.

**Emergency Operations Plan:** Aplan for responding to a variety of potential hazards.

**Emergency Support Function (ESF):** The grouping of governmental and certain private sector capabilities into an organizational structure to provide capabilities and services most likely needed to manage domestic incidents.

**Essential Elements of Information (EEI):** Important and standard information items, which support timely and informed decisions**.**

**Evacuation:** The organized, phased, and supervised withdrawal, dispersal, or removal of people from dangerous or potentially dangerous areas, and their reception and care in safe areas.

**Event:** See Planned Event.

**Federal:** Of or pertaining to the Federal Government of the United States of America.

**Finance/Administration Section:** The ICS Section responsible for an incident’s administrative and financial considerations.

**General Staff:** A group of incident personnel organized according to function and reporting to the Incident Commander or Unified Command. The ICS General Staff consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Section Chief.

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

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

**Incident:** An occurrence, natural or manmade, that necessitates a response to protect life or property. In NIMS, the word “incident” includes planned events as well as emergencies and/or disasters of all kinds and sizes.

**Incident Action Plan (IAP):** An oral or written plan containing the objectives established by the Incident Commander or Unified Command and addressing tactics and support activities for the planned operational period, generally 12 to 24 hours.

**Incident Base:** A location where personnel coordinate and administer logistics functions for an incident. There is typically only one base per incident. (An incident name or other designator is added to the term Base.) The ICP may be co-located with the Incident Base.

**Incident Command (IC):** The ICS organizational element responsible for overall management of the incident and consisting of the Incident Commander or Unified Command and any additional Command Staff activated.

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

**Incident Command System (ICS):** A standardized approach to the command, control, and coordination of on-scene incident management, providing a common hierarchy within which personnel from multiple organizations can be effective. ICS is the combination of procedures, personnel, facilities, equipment, and communications operating within a common organizational structure, designed to aid in the management of on-scene resources during incidents. It is used for all kinds of incidents and is applicable to small, as well as large and complex, incidents, including planned events.

**Incident Commander:** The individual responsible for on-scene incident activities, including developing incident objectives and ordering and releasing resources. The Incident Commander has overall authority and responsibility for conducting incident operations.

**Incident Complex:** Two or more individual incidents located in the same general area and assigned to a single Incident Commander or Unified Command.

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

**Incident Management Assistance Team (IMAT):** A team of ICS-qualified personnel, configured according to ICS that deploy in support of affected jurisdictions and/or on scene personnel.

**Incident Management Team (IMT):** A rostered group of ICS-qualified personnel consisting of an Incident Commander, Command and General Staff, and personnel assigned to other key ICS positions.

**Incident Objective:** A statement of an outcome to be accomplished or achieved. Incident objectives are used to select strategies and tactics. Incident objectives should be realistic, achievable, and measurable, yet flexible enough to allow strategic and tactical alternatives.

**Incident Personnel:** All individuals who have roles in incident management or support, whether on scene, in an EOC, or participating in a MAC Group.

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

**Intelligence/Investigations (I/I):** Efforts to determine the source or cause of the incident (e.g., disease outbreak, fire, complex coordinated attack, or cyber incident) in order to control its impact and/or help prevent the occurrence of similar incidents. In ICS, the function may be accomplished in the Planning Section, Operations Section, Command Staff, as a separate General Staff section, or in some combination of these locations.

**Interoperability:** The ability of systems, personnel, and equipment to provide and receive functionality, data, information, and/or services to and from other systems, personnel, and equipment, between both public and private agencies, departments, and other organizations, in a manner enabling them to operate effectively together.

**Joint Field Office (JFO):** The primary Federal incident management field structure. The JFO is a temporary Federal facility that provides a central location for the coordination of local, state, tribal, and Federal governments and private sector and NGOs with primary responsibility for response and recovery.

**Joint Information Center (JIC):** A facility in which personnel coordinate incident-related public information activities. The JIC serves as the central point of contact for all news media. Public information officials from all participating agencies co-locate at, or virtually coordinate through, the JIC.

**Joint Information System (JIS):** A structure that integrates overarching incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations.

**Jurisdiction:** Jurisdiction has two definitions depending on the context:

* A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., local, state, tribal, territorial, and Federal boundary lines) and/or functional (e.g., law enforcement, public health).
* A political subdivision (e.g., municipality, county, parish, state, Federal) with the responsibility for ensuring public safety, health, and welfare within its legal authorities and geographic boundaries.

**Kind:** As applied to incident resources, a class or group of items or people of the same nature or character or classified together because they have traits in common.

**Leader:** The ICS title for an individual who is responsible for supervision of a unit, strike team, resource team, or task force.

**Liaison Officer (LOFR or LNO):** A member of the ICS Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.

**Local Government:** Public entities responsible for the security and welfare of a designated area as established by law. A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; a tribe or authorized tribal entity, or in Alaska, a Native Village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity.).

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

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

**Management by Objectives:** A management approach, fundamental to NIMS, that involves (1) establishing objectives, e.g., specific, measurable and realistic outcomes to be achieved;(2) identifying strategies, tactics, and tasks to achieve the objectives; (3) performing the tactics and tasks and measuring and documenting results in achieving the objectives; and (4) taking corrective action to modify strategies, tactics, and/or performance to achieve the objectives.

**Manager:** The individual within an ICS organizational unit assigned specific managerial responsibilities (e.g., Staging Area Manager or Camp Manager).

**Mission Area:** One of five areas (Prevention, Protection, Mitigation, Response, and Recovery) designated in the National Preparedness Goal to group core capabilities.

**Mitigation:** The capabilities necessary to reduce the loss of life and property from natural and/or manmade disasters by lessening the impacts of disasters.

**Mobilization:** The processes and procedures for activating, assembling, and transporting resources that have been requested to respond to or support an incident.

**Multiagency Coordination Group (MAC Group):** A group, typically consisting of agency administrators or executives from organizations, or their designees, that provides policy guidance to incident personnel, supports resource prioritization and allocation, and enables decision making among elected and appointed officials and senior executives in other organizations, as well as those directly responsible for incident management. Can also be called the Policy Group.

**Multiagency Coordination Systems:** An overarching term for the NIMS Command and Coordination systems: ICS, EOCs, MAC Group/policy groups, and JISs.

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

**National:** Of a nationwide character, including the local, state, tribal, territorial, and Federal aspects of governance and policy.

**National Incident Management System (NIMS):** A systematic, proactive approach to guide all levels of government, NGOs, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from the effects of incidents. NIMS provides stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National

Preparedness System. NIMS provides a consistent foundation for dealing with all incidents, ranging from daily occurrences to incidents requiring a coordinated Federal response.

**National Planning Frameworks:** Guidance documents for each of the five preparedness mission areas that describe how the whole community works together to achieve the National Preparedness Goal. The Frameworks foster a shared understanding of roles and responsibilities, from the firehouse to the White House, and clarifies how the Nation coordinates, shares information, and works together—ultimately resulting in a more secure and resilient Nation.

**National Preparedness:** The actions taken to plan, organize, equip, train, and exercise to build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation.

**National Preparedness Goal (NPG):** Doctrine describing what it means for the whole community to be prepared for the types of incidents that pose the greatest threat to the security of the Nation, including acts of terrorism and emergencies and disasters, regardless of cause. The goal itself is: “A secure and resilient Nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.”

**National Preparedness System (NPS):** An organized process to achieve the National Preparedness Goal of a secure and resilient Nation.

**National Response Coordination Center (NRCC):** A multiagency coordination center located at FEMA Headquarters. Its staff coordinates the overall Federal support for major disasters and emergencies, including catastrophic incidents and emergency management program implementation.

**Nongovernmental Organization (NGO):** A group that is based on the interests of its members, individuals, or institutions. An NGO is not created by a government, but it may work cooperatively with government. Examples of NGOs include faith-based groups, relief agencies, organizations that support people with access and functional needs, and animal welfare organizations.

**Normal Operations/Steady State:** The activation level that describes routine monitoring of jurisdictional situation (no event or incident anticipated).

**Officer:** The ICS title for a member of the Command Staff authorized to make decisions and act relative to his/her area of responsibility.

**Operational Period:** The time scheduled for executing a given set of operation actions, as specified in the IAP. Operational periods can be of various lengths, but are typically 12 to 24 hours.

**Operational Security (OPSEC):** The implementation of procedures and activities to protect sensitive or classified operations involving sources and methods of intelligence collection, investigative techniques, tactical actions, counter-surveillance measures, counterintelligence methods, undercover officers, cooperating witnesses, and informants.

**Operations Section:** The ICS Section responsible for implementing tactical incident operations described in the IAP. In ICS, the Operations Section may include subordinate branches, divisions, and/or groups.

**Organization:** Any association or group of persons with like objectives. Examples include, but are not limited to, governmental departments and agencies, NGOs, and private sector entities.

**Planned Event:** An incident that is a scheduled non-emergency activity (e.g., sporting event, concert, parade).

**Planning Meeting:** A meeting held, as needed, before and throughout an incident to select specific strategies and tactics for incident control operations and for service and support planning.

**Planning Section:** The ICS Section that collects, evaluates, and disseminates operational information related to the incident and for the preparation and documentation of the IAP. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

**Position Description:** The minimum criteria necessary for individuals to fulfill duties and tasks of a specific position.

**Prevention:** The capabilities necessary to avoid, prevent, or stop a threatened or actual act of terrorism. In national preparedness guidance, the term “prevention” refers to preventing imminent threats.

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

**Protection:** The capabilities necessary to secure the homeland against acts of terrorism and manmade or natural disasters.

**Protocol:** A set of established guidelines for actions (designated by individuals, teams, functions, or capabilities) under various specified conditions.

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

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

**Recovery:** The capabilities necessary to assist communities affected by an incident to recover effectively.

**Recovery Plan:** A plan developed to restore the affected area or community.

**Recovery Support Function (RSF):** Organizing structures for key functional areas of assistance outlined in the National Disaster Recovery Framework that group capabilities of various government and private sector partner organizations to promote effective recovery from disasters before and after disasters strike.

**Reimbursement:** Mechanism used to recoup funds expended for incident-specific activities.

**Resource Management:** Systems for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident.

**Resource Team:** See Strike Team.

**Resource Tracking:** The process that all incident personnel and staff from associated organizations use to maintain information regarding the location and status of resources ordered for, deployed to, or assigned to an incident.

**Resources:** Personnel, equipment, teams, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

**Response:** The capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred.

**Safety Officer (SOFR):** In ICS, a member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander or Unified Command on all matters relating to operational safety, including the health and safety of incident personnel. The Safety Officer modifies or stops the work of personnel to prevent unsafe acts.

**Section:** The ICS organizational element having responsibility for a major functional

area of incident management (e.g., Operations, Planning, Logistics, and Finance/Administration).

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

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

**Span of Control:** The number of subordinates for which a supervisor is responsible, usually expressed as the ratio of supervisors to individuals.

**Staging Area:** A temporary location for available resources in which personnel, supplies, and equipment await operational assignment.

**Standard Operating Procedure (SOP):** A reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or several interrelated functions in a uniform manner.

**State:** Used in NIMS to include any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States.

**Status Report:** Reports, such as spot reports, that include vital and/or time-sensitive information. Status reports are typically function-specific, less formal than situation reports, and are not always issued on a specific schedule.

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

**Strike Team (ST):** A set number of resources of the same kind and type that have an established minimum number of personnel, common communications, and a leader. In the law enforcement community, strike teams are sometimes referred to as resource teams.

**Supervisor:** The Incident Command System title for an individual responsible for a Division or Group.

**System:** Any combination of processes, facilities, equipment, personnel, procedures, and communications integrated for a specific purpose.

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

**Task Force (TF):** Any combination of resources of different kinds and/or types assembled to support a specific mission or operational need.

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

**Terrorism:** Any activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, or to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

**Threat:** A natural or manmade occurrence, an individual, an entity, or an action having or indicating the potential to harm life, information, operations, the environment, and/or property.

**Tools:** Instruments and capabilities that allow the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities.

**Type:** A NIMS resource classification that refers to capability of a specific kind of resource to which a metric is applied to designate it as a specific numbered class.

**Unified Area Command:** version of command established when incidents under an Area Command are multijurisdictional. See Area Command.

**Unified Command (UC):** An ICS application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions.

**Unit:** The organizational element with functional responsibility for a specific activity within the Planning, Logistics, and Finance/Administration Sections in ICS.

**Unit Leader:** The individual in charge of a unit in ICS.

**United States National Grid:** A point and area location reference system that FEMA and other incident management organizations use as an accurate and expeditious alternative to latitude/longitude.

**Unity of Command:** A NIMS guiding principle stating that each individual involved in incident management reports to and takes direction from only one person.

**Unity of Effort:** A NIMS guiding principle that provides coordination through cooperation and common interests and does not interfere with Federal department and agency supervisory, command, or statutory authorities.

**Wireless Electronic Notification System (WENS):** A notification system using SMS technology for mass communication of warnings, alerts, and information to those registered to receive text notifications or email via their mobile communication devices such as cell phones or tablets.

**Whole Community:** A focus on enabling the participation in incident management activities of a wide range of players from the private and nonprofit sectors, including NGOs and the general public, in conjunction with the participation of all levels of government, to foster better coordination and working relationships.

Acronyms

A

**A**

|  |  |
| --- | --- |
| **AAR** | After Action Report |
| **AAR/IP** | After Action Report/Improvement Plan |
| **ACF** | Alternate Care Facility |
| **ARC** | American Red Cross |
| **ASPR** | Administration for Strategic Preparedness and Response |

**B**



**BFD** Bucyrus Fire Department

**BHP** Bureau of Health Preparedness

**BPD** Bucyrus Police Department

**C**



|  |  |
| --- | --- |
| **Cat-A** | Category A (biohazard) |
| **CBRNE** | Chemical, Biological, Radiological, Nuclear, and Explosive |
| **CCEMA** | Crawford County Emergency Management Agency |
| **CCHCC** | Crawford County Healthcare Coalition |
| **CCPH** | Crawford County Public Health |
| **CDC** | U.S. Centers for Disease Control and Prevention |
| **CDP** | Center for Domestic Preparedness (Homeland Security) |
| **CDV-700** | Civil Defense Victoreen (Geiger Counter) |
| **CERT** | Citizen Emergency Response Team |
| **COOP** | Continuity of Operations |
| **CCPH** | Crawford County Public Health |
| **CPR** | Center for Preparedness and Response (CDC) |
| **CRC** | Community Reception Center(s) |

**D**



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| **DAS** | Disaster Analysis Section |
| **Decon** | Decontamination |
| **DHS** | U.S. Department of Homeland Security |

**E**



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| **EMS** | Emergency Medical Services |
| **EMT** | Emergency Medical Technician |
| **EOC** | Emergency Operations Center |
| **EOP** | Emergency Operations Plan |
| **EPA** | Environmental Protection Agency |
| **ERP** | Emergency Response Plan |

**F**



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| **FEMA** | Federal Emergency Management Agency |
| **FRC** | Family Reception Center |

**G**



**GCHD** Galion City Health Department

**H**



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| **HAN** | Health Alert Network |
| **HAvBED** | Hospital Available Beds for Emergencies and Disasters |
| **HCC** | Healthcare Coalition |
| **HIPAA** | Health Insurance Portability and Accountability Act of 1996 |
| **HSEEP** | Homeland Security Exercise & Evaluation Program |
| **HVA** | Hazard Vulnerability Analysis |

**I**



|  |  |
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| **IC** | Incident Commander |
| **ICS** | Incident Command System |

**IP** Improvement Plan

**J**



**JIC** Joint Information Center

**JIS** Joint Information System

**JIT** Just-in-time Training

**K**



**L**



|  |  |
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| **LEPC** | Local Emergency Preparedness Committee |
| **LHJ** | Local Health Jurisdiction |
| **LTC** | Long-Term Care (facilities) |

**M**



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| **MCM** | Medical Countermeasures |
| **MRC** | Medical Reserve Corps |

**N**



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| **NIMS** | National Incident Management System |
| **NGO** | Non-Governmental Organization(s) |

**O**



|  |  |
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| **OEMA**  **ODH** | Ohio Emergency Management Agency  Ohio Department of Health |
| **OPHCS**  **ORC** | Ohio Public Health Communication System  Ohio Revised Code |

**P**



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| **PAPR** | Powered Air-Purifying Respirator |
| **PHAB** | Public Health Accreditation Board |
| **PHEP** | Public Health Emergency Preparedness |
| **PIO** | Public Information Officer |
| **POD** | Point of Distribution (commodities, also cPOD) |
| **POD** | Point of Dispensing (medical, also mPOD) |
| **PPE** | Personal Protective Equipment |

**Q**



**R**



**RO** Radiological Official

**RPP** Radiological Protection Program

S



|  |  |
| --- | --- |
| **SitMan** | Situation Manual |
| **SitRep** | Situation Report |
| **SME** | Subject Matter Expert |
| **SNS** | Strategic National Stockpile |
| **SOG** | Standard Operations Guide |
| **SOP** | Standard Operating Procedure |

**T**



**U**



**USDA** United States Department of Agriculture

**V**



|  |  |  |
| --- | --- | --- |
| **VOAD** | Volunteer Organizations Active in Disaster | |
| **VRC** | Volunteer Reception Center |

**W**



**WENS** Wireless Electronic Notification System

**WMD** Weapons of Mass Destruction

**X**



**Y**



**Z**



References

Crawford County Emergency Operations Plan, Radiological Protection Annex N

Crawford County Public Health (CCPH) and Galion City Health Department (GCHD) Emergency Response Plan: Communications Annex B, COOP Annex C, Environmental Health Annex F.

Glossary; <https://training.fema.gov/emiweb/is/icsresource/assets/glossary%20of%20related%20terms.pdf>

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Ohio Department of Health; <https://odh.gov>