

# Federal Emergency Management Agency

National Advisory Council (NAC) Quarterly Meeting

Response & Recovery Subcommittee

Report Out

March 19, 2014

Chair: Nim Kidd

# Subcommittee Mission

- To advise and provide recommendations to the FEMA National Advisory Council on strategic issues relating to FEMA's disaster response and recovery efforts, and to help develop FEMA's initiatives in these areas (ex. NDHS, NDRF, NIMS, NRF); and ensuring through deliberation and promulgation of recommendations that representation, awareness, engagement, and integration of the whole community and FEMA's strategic goals are addressed.

# Charges

1. Examine issues related to how the whole community plans, trains and is educated for the response to and recovery from natural, manmade and accidental disasters;
2. Give specific attention to those response and recovery efforts/issues occurring during initial response, within the first seventy-two hours, and through long-term recovery;
3. Continue to examine how the private sector and non profit organizations can become more actively engaged in response and recovery efforts;
4. Continue to review current and emerging response and recovery efforts, to include pilot programs, modifications to existing programs, and identification of new and best practices.

# Recommendation #1-Revised

*Topic: Regional Response & Recovery Capability*

In order to continue to implement the National Disaster Recovery Framework and National Response Framework; accomplish educating the whole community on response and recovery capabilities and resources; and create lasting relationships, FEMA should plug into already existing mechanisms. FEMA should:

- Re-examine the agendas, participants, and outcomes of the Regional Committees, including but not limited to the Regional Interagency Steering Committees (RISC) and Regional Advisory Councils, to identify who is not participating and why.
- Ensure the composition of the participants includes local, tribal, state, federal, faith-based organization, non profit, private sector and volunteer organizations.
- For those who are not engaged, determine how to re-engage them and encourage their participation in order to accomplish the purpose of implementing the national strategies.

# Recommendation #2-Revised

*Topic: Medical Response and Recovery Capabilities  
(Patient Care & Medical Personnel)*

Implement the National Response Framework and the National Disaster Recovery Framework through the Emergency/Recovery Support Functions to engage private sector partners and federally supported ESF-8 entities to maximize support for chronic, long-term medical care during response and recovery operations through the following efforts:

- With state and local partners, standardize and adopt national guidance for crisis standards of care.
- Identify both medical and functional need support services providers in the community/region/state and develop a resource list of potential vendors.

# Recommendation #2 (cont.)

- Develop strategies for incentivizing private sector partners to participate and contribute in local emergency planning, including ensuring they are part of the response and recovery planning teams.
- With the state and local partners in ESF 8, develop medical care models to supplement and decompress the acute care and clinical care systems that will be impacted during a mass casualty event. Designing alternate models of care delivery such as secondary triage, medical shelters, palliative care, and points of distribution allows for flexibility in models.

# Recommendation #2 (cont.)

- Include private sector representation on state level task forces related to Disaster Medical Systems to coordinate resources, bring issues related to disaster medical care and medical surge to the table, and provide guidance and policy recommendations for decision makers based on clinical processes and evidence based research and best practices.
- Engage pharmacies in memorandum of agreement to provide prescription refill services during disasters.

# Recommendation #2 (cont.)

- Institute liability waiver language for healthcare providers involved in disaster response; regardless of their status as private providers or disaster volunteers.
- Build core staffing capability by institutionalizing a disaster medical training program that aligns medical disaster management with management by objectives and the National Incident Management System model.
- Identify and engage private and faith and community based partners for refrigeration, transportation, power, and soft side structures for response and recovery missions including mass/medical care

# Recommendation #2 (cont.)

- Plan for the populations that are at the greatest medical risk in disasters. Apply the whole community approach to increasing capability by identifying services for at-risk populations and personal assistance services.
- Perform demographic studies to gain a better understanding of the populations within the community that will potentially have the greatest need for resources and be most likely to contribute to surge.
- When developing contracts for services and supplies, ensure that emergency response language is included in the contracts and require vendors to demonstrate an existing continuity of operations plan (COOP) or assist them in developing a plan to ensure durable resource remain available during times of crisis.

# Recommendation #2 (cont.)

- Identify people with disabilities who are unable to maintain life-sustaining equipment in a disaster, people living at home with chronic illnesses, people who rely on home health care or hospice care, people on dialysis, or people who require personal assistive services
- Devise tactics to engage and empower these populations (e.g., integrating them in the planning process, developing relationships with community leadership).

# Recommendation #3-Revised

*Topic: Tracking and Storage of Mutual Aid Agreements*

Encourage states, tribal, territorial and locals to conduct a thorough review of all of its agreements (mutual aid agreements, memorandum of understanding or memorandum of agreement between states, tribes, locals, private and nonprofit sectors, and faith based and community organizations):

- Establish a comprehensive management system for mutual aid agreements for governments at the lowest level and community to access them through, but not limited to, the following mechanisms
- And as a result of the review, conduct a gap-analysis to identify new agreements that need to be developed.

# Ongoing Discussion Topic #1

*Topic: First Responder Credentialing*

- The FEMA Federal/Emergency Response Official (F/ERO) Repository, owned and operated by the Office of National Capital Region Coordination (NCRC) may be leveraged for all state and local governments and private sector, et al, to share attributes for first responders.

# Ongoing Discussion Topic #2

*Topic: “Whole Community” response & recovery*

- How do you use disaster after action reports/lessons learned to identify challenges and provide improvements into training, communications and tools? How are these lessons presented/communicated to the public?