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FEMA

Resilience
National Preparedness Directorate
National Training and Education Division

Training Partners Program

TPP Times

Adapting to the New Normal

Welcome to the Winter 2020 issue of the TPP Times! In this issue, we share how our partners are working to integrate new technology, systems and processes to meet the needs of their student communities. The coronavirus (COVID-19) pandemic has forced many organizations to adapt to a "new normal" with new tools for learning, course reviews and compliance actions.

NTED is joined by FEMA's Center for Domestic Preparedness (CDP), the National Nuclear Security Administration's Counterterrorism Operations Support (CTOS) - Center for Radiological/Nuclear Training, the Rural Domestic Preparedness Consortium (RDPC) and Columbian University's National Center for Disaster Preparedness (NCDP) in sharing how their individual processes work.

New feature!
Our 508 column is supplemented with links to interesting videos on how to meet 508 guidelines. Check them out!

In this issue
Don't miss out on our best practices in 508 compliance in the "Section 508 Quarterly." We welcome your input on the TPP Times, including comments, questions and information you want to share with other Training Partners. Email us at **tpptimes@fema.dhs.gov**.

Getting it Right: The NTED Course Review Process

To fulfill NTED's mission to provide first responders with high-quality training that enhances their skills, NTED uses a thorough course review process. The process is a cost-effective and efficient method of ensuring the quality of federally funded training throughout the training course development lifecycle.

Why it's important
The NTED course review process provides guidance on course design, development and delivery—from initial design and certification through triennial recertification. The process provides for an objective assessment of all courses at key points in their development. Specifically, the review process works to maintain accuracy and alignment with the Analysis, Design, Development, Implementation and Evaluation (ADDIE) model of instructional systems design. This process ensures courses are accurate, complete and instructionally effective at release and remain current as doctrine changes and new best practices and lessons learned emerge. This iterative process increases efficiency by providing analysis and improvement of each course throughout its lifecycle, preventing costly rework and revision.

A comprehensive process
To keep the process moving, an NTED Program Manager is assigned to each Training Partner. The NTED Program Manager has oversight for all courses developed by that Training Partner. The Program Manager guides the course through a documented and repeatable process. This direct collaboration makes the process work effectively for all stakeholders. It also ensures that key quality management features and process assessments are incorporated, including:

- Course Design Document (CDD) review;
- Subject Matter Expert (SME) review;

CDP Highlight: NIMS Applied Learning

Healthcare coalitions
Healthcare coalitions (HCCs) were officially created and supported by federal grants and guidance in 2012 to promote the development of healthcare capabilities. Currently, there are more than 31,000 healthcare coalition members across the United States who work to support the provision of healthcare when disaster strikes. Healthcare coalitions are composed of individual healthcare and response organizations such as hospitals, public health agencies, emergency medical services (EMS) providers and emergency management organizations. The current pandemic has demonstrated the value of coordination between these organizations that has been so vital to this response. These structures and the relationships that were established prior to the pandemic facilitated the communication and coordination needed to respond effectively.

Healthcare coalition training
The Healthcare Coalition Response Leadership Course (HCRL) is based on the U.S. Department of Health and Human Services' (HHS) healthcare system and the Centers for Disease Control and Prevention (CDC) public health preparedness capabilities, as well as best-practice procedures for healthcare-coalition building, preparedness, response and recovery. The three-day course is offered 10 times each year. The best practices and lessons learned are in:

- establishing an effective healthcare coalition framework;
- conducting healthcare coalition planning; and
- achieving preparedness.

Amanda Stewart is the Lead Instructional Designer behind the development and

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(Getting it Right, continued from page 1)

- Course Review Board (as needed);
- National Incident Management System (NIMS) review;
- Instructional Systems Design (ISD) review;
- Section 508 review;
- NTED Branch Chief review; and
- Triennial Review and Recertification.

Expert review

A key part of the review process is using independent third-party reviewers and transparent evaluation standards. This objective review by subject-matter experts using clear guidelines results in actionable feedback for the training developer. This process is vital for a shared understanding of course evaluation and serves as a roadmap for internal evaluation as courses are developed and delivered.

So, how does the expert review work? Courses are reviewed by NTED staff, federal subject-matter experts and a large cadre of external independent subject-matter experts selected specifically for each course. Reviewers are selected based on the type of review and the course content. NTED utilizes a cadre of more than 400 subject-matter experts with a broad range of experience and expertise in key homeland security disciplines, allowing for the meaningful evaluation of each course by reviewers with the knowledge, skills and proficiencies directly aligned with its content.

Compliance is key

NTED-sponsored training must comply with a variety of federal laws, regulations, policies, doctrine and quality standards. These certified training courses directly support FEMA's 2018-2022 Strategic Plan to:

- Build a culture of preparedness;
- Ready the nation for catastrophic disaster; and
- Reduce the complexity of FEMA.

The NTED course review process ensures that each course meets these requirements and follows the generally accepted auditing standards prescribed by the Government Accountability Office and the Comptroller General of the United States. These standards expressly apply to performance audits of government programs. Courses are also reviewed for consistency with NIMS concepts, terms and requirements. The NTED process provides for certified Trusted Tester review of all electronic course content to make sure that it's accessible for all users in compliance with Section 508 of the Rehabilitation Act of 1973.

As FEMA actively works toward improving grant management and the outcomes attained, this course review process ensures the effective use of federal resources. The process is also endorsed by state, local, tribal and territorial partners for its effectiveness in meeting the training needs of their first responder communities. The NTED course review process advances FEMA's vision of a prepared and resilient Nation by ensuring world-class training for the nation's state, local, tribal and territorial first responders, emergency managers and the whole community. ◆

(CDP Highlight, continued from page 1)

delivery of the HCRL course. This course was a new concept developed by HHS Office of the Assistant Secretary of Preparedness and Response (ASPR) and the Healthcare Preparedness Group at the CDP to help healthcare coalitions to become established and prepared to response collectively to disasters. The course has proven to be very successful and useful to the healthcare coalitions as they developed around the country. Stewart says one of their biggest success stories was the course attendance by a cohort from Puerto Rico just prior to Hurricane Maria. The course helped the responders to prepare as a healthcare coalition for more effective response.

Healthcare Leadership Training

Another offering at CDP which is instrumental to the development and training of effective healthcare leaders is the Healthcare Leadership Course. This course is offered throughout the year to hospital leadership tasked with emergency response. The course teaches the concepts of Hospital Incident Command, surge and resource management. With hospitals across the country all surging and responding to the coronavirus (COVID-19) pandemic, this course was a key educational opportunity to enhance that capability. ◆

Student Comment:

"The Healthcare Leadership Course built on my education and real-world experience by establishing and implementing an Incident Command System staffed with healthcare workers from across the country for a variety of tabletop, functional and full-scale exercises where I served as the Documentation Unit Leader for the duration of Incident Command. During the course, our Hospital Incident Command responded to a variety of simulated emergency incidents, including a hazardous materials event where the hospital needed to decontaminate patients before providing medical interventions, a severe weather event and an infectious disease outbreak. All of these events were difficult to respond to and unlike anything that I had seen in my real -world experience at Brigham and Women's Hospital, however, our Incident Command staff were able to effectively respond by utilizing key principles of the Incident Command System taught in the course. Following the course, I found myself in a much more difficult situation, the start of the COVID-19 pandemic. Although the response at Brigham and Women's Faulkner Hospital was challenging, I was able to draw on lessons learned during my time at the Center for Domestic Preparedness to support Brigham and Women's Faulkner Hospital's Incident Command System throughout the pandemic."

Robert Munroe, Senior Coordinator
Emergency Preparedness, Brigham Health

COVID-19 and NIMS:
Effective Command and Coordination was—and is—Vital

Imagine a national disaster that would impact every person, facility, organization and government in our country, causing command and coordination structures to activate simultaneously—and stay activated for months. Although it may have seemed like a remote possibility in the past, 2020 presented just this scenario and with it challenges that most of us have not experienced in our careers in emergency management. Our experience with a multitude of high-impact disasters, on top of the ongoing response to the COVID-19 pandemic, has highlighted the need for emergency management and the tools that we can bring to the table to manage crisis events. This article takes a look at the 2020 COVID-19 pandemic, NIMS and how the Command and Coordination component was instrumental in the ongoing and challenging response and recovery experienced across the United States.

NIMS…activate!
The COVID-19 outbreak in the United States began in January when hospitals and public health officials became aware that the first case of the virus, which had originated in China, had been detected in Washington state. The virus was new to humans, spread easily from person to person, was fatal in some cases—and there was no natural immunity, no known treatment, and no vaccine. Public health and hospital officials leaned forward and began to prepare for the eventuality that this new virus would create an emergency that would severely tax our communities and public health and healthcare systems.

Jurisdictions across the country activated their emergency management systems to manage this crisis. As the situation changed rapidly healthcare facilities, communities, states and federal agencies rose to the challenge to protect public health and safety. NIMS was one tool that was instrumental in this response. Incident command and coordination structures were stood up early on to manage the event.

As a key component of NIMS, Command and Coordination is critical to effective emergency operations. The Command and Coordination component of NIMS describes the systems, principles and structures that provide a standard national framework for incident management. Regardless of the size, complexity or scope of the incident, effective command and coordination—using flexible and standard processes and systems—helps save lives and stabilize the situation. The pandemic caused these structures to remain activated continuously for most of 2020. Although the structures vary across the country, depending on the organizations and their missions, one thing is certain: These command and coordination structures have facilitated an organized response to this unprecedented public health emergency.

NIMS in action
Boston is no stranger to large-scale emergencies, such as the 2013 Boston Marathon bombing. Several large academic medical centers are located within the city of Boston, which serves as the healthcare hub for Massachusetts and much of New England. Boston healthcare organizations began to respond in late January as it became clear that changes had to be made to daily operations to recognize new cases, treat complex issues and a possible surge of patients and protect their staff. Public health engaged as did EMS, which was a key partner in transportation of suspected patients. The Boston Office of Emergency Management was also engaged as alternate care sites were established and operations expanded, requiring a full range of management and support services. The Mayor's Office was engaged daily with situational updates, policy decisions and public information releases and press conferences.

Stacey Kokaram is the Director of the Boston Public Health Commission (BPHC) Office of Public Health Preparedness. Her office manages the Boston Medical Intelligence Center (MIC), a physical site which can serve as a Multi-Agency Coordination Center or the BPHC Departmental Operations Center during emergency activations. The MIC activates frequently to respond to local and state emergencies and planned community events to ensure communication and coordinated response. The MIC activated in January and remains activated as of the writing of this article. The MIC worked closely with the community emergency operations center (EOC), the policy group out of the Mayor's office, the BPHC response, the healthcare coalition, healthcare partners and the community to respond to the pandemic.

"The incident command structures established were instrumental in being able to communicate with our partners and to ensure situational awareness required for good decision making," Kokaram said.

Health care response offers unique challenges
Management of public health emergencies involves a range of activities, from direct response to high-level policy and logistical coordination. These differences in focus distinguish tactical operations from strategic operations to:

- protect public health and safety;
- maintain or restore essential services;
- provide emergency relief; and
- mitigate event-associated risk.

During public health emergencies, routine public health functions are augmented, not replaced, by emergency management activities.

There are several basic functions of an emergency operations center such as coordination, communication, policy-making, operations, information gathering, resource management and dispersal of public information. Public health EOCs may add public health-specific functions including but not limited to illness surveillance, data collection and analysis, distribution of medical countermeasures (vaccines, personal protective equipment, ventilators and antivirals), laboratory testing, contact tracing and control measures such as isolation, quarantine and other measures such as restriction of public gatherings, masking and social distancing recommendations. There are many types of EOC structures; what is crucial in all cases is effective information gathering and analysis, coordination and communication. Modern technology, complex organizational and governmental structures and insufficient resources pose challenges to achieving these basic functions.

"Academic healthcare systems' organizational structures vary in complexity, often relying on a matrixed, distributed chain of command," said Dr. Eric Goralnick, MD, MS, Medical

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(COVID-19 and NIMS, continued from page 3)

Director, Emergency Preparedness and Access Center, Brigham Health. "Hospital ICS was critical in establishing role clarity, authority and accountability. HICS also helped us manage uncertainty by rapidly gathering feedback, empowering our frontline and supporting timely, regular communications with patients, family and staff."

Public health emergencies often require deployment of significant numbers of specialized personnel, use of large volumes of material and access to scarce scientific and technical resources. This was evidenced during this pandemic with releases of the Strategic National Stockpile, personal protective equipment, testing materials, antivirals, high media visibility and the incredible fear and anxiety among the public. Leadership at all levels across the country were faced with these challenges (and more) as business, infrastructure, the economy and social factors were also impacted. ◆

A New York State of NIMS

New York University's (NYU) Langone Medical Center is an academic medical center located in New York City (NYC), New York. The Medical Center comprises the NYU School of Medicine, seven hospitals and more than 30 ambulatory facilities in Manhattan, Brooklyn, Queens and Long Island. With more than 25,000 employees, multiple campuses and a pandemic looming, the emergency managers at NYU Langone applied the doctrine, principles and processes in NIMS to transform their massive and complex healthcare system into a standardized hierarchical structure—a response machine. In the run-up to the COVID-19 outbreak in New York, that response machine was able to activate quickly and act decisively to accommodate the challenges brought by the pandemic.

As an adaptation of NIMS, they call their system the "NYU Langone Incident Command System," or NICS. During the pandemic, they used NICS to effectively manage and set the operational tempo of the enterprise. Operational tempo is the speed of their actions relative to the speed and intensity of unfolding events in the operational environment.

They activated NICS to accelerate around-the-clock decision-making and rapid action. As illustrated by "The Planning P" figure below, NICS consists of an accelerated operational tempo and key components that enable the NICS Organization to:

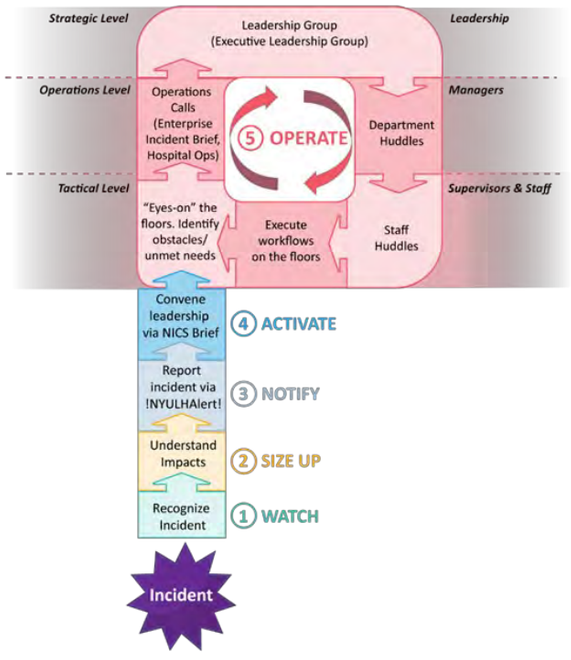
- Provide shared situational awareness;
- Identify and prioritize incident-related issues, problems or concerns;
- Assign the individual or department (the "owner") appropriate to the issue or concern;
- If none exists, convene a team (e.g., breakout group or task force) to address the issue or concern; and
- Continue to provide proactive communications to executive leadership, managers, faculty, staff, researchers, students, patients and visitors at all times.

Kelly McKinney, Associate Vice President, Emergency Management and Enterprise Resilience, said: "NICS/NIMS allowed their massive enterprise to be nimble by planning, preparing and executing operations proactively, rather than being forced to react to the demands of the incident."

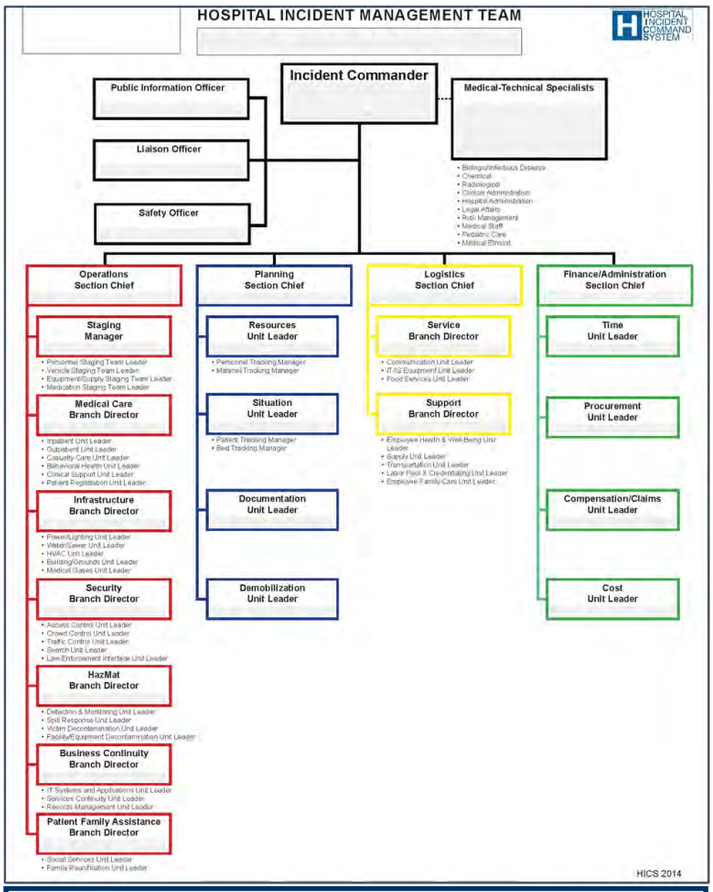
NYC Health and Hospitals is the largest municipal healthcare delivery system in the United States consisting of 11 hospitals, seven ambulatory care sites and five post-acute care sites. To manage this event, the organization activated their hospital incident command system (HICS) structure on January 21 with their first lab-confirmed NYC patient diagnosed on March 1. To prepare for the surge of patients, the system increased their number of intensive care unit beds from 320 to 1,500, published a series of system clinical guidance, conducted patient presentation drills and held a system-wide tabletop exercise. At the height of the surge, they cared for more than 3,000 COVID-19-positive patients, with almost one-third of those patients on ventilators.

The use of the HICS to manage the event worked well to help ensure the safety of their staff, achieve their response objectives and allocate resources in a more effective way. The HICS structure allowed them to plug in all of the aspects and service lines within the system structure, with the intent to speak with one voice and ensure needed resources. Daily incident command calls served as the communication forum for analytics reporting of the data pertinent to the situation, facility response and impacts and support requests. Incident briefings provided a daily written report to ensure a common operating picture.

The HICS system proved to be scalable to meet system-wide as well as individual institutional needs. Communication, coordination and collaboration are extremely important for a successful response, which was achieved by using an extensive HICS structure and process. ◆



5-Step Emergency Management Workflow/Process Planning P: 2020, *Emergency Management + Enterprise Resilience (EM+ER), NYU Langone Health, New York, New York.*



Hospital Incident Command System Organizational Chart (HICS 2014)

Hospitals across the country use the Hospital Incident Command System (HICS) which is an adaptation of ICS to meet their mission and response requirements. While this organizational structure is the national model, many healthcare facilities have adapted this model to meet their organizational and response needs more effectively.

Emergency Operations Center Best Practices

There are known points of failure in managing emergencies, which can be minimized through awareness, appropriate planning and attention to management processes. Lack of clarity regarding authority and responsibility can result in flawed or delayed decision-making. Technical communications failures within the response organization can result in delayed decisions and untimely action, including the inability to produce a common operational picture and shared situational awareness. Lack of coordination between partners causes inefficient use of resources, avoidable duplication and/or gaps leading to a less-than-optimal response. Absence or poor use of specialized resources or response assets, including insufficiencies of surge staff, can lead to undesirable outcomes. These risks are what make the effective implementation of EOCs so crucial to preparing for and responding to disaster events.

Global best practices for EOCs for effective public health emergency response

Several features are consistently noted as crucial elements of effective EOC functioning: collaboration, coordination, communication, harmonization, respect, cooperation, vertical and horizontal integration, trust and leadership. Some best practices for effective public health emergency response include:

- Use of an ICS or similar structure to organize operations and decision-making;
- Clear delineation of responsibilities and expectations for command and surge staff in all functions to include clear leadership and establishment of incident commanders, which is beneficial in making easily implemented and operationalized decisions;
- Effective communication using knowledge management and information technology systems as appropriate using messaging, privacy and security standards;
- Timely information sharing and exchange to inform decisions and policies and being essential for taking action;
- Coordinating both within the organizational structure and with other agencies is critical when information changes rapidly. Early and frequent coordination are key factors in effective response;
- Using a comprehensive planning process and creation of thorough plans, procedures, annexes and other materials to facilitate functionality during periods of activation;
- Incorporating lessons learned from previous responses to improve performance, while also working to meet and exceed established performance measures;
- Implementing data collection, analysis and interpretation processes and systems to ensure the information needed for decision-making and response; and
- Conducting regular and objective-based trainings and exercises at the individual and organizational levels to build skills, relationships and the ability to respond effectively.

EOCs are vital cogs in the response wheel. Joseph Scanlon, Emergency Communications Research Unit of Carleton University, Ontario, Canada, stated, “An EOC is an effective way to achieve coordination among agencies responding to a major emergency or disaster. The absence of an EOC seems to encourage the opposite.”

Virtual EOCs

Although many emergency operations centers have developed the ability to conduct their operations virtually over the past few years, the COVID-19 pandemic has required many communities and organizations to conduct their coordination activities remotely, using virtual tools. The concept of a virtual EOC is the creation of a virtual environment to support core EOC functions and enhance knowledge management, communication, collaboration and decision-making. They maximize the use of resources when in-person coordination is not possible or practical.

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FEMA

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Virtual EOC Best Practices

Best practices for virtual EOCs include:

- Using emergency management software to manage the event and document information, activities and processes;
- Providing remote access to databases and communications;
- Capable of disseminating information to internal and external stakeholders; and
- Capable of linking individuals and groups who are not in the same location, in order to help improve EOC function. ◆

For more information about the Coronavirus Disease go to cdc.gov.

Adapting Training Due to COVID-19

In addition to the immediate impacts of COVID-19, state, local, tribal and territorial agencies are facing massive financial cuts due to lost revenue, civil unrest, hurricanes, wildland fires and staffing reductions due to retirements and layoffs. With all of these challenges, training requirements for agencies still exist. Responders need to meet minimum monthly and annual training hours in order to maintain operational capabilities and in many cases licensure for their positions.

In order to assist agencies in meeting minimum training requirements, the National Nuclear Security Administration's Counterterrorism Operations Support (CTOS) developed an interim solution to address the fact that nearly half of CTOS classes currently include a drill or hands-on component. These hands-on portions are currently impossible to deliver while resident and instructor-led classes are under suspension. Going forward, the classroom portions can be delivered virtually using online instructor-mediated methodology with the following adjustments:

- Once the student completes the virtual training, pre-test, post-test and course evaluation, they will receive credit for the class with the contact hours adjusted and noted on their certificate.
- When mobile and resident training resumes, the hands-on portion will be delivered, and the student will receive a second certificate that identifies the adjusted contact hours.
- The students only receive credit for taking the class one time but the contact hours on their certificate are updated to reflect the completion of the hands-on portion of the training.

One of the key aspects of this solution is that it requires no change to the curriculum and only delivers certified material. Additional benefits include:

- Responders can continue to train without incurring the costs and risk of travel for either the student or the instructor;
- Online training sessions will be shorter and more easily adjusted into a work schedule;
- The class minimums can be adjusted allowing the agency to more easily absorb the training costs without the need for travel and for as many instructors; and
- When the follow-on, hands-on portion is conducted, it will also require less time and fewer instructors to complete than a full course.

The pandemic has forced all training organizations to find ways to adjust for the benefit of their students. Making these types of common-sense adjustments should be a key part of every organization's planning. ◆

Ensuring Integration of NIMS 2017 Updates into your Training Programs

The National Incident Management system (NIMS) is the culmination of more than 40 years of efforts to improve interoperability in incident management. The first official version of NIMS was published by the Department of Homeland Security in 2004. Since that time, responders across the country have come to value the unity of effort that NIMS affords them by implementing a common approach for managing incidents of all sizes. NIMS was updated in 2008 and again in 2017 to reflect best practices and lessons learned from across the country. NIMS is applicable to all stakeholders with incident management and support responsibilities.

The audience for NIMS includes emergency responders and other emergency management personnel, non-governmental organizations (NGOs) (e.g., faith-based and community-based groups), the private sector and elected and appointed officials responsible for making decisions regarding incidents. The scope of NIMS includes all incidents—regardless of size, complexity or scope—and planned events (e.g., sporting events). 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.

The major changes that were implemented in the 2017 revision of NIMS include:

- Changed the structure and content of NIMS from five key components to three—Resource Management, Command and Coordination and Communications and Information Management. Removed Preparedness and Ongoing management and Maintenance. Separate guidance has been issued on preparedness (National Preparedness Goal).
- Clarified the processes and terminology for qualifying, certifying and credentialing incident personnel, building a foundation for the development of a National Qualification System (NQS).
- Clarified that NIMS is more than just ICS. ICS is used by all levels of government as well as by many NGOs and private sector organizations. ICS applies across disciplines and enables incident managers from different organizations to work together seamlessly.

Additional updates included:

- Review and revision of training materials for consistency with 2017 published NIMS doctrine
  - ◊ Terminology
  - ◊ Guiding Principles
  - ◊ Key Components
- Review and revision of References and Resources to ensure the most up-to-date supporting documents, legal reference and additional supporting materials:
  - ◊ The National Preparedness Goal
  - ◊ NIMS Guideline for the National Qualification System
  - ◊ Homeland Security Exercise and Evaluation Program (HSEEP)
  - ◊ ICS Resource Center
- Review of the NIMS Training Program document for guidance on instructor training and qualifications ◆

Did you know?

CTOS Successfully Supports a Virtual Instructor-led Delivery of AWR-140

Working with the American College of Osteopathic Emergency Physicians (ACOEP), the National Nuclear Security Administration's Counterterrorism Operations Support (CTOS) arranged for an online virtual delivery of AWR-140, Introduction to Radiological/Nuclear WMD Operations (Prevention/Response) as a pre-conference training event. The ACOEP's program and engagements manager worked with CTOS to advertise the training opportunity to their membership and to identify interested physicians. Before the event, potential participants were notified by CTOS to register and pre-test using the CTOS learning management system. Thirty-five participants pre-registered and 34 ultimately attended and completed the course and testing requirements.

Dr. Victor Politi and David Pasquale delivered the training. Dr. Politi is a retired New York Police Department (NYPD) Emergency Services Unit Lieutenant, volunteer firefighter and current emergency room physician. Mr. Pasquale has 21 years of EMS experience including managing an Advanced Life Support response and transport service. The combination of experience was well received by the audience and helped to support the course material and apply concepts to both pre-hospital and emergency medicine.

The WebEx platform was used to support the class and no system or operational issues were observed or reported by the students or instructors. The Participant Guide was emailed to all students to support training. Participants were advised to turn cameras off to save bandwidth. Questions and comments were received by using the chat function or by raising hands. At the end of each module, participants were able to have a live discussion with instructors to review material or discuss concepts. It was also helpful to have one instructor teaching while the other instructor monitored the chat messages and virtual hand raises in real time from the students.

What tips do you have for offering virtual training?
Send your tips to tpptimes@fema.dhs.gov.

Tools of the Trade for Rural Training Success: Rural Domestic Preparedness Consortium deploys new website and learning management system during COVID-19

By Ray Hagen, Marketing Associate, The Center for Rural Development

The onset of the COVID-19 pandemic has forced many preparedness and response organizations to prioritize using digital platforms for training and other key tasks. The Rural Domestic Preparedness Consortium (RDPC) was no different. Our objective to position rural and tribal communities to prepare for, prevent, respond and recover from disasters by building capacity and skills through training was given new meaning as we faced this pandemic. In-person training opportunities dwindled and the focus on digital operations rose to prominence.

To help America's rural and tribal first responders "prepare for the worst and train to be the best," the RDPC worked to improve our website (ruraltraining.org) and implemented new efficiencies to ensure successful training process for years to come.

Website improvements help students

On September 14, 2020, the RDPC launched its updated website. The website's look was improved to ensure ease of use by our students and we also added some co-branding elements to show our collaboration with our executive agent, The Center for Rural Development. These improvements are more than looks. What's most important is the enhanced functionality for our website visitors. We added a more robust Responder Toolbox, along with an expanded mapping tool and more straightforward navigation menus. The website also provides visitors with the experience of viewing real-time training metrics such as:

- Total number of students trained;
- Total number of courses delivered annually; and
- Total number of students trained annually (web based, virtual and instructor led).

Visitors will also have the opportunity to utilize the new social media integration feature, which is a useful tool in providing America's tribal and rural emergency responders with the opportunity to stay current with RDPC news and training opportunities. Because the pandemic has made social media an even more valuable tool for emergency responders, we felt it was necessary to increase its availability.

"It's important that we constantly look to improve our tools and processes to provide the best training to our students," said Lonnie Lawson, president of The Center for Rural Development. "Something as basic as updating our website can go a long way to increasing our internal effectiveness as well as making it easier for our students to take and benefit from our training."

New efficiencies help students

In addition to the new website, the RDPC also launched a new learning management system (LMS). The primary benefit of this new system is that routine processes that were once performed manually are now automated. This will prove to be an invaluable time-saving tool for both RDPC administration and its training participants.

As COVID-19 continues to present challenges and delays in delivering in-person training, RDPC used this time to increase the efficiency of internal processes. In doing so, RDPC utilized a systematic approach in the development and deployment of the new website and learning management system. As a result, the RDPC was able to re-evaluate processes and develop innovative solutions to optimize workflow. These efforts will improve internal systemization and workflow to promote continued, effective mission implementation. Continued quality assurance and improvements are key to delivering consistent, effective all-hazards training to our nation's small, rural and tribal communities.

"As with many of our training colleagues across the country, the RDPC remains dedicated to the mission of providing small, rural and tribal responders and communities with the knowledge, skills and abilities to enhance the safety and quality of life for their citizens through training, technical assistance and information sharing," added Julie Wilson, director of the RDPC.

About RDPC and the Center for Rural Development

The Center for Rural Development leads and serves as the RDPC executive agent. The RDPC is a national consortium comprised of six academic members who have demonstrated the ability to develop and deliver U.S. Department of Homeland Security-certified training courses nationwide. Each academic member provides expertise and niche capabilities in deploying training to small, rural and tribal jurisdictions. These academic members include:

- Eastern Kentucky University;
- North Carolina Central University;
- Northwest Arkansas Community College;
- The University of California, Davis;
- The University of Findlay (OH); and
- The University of Tennessee (affiliate).

Since its inception in January 2005, the RDPC has trained more than 108,000 students, offering 23 live, instructor-led courses, five web-based courses and 11 Zoom-based, virtual, instructor-led courses. The RDPC remains committed to helping our nation's tribal and rural emergency responders to "prepare for the worst and train to be the best." ◆

What are some other characteristics of an effective learning management system?

Send your thoughts to:
tpptimes@fema.dhs.gov

Get to know the Incident Command System (ICS)

The Incident Command System

The Incident Command System (ICS) is one tool that has been used across the country in a variety of levels and organizational types, that enhance the management of this protracted response. With standardized functions, ICS provides the framework for a rapid, efficient and effective management structure.

First responders use ICS for managing incidents routinely, and other agencies have embraced this tool as one of the key features of NIMS that provides immediate value. Public health agencies and hospitals have adapted the ICS structure and have found it to be instrumental in responding to the COVID-19 pandemic. The key difference in these structures is how the operations section is modified to ensure the organization is able to effectively organize to meet their response objectives such as patient care or managing a disease outbreak.

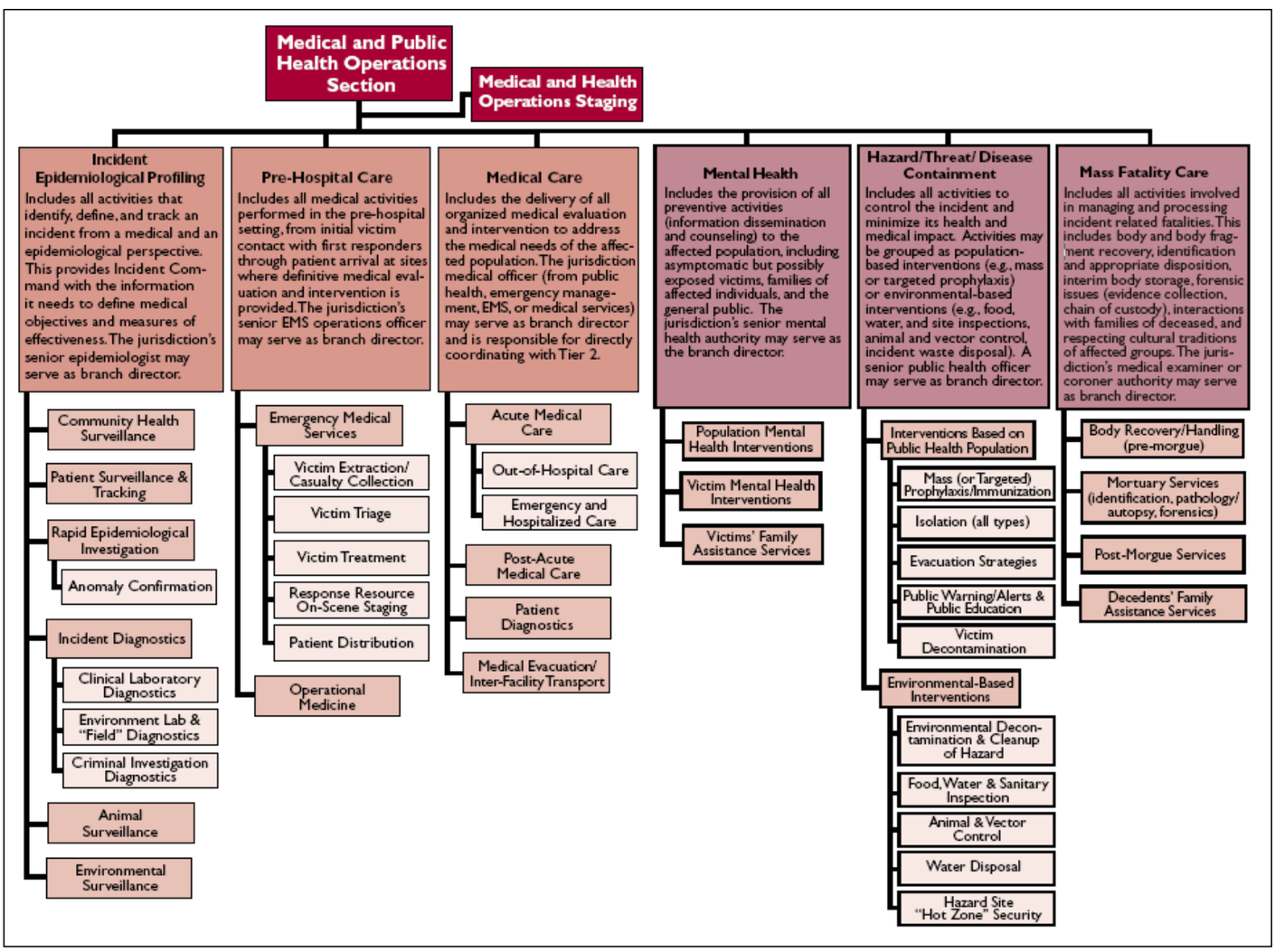
Four levels of disaster response

When disasters occur, response happens at four levels:

1. **Incident Command System (ICS)** – manages tactical activities that aim to stabilize an incident, save lives and protect property and the environment
2. **Emergency Operations Center (EOC)** – provides incident support activities, including strategic coordination, resource acquisition and information gathering
3. **Multiagency Coordination Group (MAC Group)** or Policy Group – provides policy guidance to incident personnel, supports resource prioritization and enables decision-making
4. **Joint Information System (JIS)** – ensures coherent, consistent and accurate messaging and communication with the media and public

Customizing ICS operations

This graphic is one example of how an ICS operations section can be expanded to meet the needs of a Public Health Operations Center which may be called a "department operations center" or "departmental command center." The Operations Section here is expanded by function to provide for effective communication, coordination and response specific to the responsibilities of a local emergency support function (ESF) 8 Health and Medical function.



NTED is proud to work with the following partners highlighted in this issue of the TPP Times:

Rural Domestic Preparedness Consortium

National Nuclear Security Administration's Counterterrorism Operations Support

National Center for Disaster Preparedness at Columbia University offers new web-based economic recovery courses

Recent disasters, such as hurricanes Harvey, Irma and Maria—which struck the U.S. during 2017—and the current COVID-19 pandemic, have underscored the need for more web-based training programs geared for economic recovery.

Columbia University's NCDP has developed a free training program as an effort to initiate new dialogues about how federal, state, local, tribal and territorial partners can collaborate with the private sector. The following courses are now available:

- AWR 357: Principles of Community Economic Recovery (1.5 hours); and
- PER 376: Preparedness Actions to Promote Economic Resilience and Recovery (1.5 hours).

These courses focus on economic impact analysis, business continuity planning and partnerships for resiliency while also providing case studies, interactive exercises, planning tools and resources.

To access these web-based courses for free: Register at ncdpcourses.org

Want the latest? Get weekly news and updates

The Higher Education Program publishes a bi-weekly newsletter covering a wide variety of topics and updates from the Higher Education program. The current issue, as well as an archive of past issues, is available online at the FEMA Emergency Management Education Newsletter Archive.

Did you know?

FEMA shipped thousands of pieces of personal protective equipment across the country. Facemasks, gloves, goggles and gowns were shipped to those front-line health care workers most in need, including to vulnerable nursing homes.

Share Your Success!

Do you have a training or learning success story?
Share it with the *TPP Times* audience!

Tell us about it and we may include it a future issue. Contact us at:
TPPTimes@fema.dhs.gov

COVID-19 Response by the Numbers

All Government Response

On March 13, 2020, President Trump declared a nationwide public health emergency pursuant to Sec. 501(b) of the Stafford Act, eliminating the need for governors to request individual emergency declarations. This is the first national disaster declaration in the history of the United States.

FEMA Coronavirus (COVID-19) response by the numbers

As of December 29, 2020, FEMA obligated more than $56.6 billion in support of COVID-19 efforts. This support included:

- Emergency Food and Shelter: $200 million
- Temporary Medical Facilities including medical personnel, mortuary and ambulance services: over $2 billion
- PPE including medical supplies and pharmaceuticals: $4.2 billion
- National Guard: $3.1 billion
- Public Assistance Emergency Protective Measures (Non-PPE): $3.8 billion
- Commodities: $36 million
- Crisis Counseling: $407 million
- As of September 30, all 50 states, five territories, the Seminole Tribe of Florida and Washington, D.C., were approved for major disaster declarations.

Resource Management

During the COVID pandemic, FEMA helped manage the scarcity of life-saving resources. “Project Airbridge” allowed FEMA to acquire personal protective equipment (PPE) from all over the world, with air transport equating to seven trips to the moon. This involved public/private partnerships with PPE distributors, a supply chain control tower and a dashboard of PPE availability and need.

- As of January 1, 2021, FEMA, HHS and the private sector coordinated delivery of or were currently shipping:
  - ◊ 422 million N95 masks
  - ◊ 1.7 billion surgical and procedural masks
  - ◊ 91 million eye and face shields
  - ◊ 786 million gowns and coveralls
  - ◊ 41 billion gloves
- As of January 4, 2021, the federal government has approximately 151,168 total ventilators available in the Strategic National Stockpile.

Other Federal Agency Coronavirus (COVID-19) response by the numbers

- As of December 31, 2020, President Trump had approved 49 National Guard requests for federal support in a Title 32 duty status.
- As of January 11, 2021, 127 agencies across 30 states, the District of Columbia, three tribes and one U.S. territory have used FEMA’s Integrated Public Alert and Warning System (IPAWS) to send a total of 656 COVID-19 alerts.
- On August 8, 2020, President Trump made available up to $44 billion from FEMA’s Disaster Relief Fund to provide financial assistance to Americans who have lost wages due to the COVID-19 pandemic.

National health and medical Coronavirus (COVID-19) response by the numbers

- As of January 1, 2021, CDC, state, local public health labs and other laboratories have tested more than 248 million samples.
- As of December 28, 2020, the FDA issued 309 individual emergency use authorizations for test kit manufacturers and laboratories, including 63 antibody tests and 11 antigen tests.
- HHS has established a public-private partnership with pharmacy and retail companies to accelerate testing.
- As of January 4, 2021, under the Community-Basted Testing Sites public-private partnership, there are currently 2,789 live sites in all 50 states, Washington, D.C. and Puerto Rico (over 5.6 million samples were processed at public-private partnership testing sites).
- As of January 11, 2021, more than 8 million Coronavirus vaccines have been administered in the U.S.

NIMS/ICS Training News & Notes

On March 13, 2020, President Trump declared a national emergency pursuant to Sec. 501(b) of the Stafford Act so governors would not need to make individual emergency declarations. All 50 states, the District of Columbia and four territories have been approved for major disaster declarations to assist with additional needs identified under the nationwide emergency declaration for COVID-19.

Additionally, 32 tribes are working directly with FEMA under the emergency declaration. So, for the first time in our Nation's history, nearly every federal agency, as well as every state, local, territorial and tribal nation has utilized the National Incident Management System (NIMS) and Incident Command System (ICS) to help them manage their response to this crisis.

Fortunately, since FY 2006, federal funding for state, local and tribal preparedness grants has been tied to compliance with the NIMS. Undoubtedly, this has helped us as a Nation be better prepared to handle this monumental national emergency.

Due to the pandemic, many in-person training sessions at all levels of government have been suspended. However, it is essential to note that FEMA does offer several online NIMS courses that are available to the public at no cost.

ICS and NIMS Courses

- ICS-100: Introduction to the Incident Command System
- ICS-200: ICS for Single Resources and Initial Action Incidents
- IS-700: National Incident Management System, An Introduction
- IS-701: NIMS Multiagency Coordination System (MACS)
- IS-29a: NIMS Public Information Officer Awareness
- IS-703b: NIMS Resource Management
- IS-706: NIMS Intrastate Mutual Aid – An Introduction
- IS-800d: National Response Framework, An Introduction

FEMA has developed virtual training versions of ICS-300: Intermediate ICS for Expanding Incidents and ICS-400: Advanced ICS for Command and General Staff courses. These courses will be offered by individual federal agencies and by state, local, territorial and tribal nation government agencies.

Spring 2021 Calendar of Events

- **April 12-15:** 2021 Preparedness Summit, Atlanta, GA
- **May 17-20:** 2021 National Voluntary Organizations Active in Disasters (VOAD) Conference, St. Louis, MO

NIMS Alerts

NIMS Alerts provide important information on new NIMS guidance, tools and other resources. Since the Summer 2020 issue of The TPP Times, FEMA's National Integration Center (NIC) released the following:

- NIMS Alert 39-20: Basic Guidance for Public Information Officers
- NIMS Alert 38-20: NIMS Fact Sheet for Nonprofit Organizations
- NIMS Alert 36-20: FEMA seeks feedback on two Emergency Operations Center toolkit documents
- NIMS Alert 35-20: FEMA seeks feedback on updated "Comprehensive Preparedness Guide 101"
- NIMS Alert 34-20: FEMA releases draft "Building Private-Public Partnerships Guide" for public comment
- NIMS Alert 33-20: FEMA releases Spanish version of "Planning Considerations: Disaster Housing"
- NIMS Alert 32-20: FEMA to host HSEEP webinars on IPP and IPPW model
- NIMS Alert 31-20: FEMA seeks feedback on National Qualification System Community Emergency Response Team positions
- NIMS Alert 30-20: FEMA releases the Geology Field Reconnaissance and Pipeline Inspector resource typing documents

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NTED Course Updates: New, Revised, Recertified and Retired

New

- PER-388: Radiological Operations Support Specialist (ROSS) – CTOS
- AWR-393-W: COVID-19 Targeted Violence and Terrorism Prevention Awareness – LSU-NCBRT\ACE
- PER-380: Campus Active Shooter Integrated Response – LSU-NCBRT\ACE

Recertified

- PER-345: Radiation Instruments Operations – CTOS
- PER-318: Preventive Radiological/Nuclear Detection (PRND) Team Operations – CTOS
- AWR-304-W: Shopping Center Security Terrorism Awareness Training Program – LSU-NCBRT\ACE
- PER-340: Active Threat Integrated Response Course – LSU-NCBRT\ACE
- AWR-209: Working with the Media: A Course for Rural First Responders – RDPC
- AWR-232: Mass Fatalities Planning & Response for Rural Communities – RDPC
- AWR-328: All-Hazards Preparedness for Animals in Disasters – RDPC
- MGT-416: Continuity of Government Operations Planning for Rural Communities – RDPC
- MGT-449: Community-Based Response to All-Hazards Threats in Tribal Communities – RDPC

Revised or Retired

- None

Section 508 Quarterly

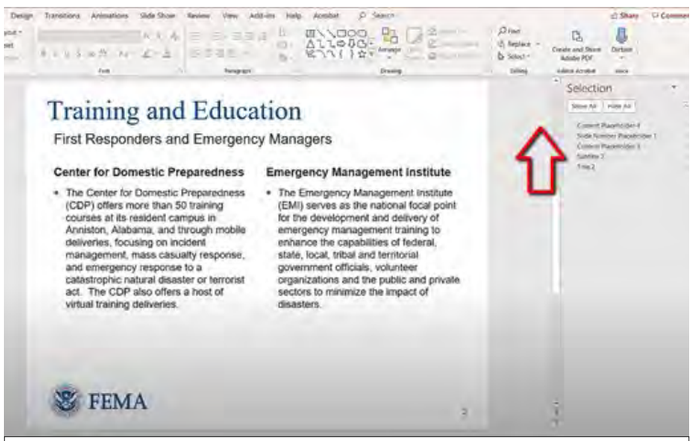
Setting Up PowerPoint: Tips and Tricks

Despite the ubiquity of Microsoft's PowerPoint, it can be hard to find guidance on how to make presentations accessible. There is reliable documentation available from the Accessible Electronic Documents Community of Practice (AED COP), though outside of that there simply aren't the same reliable resources as there are for other electronic document types, such as PDF. In an effort to help make it easier to develop accessible slides for your courses, we've collected some helpful tips and tricks focusing on some of the most common errors we see in testing.

Reading Order and the Selection Pane

Just like websites and other document types, the reading order in a PowerPoint presentation needs to follow a logical pattern. In the simplest of slides, this is from top to bottom and from left to right. However, most slides are more complicated and so may require some adjustments to the reading order.

The reading order of a slide can be determined by looking at the Selection Pane.



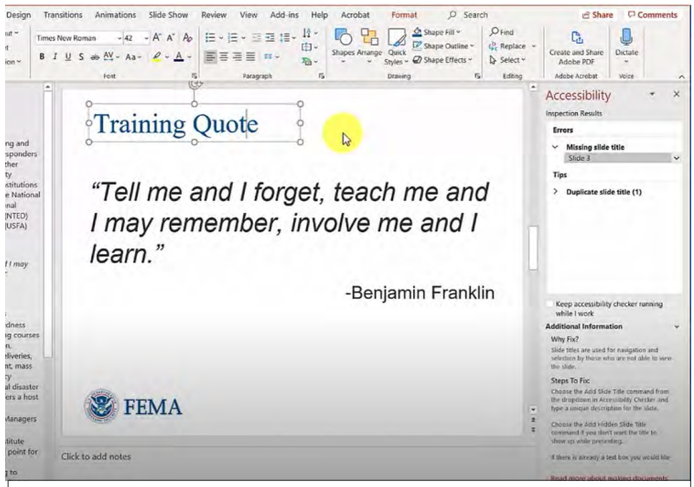
Click the screenshot to watch a video tutorial about setting the reading order.

The Selection Pane is available under the Arrange menu in the Home ribbon. Once open, you'll see each object on the slide listed. If no adjustments have been made, you'll see things listed in the order they were added to the slide. Where things get counterintuitive is that the actual reading order—the order in which PowerPoint feeds content to assistive technology—is from the bottom of the list up. So, the first thing that you want read (the title, for example) should be the last thing on the list (at the bottom), and the last thing read should appear first on the list (at the top). Objects can be moved simply by dragging and dropping them into place.

Slide Titles

One of the most common things we see reporting by PowerPoint's built-in accessibility checker is either duplicate or missing slide titles. Section 508 standards are focused on web and software, with the document standards extrapolated from those. Because of this, standards for some document types (like PowerPoint) are not as well defined. There is no rule governing slide titles. However, we think it's good practice to give every slide a unique title. It's easy, too. Slide templates almost always have a title object as a default, so the text that's added there will automatically be set as a title. If you have more than one slide on the same topic consider numbering them to make each unique (e.g., the ICS Organizational Structure, 1 of 3).

Slides with no titles at all will be flagged by PowerPoint's accessibility checker. From within the checker results, you can either select text to act as the title, add a title, or add a hidden title for each slide flagged.

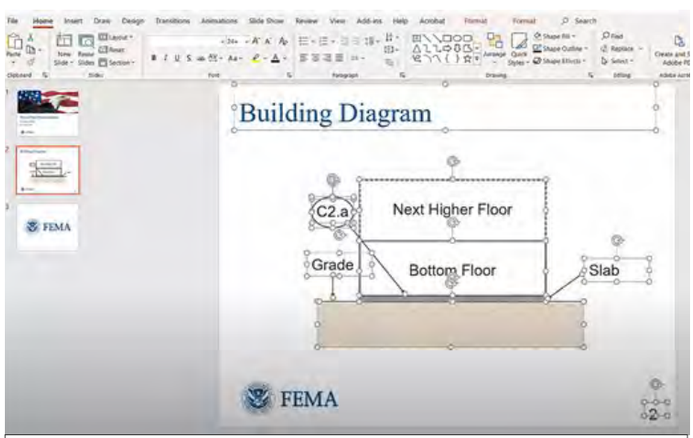


Click the screenshot to watch a video tutorial on how to make slide titles.

Complex Objects and Grouping

The complex subjects of many training courses can require complex graphics and diagrams. Often, we see these built in PowerPoint within the slide. While there is nothing wrong with this approach per se, some of these graphics can be made up of dozens of independent components, each of which will appear as an object in the Selection Pane, and each of which will need to be considered individually when setting the reading order.

One common approach we see is to group objects and assign appropriate alt text to the group. The challenge with this approach, however, is that PowerPoint does not appear to respect the group when it comes to what it gives assistive technology to read. In a PDF, for example, alt text assigned to a parent tag will supersede alt text applied to its child tags. PowerPoint does not appear to work the same way, and instead every item in the group will get exposed to assistive technology. One way around this is to mark component pieces as decorative. This can, however, be time consuming for a



Click the screenshot to watch a video tutorial about setting complex objects.

slide with a lot of pieces.

An approach frequently recommended is to select all of the objects that make up the graphic. This can usually be done with the Select All command, though be sure to deselect the slide title and any other pieces that aren't part of the graphic. Once selected, use Cut to remove them. Now that the slide is clear, select Paste as a Picture from the Paste drop down. The result will be a flat image—one object instead of dozens. The description can then be added as alt text to the image. The Notes field can also be used if longer descriptions are needed. ◆

REMEMBER:

Questions, comments or story ideas
for the *TPP Times*? Email TPPTimes@fema.dhs.gov

www.firstrespondertraining.gov

Disclaimer: Please note that the federal government provides links and informational data on various emergency management and first responder community resources and events and does not endorse any non-federal events, entities, organizations, services or products. Please let us know about other events and services for individual and community preparedness that could be included in future newsletters by contacting TPPTimes@fema.dhs.gov.