



# NATIONAL FIRE PROTECTION ASSOCIATION

The leading information and knowledge resource on fire, electrical and related hazards

## MEMORANDUM

**TO:** Technical Committee on Cross Functional Emergency Preparedness and Response

**FROM:** Jenny Depew, *Project Administrator*

**DATE:** March 6, 2019

**SUBJECT:** NFPA 3000 First Draft FINAL Ballot Results (A2020)

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According to the final ballot results, all ballot items received the necessary affirmative votes to pass ballot.

57 **Members Eligible to Vote**

11 **Members Not Returned** (*Anderson, Baez, Canterbury, Carver, Ciottone, Clumpner, Dean, Delo, Harvey, Villegas, Williams*)

The attached report shows the number of affirmative, negative, and abstaining votes as well as the explanation of the vote for **each** revision.

To pass ballot, **each** revision requires: (1) a simple majority of those eligible to vote and (2) an affirmative vote of  $\frac{2}{3}$  of ballots returned. See Sections 3.3.4.3.(c) and 4.3.10.1 of the *Regulations Governing the Development of NFPA Standards*.



## First Revision No. 2-NFPA 3000-2018 [ Section No. 1.1.1 ]

### 1.1.1

This standard applies to any community, authority having jurisdiction (AHJ), facility, and member of any organization who responds to or prepares for ASHER incidents.

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 10:47:07 EST 2018

## Committee Statement

**Committee Statement:** Section modified and moved to application as it is a statement of application and not document scope.

**Response Message:** FR-2-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### Affirmative All

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 1-NFPA 3000-2018 [ Section No. 1.2 ]

### 1.2 Purpose.

The purpose of this standard is to identify the program elements necessary to ~~organize~~ develop , ~~manage~~ plan, coordinate, evaluate, revise , and sustain an ASHER program.

#### 1.2.1

~~Specific~~ Determining specific policies ~~policies~~ , tactics, and protocols shall be the responsibility of the authority having jurisdiction ( AHJ ) .

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 10:42:13 EST 2018

## Committee Statement

**Committee Statement:** Adds clarity and specificity to statement. Reduces ambiguity of the purpose.

**Response Message:** FR-1-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### Affirmative All

Beebe, Chad E.

Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George

Terry, Lisa

**First Revision No. 3-NFPA 3000-2018 [ Section No. 1.4 ]****1.4\*** Application.

This standard applies to any community, AHJ, facility, or member of any organization that prepares for, responds to, or assists in recovery from active shooter/hostile events (ASHE) -organizations that have a defined responsibility to prepare for, respond to, and recover from ASHER incidents .

**1.4.1\***

All ~~portions~~ Portions of this standard might not apply be applicable to every jurisdiction or entity applying the standard.

**A.1.4.1**

Application of this standard cannot occur in an environment of isolation. ASHER incidents are generally not simple, geographically constrained, or effectively manageable without prior planning. Partnership and integration across vast majorities of communities, organizations, and disciplines is vital to managing ASHE incidents.

**1.4.2\***

This standard does not apply to the prevention of an ASHE incident .

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 10:53:30 EST 2018

**Committee Statement**

**Committee Statement:** Application was modified to be more specific and further reinforce that different chapters apply to different entities within the scope and breath of a community or organization. This should increase understanding of the term "AHJ" and encourage integration and partnership.

**Response Message:** FR-3-NFPA 3000-2018

**Ballot Results**

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
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Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie



Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa



## First Revision No. 4-NFPA 3000-2018 [ Section No. 2.2 ]

### 2.2 NFPA Publications.

National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

NFPA 101<sup>®</sup>, *Life Safety Code*, 2018 2021 edition.

NFPA 472, *Standard for Competencies of Responders to Hazardous Materials/Weapons of Mass Distraction Incidents*, 2018 edition.

NFPA 473, *Standard for Competencies of EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents*, 2018 edition.

NFPA 1061, *Standard for Public Safety Telecommunications Personnel Professional Qualifications*, 2018 edition.

NFPA 1221, *Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems*, 2016 2019 edition.

NFPA 1500<sup>™</sup>, *Standard on Fire Department Occupational Safety, Health, and Wellness Program*, 2018 edition.

NFPA 1561, *Standard on Emergency Services Incident Management System and Command Safety*, 2014 2020 edition.

NFPA 1710, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*, 2016 2020 edition.

NFPA 1720, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments*, 2014 2020 edition.

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 11:02:47 EST 2018

## Committee Statement

**Committee Statement:** NFPA 1500 added because it is referenced in Chapter 13 and NFPA 72 in chapter 5.

**Response Message:** FR-4-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
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Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
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Gestring, Mark  
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Kamin, Richard  
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Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.

Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

We should add references to JCTAWS, Hartford Consensus Document and DOD work



## First Revision No. 44-NFPA 3000-2018 [ Chapter 3 ]

### Chapter 3 Definitions

#### 3.1 General.

The definitions contained in this chapter apply to the terms used in this standard. Where terms are not defined in this chapter or within another chapter, they should be defined using their ordinarily accepted meanings within the context in which they are used. *Merriam-Webster's Collegiate Dictionary*, 11th edition, should be used as the source for the ordinarily accepted meaning.

#### 3.2 NFPA Official Definitions.

##### 3.2.1\* Approved.

Acceptable to the authority having jurisdiction.

##### 3.2.2\* Authority Having Jurisdiction (AHJ).

An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure.

##### 3.2.3\* Listed.

Equipment, materials, or services included in a list published by an organization that is acceptable to the authority having jurisdiction and concerned with evaluation of products or services, that maintains periodic inspection of production of listed equipment or materials or periodic evaluation of services, and whose listing states that either the equipment, material, or service meets appropriate designated standards or has been tested and found suitable for a specified purpose.

##### 3.2.4 Recommended Practice.

~~A document that is similar in content and structure to a code or standard but that contains only nonmandatory provisions using the word "should" to indicate recommendations in the body of the text.~~

##### 3.2.4 Shall.

Indicates a mandatory requirement.

##### 3.2.5 Should.

Indicates a recommendation or that which is advised but not required.

##### 3.2.6 Standard.

An NFPA Standard, the main text of which contains only mandatory provisions using the word "shall" to indicate requirements and that is in a form generally suitable for mandatory reference by another standard or code or for adoption into law. Non-mandatory provisions are not to be considered a part of the requirements of a standard and shall be located in an appendix, annex, footnote, informational note, or other means as permitted in the NFPA Manuals of Style. When used in a generic sense, such as in the phrase "standards development process" or "standards development activities," the term "standards" includes all NFPA Standards, including Codes, Standards, Recommended Practices, and Guides.

#### 3.3 General Definitions.

##### 3.3.1 Access and Functional Needs (AFN).

Persons requiring special accommodations because of health, social, economic, or language challenges. [1600, 2016]

##### 3.3.2\* Active Assailant(s) (AA).

One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with by means other than the use of firearms.

##### 3.3.3 Active Shooter(s) (AS).

One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with by the use of firearm(s).

### 3.3.4 Active/ Shooter Hostile Event Response (ASHER).

An incident where involving one or more individuals who are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.

### 3.3.5 Active Shooter/Hostile Events Response (ASHER) Program.

A community-based approach to preparedness, mitigation, response, and recovery from an ASHER incident, including public and private partnerships, emergency management, the medical community, emergency responders, and the public.

### 3.3.6\* After Action Report (AAR).

A comprehensive document to be completed following a review of a planned or spontaneous operation to include the actions taken (or failures to act and omissions) by personnel and involved individuals, mission results, and any pertinent and relevant information related to same operation, including lessons learned and any identified training recommendations identified.

### 3.3.7\* Ambulance Exchange Point (Loading Zone).

A geographical location One or more geographic locations where transport vehicles are available to transport load casualties. This point is also known as a loading zone.

#### A.3.3.7 Ambulance Exchange Point (Loading Zone).

This point can be located in the warm zone.

### 3.3.8\* Associated Offsite Off-Site Operations.

Areas of operations that are directly related to the management of the incident but are not in general geographic areas of the hot, warm, and cold zones.

### 3.3.9\* Ballistic Protective Equipment (BPE).

An item of personal protective equipment (PPE) intended to protect the wearer from threats that could include ballistic threats, stabbing, fragmentation, or blunt force trauma.

### 3.3.10\* Building Sides.

A method of identifying locations in and around a building or structure consistent with the National Incident Management System (NIMS).

#### A.3.3.10 Building Sides.

Further detail is available in the 2016 edition of NFPA 1561.

#### 3.3.10.1 Side A (Alpha).

Side A, also known as Side Alpha, is normally the front or main entrance/access to the building and usually the side bearing the building address. For buildings with an unusual side A, side A will be identified by the incident commander.

#### 3.3.10.2 Side B (Bravo).

Side B, also known as Side Bravo, is the first adjacent side of the building or structure clockwise from Side A.

#### 3.3.10.3 Side C (Charlie).

Side C, also known as Side Charlie, is the second adjacent side of the building or structure clockwise from Side A B. Generally, this is the back of the building or structure.

#### 3.3.10.4 Side D (Delta).

Side D, also known as Side Delta, is the third adjacent side of the building or structure clockwise from Side A C. Generally, this is to the right of Side A.

### 3.3.11 Casualty.

A person who is injured or killed at the incident, including as a result of responding to the incident.

**3.3.12\*** Casualty Collection Point (CCP).

A temporary location used for the gathering, triage (sorting), medical stabilization, and subsequent evacuation of nearby casualties. ~~Where vehicular access might be limited and is usually occurring in the warm zone.~~

**3.3.13** Clear.

~~A term used to describe the status of an environment determined by law enforcement where a primary sweep has been conducted to have no active threat based on an initial assessment and might or might not be controlled by law enforcement and no obvious threats have been found. Law enforcement might or might not maintain a physical presence in a cleared area. Victims might or might not be in a cleared area .~~

**3.3.14** Communications Center.

A building or portion of a building that is specifically configured for the primary purpose of providing emergency communications services or public safety answering point (PSAP) services to one or more public safety agencies under the authority or authorities having jurisdiction. [1221,2016 2019 ]

**3.3.15** Community Resiliency Center (CRC).

A physical or virtual place of healing and support dedicated to serving as a resource and referral center for residents, visitors, and responders affected by an ASHER incident. A CRC will also continue to provide ongoing services and assistance to victims, family members, first responders, and community members.

**3.3.16** Competence.

Possessing knowledge, skills, and judgment needed to perform indicated objectives.

**3.3.17\*** Complex Coordinated Attack.

~~Multiple assailants simultaneously or in close succession attacking multiple locations, typically occurring or an attack that occurs in a single jurisdictional location by multiple methods .~~

**A.3.3.17** Complex Coordinated Attack.

~~Frequently this is done using multiple asymmetric attack modes, such as firearms, explosives, fire and smoke as weapon and/or vehicle assaults. It will also often involve coordinated and concurrent attacks on multiple locations, which will usually require multiple attackers. An attack involving multiple incidents that inundate resources, exceed conventional tactics and strategies, and often require a joint response involving members from multiple disciplines and jurisdictions .~~

**3.3.18** Concealment.

~~The protection Hidden from observation. Anything that prevents direct observation from the threat that might or might not provide protection from the threat .~~

**3.3.19** Consensus Standard.

A standard that has been adopted and promulgated by a nationally recognized and accredited standards-producing organization under procedures whereby it can be determined that persons interested and affected by the scope or provisions of the standard have reached substantial agreement on its adoption, it was formulated in a manner that afforded an opportunity for diverse views to be considered, and it has been designated as such.

**3.3.20** Contact Team/Law Enforcement Entry Team.

A team of law enforcement officers tasked with locating the suspect(s) and ~~neutralizing~~ stopping the threat.

**3.3.21** Containment.

A law enforcement term that ~~designates~~ connotes the establishment of a perimeter ~~position of target location(s)~~ to control and isolate ~~suspect movements~~ movement .

**3.3.22\*** Control Zones.

The areas at ASHER incidents within an established perimeter that are designated based upon safety and the degree of hazard.

**3.3.23** Coordination.

The process of bringing individuals, stakeholders, and resources from different organizations together to work integrally and harmoniously in a common action or effort.

**3.3.24** Cover.

The protection from firearms or other ~~hostile weapons~~ threats .

**3.3.25** Emergency Operations Center (EOC).

The physical or virtual location at which ~~where~~ the coordination of information and resources to support incident management (on-scene operations) activities normally takes place.

**3.3.26** ~~Evacuation Corridor.~~

~~A pathway secured by law enforcement for the purpose of accessing and removing victims.~~

**3.3.26** Evaluate.

The process of assessing or judging the effectiveness or need of an action or course of action within the training and capabilities of the emergency responder.

**3.3.27** Extraction Team/Litter Bearers.

Personnel used to move the injured/uninjured to an area of safety.

**3.3.28** Family Assistance Center.

A physical and/or virtual center where victims and family members can seek referrals to FEMA and local services for mental health counseling, health care, and child care; legal, travel, creditor, employee, and financial planning assistance; and information on insurance benefits, IRS and tax policies, and social security and disability, ~~and so forth~~ established after the immediate recovery operations have taken place .

**3.3.29** Fusion Center.

A focal point within the state, region, and/or major urban area for the receipt, analysis, gathering, and sharing of threat-related information between the federal government and state, local, tribal, territorial, and private sector partners.

**3.3.30\*** Hazardous Device.

~~A device placed or fabricated in an improvised or modified manner~~ An object or tool incorporating destructive, lethal, noxious, energetic, or incendiary materials and designed to destroy, incapacitate, harass, or distract.

**3.3.31** Health Care Receiving Facilities.

Locations that are in their normal course of business expected to receive 911 ambulance and emergency patients.

**3.3.32\*** Hospital.

A building or portion thereof used on a 24-hour basis for the medical, psychiatric, obstetrical, or surgical care of four or more inpatients. [101, 2018]

**3.3.33** Incident Command Post.

A stationary work location used by the incident commander or a unified command for the purpose of command and control.

**3.3.34** Incident Command System (ICS).

A specific component of an incident management system (IMS) designed to enable effective and efficient on-scene incident management by integrating organizational functions, tactical operations, incident planning, incident logistics, and administrative tasks within a common organizational structure.

**3.3.35** Incident Commander (IC).

The individual, regardless of rank, responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources.

**3.3.36** Incident Management System (IMS).

A process that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency operations to include the Incident Command System (ICS), Unified Command, multi-agency coordination system, training, and management of resources.

**3.3.37** Individual First Aid Kit (IFAK).

A first responder's personal first aid kit.

**3.3.38** Joint Information Center (JIC).

A location used to coordinate critical emergency information, crisis communications, and public affairs functions.



**3.3.39** Law Enforcement/Armed Security Rescue.

A warm or hot zone response modality in which law enforcement officers and/or armed security if allowed by the AHJ form teams for the purpose of triage, providing life-threatening treatment, and/or extraction of victims.

**3.3.40** Logistics.

Detailed coordination of a complex operation involving many people, facilities, or supplies.

**3.3.41\*** Mutual Aid.

When agencies and/or jurisdictions assist one another on request by furnishing personnel, equipment, and/or expertise in a specified manner.

**A.3.3.41** Mutual Aid.

Formally executed mutual aid agreements can assist with cost recovery.

**3.3.42** National Incident Management System (NIMS).

A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location, or complexity; improve coordination and cooperation between public and private entities in a variety of incident management activities; and provide a common standard for overall incident management.

**3.3.43** Notification and Reunification Center.

A secure facility in a centralized location that provides information about missing or unaccounted-for persons and the deceased and that helps reunite victims with their loved ones. Notification/reunification centers also help displaced disaster survivors, including children, to re-establish contact with their family and friends after a period of separation.

**3.3.44** Patient.

A person who requires medical attention, including mental health services .

**3.3.45** Personal Protective Equipment (PPE).

Equipment worn to minimize exposure to hazards that cause serious injuries and illnesses.

**3.3.46** Plan.

Typically any diagram or list of steps with details of timing and resources, used to achieve an objective to do something. It is commonly understood as a temporal set of intended actions through to achieve a goal.

**3.3.46.1** Emergency Action Plan (EAP).

A document to facilitate and organize employer and employee actions during workplace emergencies.

**3.3.46.2** Emergency Operations Plan (EOP).

A document that assigns responsibility to organizations and individuals, sets forth lines of authority and organizational relationships, describes how people and property are protected, identifies personnel, equipment, facilities, supplies, and other resources, and reconciles requirements with other jurisdictions. An EOP includes prevention, preparedness, response, mitigation, and recovery functions.

**3.3.46.3** Incident Action Plan (IAP).

A verbal plan, written plan, or combination of both that is updated throughout the incident and reflects the overall incident strategy, tactics, risk management, and member safety requirements approved by the incident commander. [1600, 2016]

**3.3.47** ~~Electronic~~ Premises Security System<sub>7</sub> .

A system or portion of a combination system that consists of components and circuits arranged to monitor or control activity at or access to a protected premises. [731, 2017]

**3.3.48** Protected Corridor Operations.

A warm zone response concept in which law enforcement forms a secure path through which fire and EMS responders can care for and extract victims. is provided. Also known as a warm corridor

**3.3.49** Protected Island Operations.

A warm zone response concept in which law enforcement forms a secure perimeter around fire and EMS responders is provided .

**3.3.50** Recovery.

Continuity of services and support to restore the equilibrium and meet the needs of the whole community, affected businesses, and/or directly or proximately harmed persons, often victims, who have been physically, psychologically, or otherwise affected in the short- or long-term following the incident.

**3.3.51** Recovery Coordinator.

A person designated for incorporating recovery and mitigation considerations into the early decision-making processes. The recovery coordinator monitors the impacts and results of such decisions and evaluates the need for additional assistance and adjustments where necessary and feasible throughout the recovery.

**3.3.52\*** Rescue Task Force (RTF).

A combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF could provide the following tasks: threat-based care, triage, and extracting victims to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

**3.3.53** Risk Assessment.

The process of hazard identification and the analysis of probabilities, vulnerabilities, and impacts identifying threats and hazards to life, property, operations, the environment, and entities, and the analysis of probabilities, vulnerabilities, and impacts . [1600, 2016]

**3.3.54** Scenario.

A sequence or synopsis of actual or imagined events used in the field or classroom to provide information necessary to meet student competencies; can be based upon threat assessment.

**3.3.55\*** Secured.

A law enforcement term for a geographic location where law enforcement has found no obvious threat and maintains a constant presence. This is an area where a secondary clear has not yet occurred. A location that is determined to have no continuing threat and is controlled by law enforcement .

**3.3.56** Specialized Teams.

A law enforcement unit or team responsible for specialized tactics at high-risk incidents; also known as law enforcement special response team (SRT) or special weapons and tactics (SWAT).

**3.3.57** Threat-Based Care.

Medical care provided as determined by the conditions that are hazard or risk present.

**3.3.58** Treatment Area.

Location for the treatment of victims after extraction and sorting, prior to loading for transport to definitive care.

**3.3.59** Triage.

To sift and sort; can occur in multiple phases and is a constant and re-occurring.

**3.3.60** Unified Command.

An authority structure in which the role of incident commander is shared by individuals from all responding organizations responsible for the incident, operating together to develop a single incident action plan. During an ASHER incident, Unified unified Command command generally consists of law enforcement, fire, and EMS representatives at , and, if applicable, a minimum location representative .

**3.3.61\*** Unified Command Post.

The field location at which the primary tactical level, on-scene unified incident command functions are performed.

**3.3.62\*** Victim.

A person who is directly or proximately harmed in the incident/crime and is used by law enforcement for as the purpose result of the classification of crimes a criminal offense .

**A.3.3.62** Victim.

This is a broader term than *casualty* is because it extends beyond just those that are injured or killed. This can also include first responders. Some communities or organizations could choose to use the term *survivor*.

**3.3.63\*** Victim Advocate.

Professionals trained to support victims of crime.

**3.3.64\*** Victim Navigator.

Serves as the point of contact for individuals and families impacted by mass violence or terrorism incidents. Can also be referred to as a *victim liaison*.

**3.3.65** Witness.

A person who has information or evidence regarding an event or incident.

**3.3.66** Witness Interview/Debrief Area.

A location where individuals with knowledge of or involvement in the incident assemble.

**3.3.67\*** Zones.

Dynamic locations during an incident.

**A.3.3.67** Zones.

These zones are subject to change based on the incident evolution.

**3.3.67.1\*** Hot Zone.

An area where there is a known hazard or direct and immediate life threat.

**3.3.67.2\*** Warm Zone.

An area where there is the potential for a hazard or an indirect threat to life.

**3.3.67.3\*** Cold Zone.

Areas where there is little or no threat due to geographic distance from the threat or the area has been secured by law enforcement.

**A.3.3.67.3** Cold Zone.

Some items that should be located in the cold zone are triage, treatment and transport, patient loading, Unified unified Command command post, and staging.

**Supplemental Information**

File Name	Description	Approved
3000-2018_Chapter_Clean_for_upload.docx	Uploaded clean as per Sonia. For staff use.	

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Sun Dec 09 22:03:07 EST 2018

**Committee Statement**

**Committee Statement:** Substantial revision and additions made. The TC added definitions based on revisions in the document and in order to provide more uniform terminology for users of the standard.

**Response Message:** FR-44-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### Affirmative All

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

Cross, Gregory S.

Delaney, John

Destefano, James

Downey, Dave

Downey, Julie

Drozd, Otto

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Frye, Laura

Gestring, Mark

Hall, David A.

Heaton, Chris

Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeian  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 5-NFPA 3000-2018 [ Chapter 4 ]

### **Chapter 4** ASHER Program Development Process

#### **4.1** Administration.

##### **4.1.1** Scope.

This chapter outlines the ~~process to develop~~ necessary components of an ASHER program administration .

##### **4.1.2** Purpose.

This chapter provides organizations including AHJs and stakeholders with a framework for developing an ASHER program.

#### 4.2 ASHER Program Organizational Statement.

The organization and/or jurisdiction shall maintain a documented policy that establishes the following:

- (1) Existence of the ASHER program
- (2) Services that the ASHER program will provide
- (3) List of ASHER program stakeholders
- (4) Functions that ASHER program stakeholders are expected to perform
- (5) Risk assessment in accordance with Chapter 5
- (6) Planning and coordination in accordance with Chapter 6
- (7) Resource management in accordance with Chapter 7
- (8) Unified command policies in accordance with Chapter 8
- (9) Facility preparedness in accordance with Chapter 9
- (10) Financial management in accordance with Chapter 10
- (11) Pre-, during, and post- event communications procedures in accordance with Chapter 11 and 17
- (12) First responder and public training programs in accordance with Chapters 12, 13, and 15
- (13) Use of personal protective equipment (PPE) in accordance with Chapter 14
- (14) Public education in accordance with Chapter 16
- (15) Public Information, communications, and media relations in accordance with Chapters 17 and 20
- (16) Continuity of operation in accordance with Chapter 18
- (17) Hospital preparedness and response in accordance with Chapter 19
- (18) Family notification/reunification and family assistance procedures Recovery operations, including whole of community, business continuity, and victim services in accordance with Chapter 20
- (19) After action report (AAR)

#### A.4.2(19)

The AAR should include the following, at a minimum:

- (a) Post-incident debriefing
- (b) Interviews
- (c) Evidentiary collection
- (d) Demobilization
- (e) Victim and survivor assistance
- (f) Family notification and reunification
- (g) Mortuary services
- (h) Post-incident recovery and rehab
- (i) Social media review
- (j) Incident documentation and reporting
- (k) Injury/exposure reporting
- (l) Peer support debriefing as well as long-term behavioral and mental health interventions
- (m) Continuity of operations
- (n) Return to normal business

#### Submitter Information Verification

**Committee:** ACT-AAA

**Submission Date:** Wed Dec 05 11:07:18 EST 2018

## Committee Statement

**Committee Statement:** Missing sections added and after action report added to be comprehensive in outline section.  
**Response Message:** FR-5-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
46 Affirmative All  
0 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

### Not Returned

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

### Affirmative All

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack



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Gestring, Mark  
Hall, David A.  
Heaton, Chris  
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Kue, Ricky C.  
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Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeian  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 6-NFPA 3000-2018 [ Section No. 5.1 ]

### 5.1 Administration.

#### 5.1.1\* Scope.

##### 5.1.1.1

This chapter applies to those responsible for organizing, managing, and sustaining an ASHER ~~prevention~~, preparedness, mitigation, response, and recovery program.

##### 5.1.1.2

The chapter provides requirements for assessing ~~a community's~~ community and ~~a facility's~~ facility risks associated with an ASHER ASHE incident.

#### 5.1.2 Purpose.

This chapter provides the requirements for conducting a community's and a facility's risk assessment, including hazard identification, vulnerability assessment, consequence identification, and risk analysis.

##### 5.1.2.1

~~A community risk~~ Risk assessment characterizes the likelihood of and the impact associated with an ASHER ASHE incident ~~on the community~~.

##### 5.1.2.2

~~Community risk~~ Risk assessment influences all phases of an ASHER ~~preparedness~~ program: ~~prevention~~, preparedness, mitigation, response, and recovery.

##### 5.1.2.3

~~Community risk assessment methods can vary but shall involve the characterization of risk within the organization/jurisdiction.~~

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 12:49:32 EST 2018

## Committee Statement

**Committee Statement:** Section modified for clarity and because the term prevention is outside the scope of the standard.

**Response Message:** FR-6-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
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Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard

Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 7-NFPA 3000-2018 [ Section No. 5.2 ]

### 5.2 Identifying Threats At-Risk Locations .

#### 5.2.1\*

~~Threat identification shall include all identified locations where ASHER~~ At-risk locations shall include places where ASHE incidents are capable of causing death, physical injury, psychological harm, property or environmental damage, and environmental impact, or system disruptions.

#### A.5.2.1

Identifying threats at-risk locations , which is the first step in the risk assessment process , is a process of includes but is not limited to collecting information regarding the locations and types of targets within the organization/jurisdiction.

#### 5.2.2\*

~~At-risk locations that are considered targets, have large numbers of people, are of national significance, are of public significance, or have been the target of threats as gathered by intelligence groups shall be identified~~ Any location shall be considered to be at risk for an ASHE incident . However, conducting a risk assessment shall help determine the level of risk for each specific location.

#### A.5.2.2

~~Examples~~ Specific examples of at-risk locations include, but are not limited to, sporting events, concert venues, community festivals, public gatherings, religious facilities, protests/demonstrations, educational facilities, schools, and military installations.

#### 5.2.2.1

Specific consideration of at-risk locations or events shall include but shall not be limited to the following:

- (1) Public gatherings
- (2) Places and events of national or local significance
- (3) The target of credible threats

#### 5.2.2.2

Consideration of surrounding the conditions and circumstances adjacent to in proximity of the potential incident site shall include the following:

- (1) Population demographics, including vulnerable groups and neighborhood residents communities or neighborhoods
- (2)\* Private and public property, including critical facilities, critical infrastructures, and transportation facilities and corridors
- (3)\* Any positions that would provide a tactical advantage
- (4) Environmental features or conditions

## Submitter Information Verification

**Committee:** ACT-AAA

**Submission Date:** Wed Dec 05 13:02:22 EST 2018

## Committee Statement

**Committee Statement:** Modified for clarity and to narrow scope of sites that require specific risk assessment.

**Response Message:** FR-7-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
44 Affirmative All  
2 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

### Not Returned

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

### Affirmative All

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris

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Kingsbury, Jonathon  
Kue, Ricky C.  
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Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeon  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Cooper, Craig

Consider adding a risk assessment grading matrix for venues and special events; may be more suitable for section 5.4.

Serino, Richard

5.2.2.1 we should ADD specific locations such as office buildings, malls, schools, night clubs, sports venues etc. if not added these groups will NOT see themselves as part of this



## First Revision No. 8-NFPA 3000-2018 [ Section No. 5.3 ]

### 5.3\* Analyzing the Consequences of an Attack.

The consequences of an attack shall be analyzed at each identified location within the organization/jurisdiction to include potential impact to human life-loss , property loss, economic impact, and system disruptions.

#### 5.3.1

Estimated Reviews of estimated outcomes shall include the following:

- (1) ~~Likely dimensions~~ Dimensions of the affected area, based on the type and scope of attack
- (2) Likely number and types of ~~injuries impacts~~ within the affected area, including ~~people fatalities and injured individuals~~ , environment, property, and systems, based on the type and scope of attack
- (3) Likely physical, health, and safety hazards within the ~~endangered-area~~ impacted and surrounding areas

~~Likely areas of harm within the endangered area~~

- (4) Likely outcomes within the ~~endangered-~~ area based on exposures within the areas of harm impact

#### 5.3.2 Cascading and Complex Coordinated Incidents.

##### 5.3.2.1

~~It shall be recognized that cascading~~ Cascading incidents and complex coordinated ~~terrorist~~ attacks can shall compound the stresses placed on the response system as a whole and must be considered when assessing risk .

##### 5.3.2.2

When evaluating cascading incident potential, each location shall be viewed as an individual incident within the context of a larger event.

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 13:19:53 EST 2018

## Committee Statement

**Committee Statement:** edited for clarity and to reduce confusion by being more specific.

**Response Message:** FR-8-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina



Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
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Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
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Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard

Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 9-NFPA 3000-2018 [ Section No. 5.4 ]

### **5.4\*** Hazard/Risk Assessment (Probability/Consequence).

#### **5.4.1\*** Community Risk Assessment.

Community risk assessment shall be conducted to determine the probability of an incident and the consequences of such an attack.

##### **5.4.1.1\***

Consequences shall be defined as the results of the combination of the risks assessed of the hazard, the duration and nature of the event, property loss, personal injury or loss of life, psychological trauma, economic losses, interruption of business and related operations, and damage to the environment.

##### **5.4.1.2**

These consequences shall be grouped into the following four categories:

- (1) Human impacts (civilian and responder injuries, ~~and~~ deaths, or psychological trauma )
- (2) Economic impacts (property loss, both direct and indirect effects)
- (3) ~~Psychological~~ Community impact (public confidence)
- (4) Functional impact (continuity of operations)

#### **5.4.2\*** Facility Risk Assessment.

For each identified at-risk location, the following information shall be considered in the risk assessment and made available to the AHJ to be considered in the community risk assessment:

- (1) Occupant/attendee preparedness measures. Special consideration shall include the following:
  - (a) Age groups
  - (b) Access and functional needs
  - (c) Language barriers
- (2) Building owner or owner representative
- (3) Name or other identification of area/facility
- (4) Number of occupants/attendees and maximum capacity  
Age groups of occupants/attendees
- (5)\* Security capabilities of venue (cameras, security, detection )

**A.5.4.2(5)**

Examples of security capabilities of the venue include, but are not limited to, cameras, security, security guards, threat detection systems, and electronic premises security systems.

- (6) Ingress
- (7) Egress
- (8) Area accessibility
- (9) Access control
- (10) Facility/area use
- (11) ~~Alarm systems~~ Fire alarm systems and mass notification systems consistent with *NFPA 72*
- (12) Existence of fire protection systems
- (13) Building construction type
- (14) Availability of building map and/or site plan
- (15) ~~Known~~ Threat-related intelligence
- (16) Distance to and capabilities of medical facilities
- (17) Nearby structures
- (18) Seasonal weather conditions
- (19) Emergency responder accessibility

**A.5.4.2(19)**

Examples of emergency responder accessibility include, but are not limited to, key lock box location, access to a gated community, access to a secure compound, and access to keys, key cards, or credentials .

- (20) Onsite medical or trauma equipment
- (21) Other relevant information-as deemed pertinent

**A.5.4.2**

In locations consisting of multiple structures with similar configurations, uses, and capacities, a consolidated assessment can be conducted.

Examples of occupant/attendee preparedness measures include, but are not limited to, bleeding control kits, bleeding control training, “run, hide, fight,” /avoid, deny, defend,” and an emergency action plan. More information can be found at [www.dhs.gov/stopthebleed](http://www.dhs.gov/stopthebleed), [www.bleedingcontrol.org](http://www.bleedingcontrol.org), and [www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf](http://www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf).

Facilities identified as needing an individual facility risk assessment should follow a prescribed risk assessment methodology such as, but not limited to, the following:

- (1) NFPA 99
- (2) Chapter 5 of NFPA 730, which includes guidelines for conducting a facility security vulnerability assessment (SVA), recommends qualifications of the SVA provider, discusses development of a security plan, and addresses planning for acts of intimidation and violence
- (3) *NFPA 1600*
- (4) ISO/ IEC 31010:2009
- (5) CFAI Risk Assessment Manual
- (6) ASIS Standard for Risk Assessments
- (7) PASS, Guidelines — Risk and Risk Exposure
- (8) FEMA CPG 201

**5.4.3** Prioritizing Community Vulnerability.**5.4.3.1**

Factors used to prioritize the need for individual facility risk assessment shall include, but are not limited to, the following:

- (1) High occupancy
- (2) Easy access
- (3) Public profile
- (4) Known target or previous threats (known political and religious affiliation)
- (5) Potential for significant public impact

**5.4.3.2**

Once risk assessment is complete, target hazards shall be ranked based on probability and consequence.

**5.4.4\*** Geographic-Based Analysis.

A geographic information system (GIS) provides layers of information that shall be used to map locations and assess potential impact, which allows planners to identify the relationships between the hazards, predict outcomes, visualize scenarios, and plan strategies.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Wed Dec 05 13:28:11 EST 2018

**Committee Statement**

**Committee Statement:** Chapter edited for clarity, to provide more examples, and to include psychological impact considerations.

**Response Message:** FR-9-NFPA 3000-2018

**Ballot Results**

**✔ This item has passed ballot**

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

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Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

5.4.1.2 Economic is not just property loss. we need to add more examples of some of the huge losses that occur other than property. Need to flush out and add more. 5.4.2 If we add Fire Alarm System we should add Shooter detection Systems, after all they exist and we should list them.



## First Revision No. 10-NFPA 3000-2018 [ Section No. 6.1 ]

### 6.1 Administration.

#### 6.1.1 Scope.

This chapter establishes the planning process for those jurisdictions or organizations responsible for developing, managing, and sustaining an ASHER program.

##### 6.1.1.1

Plans shall be flexible and adjusted to address emerging and evolving risks, threats, and changes in operational or organizational conditions.

#### 6.1.2 Purpose.

This chapter addresses emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) for the safe, effective response to ASHER ASHE incidents.

## Submitter Information Verification

**Committee:** ACT-AAA

**Submission Date:** Wed Dec 05 13:50:06 EST 2018

## Committee Statement

**Committee Statement:** Clarification added so that is clear that a community, group, or single entity can create a program based on local and legal structure.

**Response Message:** FR-10-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee



Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

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Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 11-NFPA 3000-2018 [ Section No. 6.2 ]

### 6.2\* Plan Development.

The AHJ shall establish an ASHER program- plan organized in a logical framework based on its resource capabilities and current risk assessment as referenced in Chapter 5.

#### A.6.2

Plans are not a scripting process to dictate specific actions but rather to scope the multi-agency coordination theme of the plan. The plan can be, but doesn't have to be, a component of a comprehensive all-hazards plan. Plans should identify goals, functions, and desired outcomes.

### 6.2.1\*

Multi-agency and multidiscipline relationships shall be established for the development of plans, risk assessments, mutual aid agreements, and memorandums of understanding (MOU).

### 6.2.2

As part of an ASHER program, jurisdictions or organizations shall conduct a resource analysis.

#### 6.2.2.1

This analysis shall include the following, at a minimum:

- (1) Review of minimum standards for emergency responder competencies
- (2) Current resource capabilities
- (3) Mutual-aid and other agreements that are already in place
- (4) Gaps between minimum standards and current capabilities
- (5) Capabilities required to address needs identified in gap assessment

### 6.2.3

The AHJ shall utilize a formal management systems process to ensure that plans are developed, maintained, updated, tested, and activated, along including the following, four-step process at a minimum :

- (1) A needs or gap assessment
- (2) Plan development
- (3) Implementation
- (4) Evaluation

### 6.2.4\*

The AHJ's planning team shall perform a needs or gap assessment of resources necessary to meet the mission identified in the plan.

#### A.6.2.4

The planning team is the group authorized by the program to develop the plan.

### 6.2.5

~~Plans shall be based on the results of a risk assessment and an analysis of ASHER program capabilities in relation to the risk.~~

**6.2.5.1**

This analysis shall include the following at a minimum:

- ~~Review of minimum standards for emergency responder competencies~~
- ~~Current capabilities, including other plans and mutual aid of the AHJ~~
- ~~Agreements already in place between agencies~~
- ~~Gaps between minimal standards and current capabilities~~
- ~~Capabilities required to bridge the gaps~~

**6.2.5\***

Plans shall address coordination ~~between among~~ agencies, including the following, at a minimum :

- (1) Resource management
- (2) Staffing requirements
- (3) Cross-training
- (4) Health and medical issues
- (5) Financial responsibilities and management
- (6) Recovery and restoration

**6.2.6**

Plans shall provide a starting point for multi-agency multidisciplinary operations ~~and be flexible so that they can be adjusted as circumstances and environments change~~ .

**6.2.8**

~~Plans shall be organized in a logical framework of functions and topics.~~

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 05 13:52:19 EST 2018

**Committee Statement**

**Committee Statement:** Section shortened for clarity.

**Response Message:** FR-11-NFPA 3000-2018

**Ballot Results**

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

Cross, Gregory S.

Delaney, John

Destefano, James

Downey, Dave

Downey, Julie

Drozd, Otto

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Frye, Laura

Gestring, Mark

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Heaton, Chris

Jones, Dennis T.

Kamin, Richard

Kienzle, Michael P.

Kingsbury, Jonathon

Kue, Ricky C.

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Pianka, Jamie

Quirarte, James Scott

Sarnacki, Jeff

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa

**Affirmative with Comment**

Serino, Richard

6.2.5 & 6.2.51. why were they dropped... they should be reinstated



## First Revision No. 12-NFPA 3000-2018 [ Sections 6.3, 6.4, 6.5, 6.6 ]

### 6.3\* EOPs.

Local jurisdictions shall have an emergency operations plan with guidance for ~~prevention,~~ preparedness, mitigation, response, and recovery.

#### A.6.3

Plans should mirror the National Response Framework (NRF) and use emergency support functions (ESFs) in annexes. Every state should already have an EOP that complements the NRF and that works in concert with FEMA.

### 6.4\* SOP Planning Components.

#### A.6.4

SOPs should ~~consider~~ contain the following items, at a minimum :

- (1) Introduction
- (2) Scope
- (3) Purpose
- (4) Definitions
- (5) Health and safety of responders
- (6) Planning
- (7) Training
- (8) Exercises
- (9) Response information and mutual aid
- (10) Operations
- (11) Community recovery
- (12) Annex
- (13) Glossary
- (14) Equipment
- (15) Documentation
- (16) Unique site-specific information
- (17) Business continuity during crime scene operations
- (18) Mental health support and recovery

#### **6.4.1 SOPs.**

SOPs shall be developed as part of the ASHER program to ~~enhance personal safety, provide response consistency, serve as a guide for response action, enhance decisions process, allow for better coordination and interoperability with other agencies and organizations, and ensure unified incident management.~~ do the following:

- (1) Enhance personal safety
- (2) Provide response consistency
- (3) Serve as a guide for response action
- (4) Enhance the decision-making process
- (5) Allow for better coordination and interoperability with other agencies and organizations
- (6) Ensure unified incident management

#### **6.4.2\***

SOPs shall be built around relevant core capabilities as identified by the National Preparedness Goals.

#### **6.5 Termination and Post-Incident Procedures.**

An ASHER program shall have procedures for specific processes that shall be followed after an active shooter hostile event ASHE incident.

##### **6.5.1**

Each participating entity shall conduct an ~~immediate~~ operations debrief ~~when operationally possible~~.

##### **6.5.2**

Post-incident procedures shall include a plan for demobilization.

##### **6.5.3**

~~After action reports shall be completed and include input from all participating entities.~~

##### **6.5.3\***

Post-incident procedural steps shall ~~be designed to do the following:~~ include a plan for restoring units and personnel to operational readiness.

~~Assess and document actions~~

~~Restore capabilities~~

~~Address problems~~

~~Improve future state of preparedness and response capabilities~~

##### **A.6.5.3**

Restoring personnel to operational readiness can include short- and long-term mental health readiness.

##### **6.5.4\***

A formalized debriefing and the generation of an AAR shall be completed and include input from all participating entities.

##### **6.5.5**

Jurisdictions and organizations shall implement and integrate AAR recommendations in plan(s) wherever feasible.

#### **6.6 Incident Management.**

An ASHER program shall have an incident ~~command~~ structure that is consistent with the National Incident Management System (NIMS).

## **Submitter Information Verification**

**Committee:** ACT-AAA



**Submission Date:** Wed Dec 05 14:47:39 EST 2018

## Committee Statement

**Committee Statement:** Section clarified and reorganized in order to reduce confusion and add mental health and post incidents components.  
**Response Message:** FR-12-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
45 Affirmative All  
1 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

### Not Returned

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

### Affirmative All

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto

Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeian  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

6.3.6 why were they dropped... they should be reinstated. Keep in entirety 6.5.1 why were these watered down? Not immediately? 6.5.3 why not give examples Why deleted?



## First Revision No. 13-NFPA 3000-2018 [ Sections 6.7, 6.8, 6.9 ]

### 6.7 Active Shooter/Hostile Events Response Guideline.

#### 6.7.1\*

Guidelines for response to an incident involving ~~active shooters and hostile events~~ ASHE incidents shall be based on available resources, trained personnel, and capabilities necessary to perform assigned tasks.

#### 6.7.2

~~ASHER program personnel shall identify all hazards associated with the incident and take appropriate actions based on the risk versus reward.~~

#### 6.7.2\*

As part of the ASHER program, the AHJ shall develop guidelines, ~~and procedures, or both~~ that outline but are not limited to the following:

- (1) Unified strategic objectives
- (2) Unified tactical considerations
- (3) Interoperability among resources
- (4) Resource needs
- (5) Dispatching and notification procedures
- (6) ~~Telecommunicator~~ Public safety telecommunicator pre-arrival instructions
- (7) Predetermined mutual aid requests
- (8) Emergency operation center activation ~~trigger~~ guidelines for response  
Secure in place
- (9)\* Civilian action response and reaction plan

#### **A.6.7.2(9)**

This can include but is not limited to bleeding control, critical actions (run/hide/fight, etc.), lockdown procedures, and pre-existing plans (meeting points, contact numbers, phone trees, etc.).

- (10) Personnel recall
- (11) Incident stabilization
- (12) Information sharing
- (13) Considerations for those with access and functional needs  
Social media management
- (14) Public information and media management
- (15) Family notification ~~and/~~ or reunification  
Establishing a safe and secure environment  
Supporting the transition to recovery
- (16) The transition to recovery

#### 6.8\* Operational Security.

~~Operation~~ Operational security (OPSEC) shall be an integral element of the organization/jurisdiction preparedness program.

#### 6.9 Information and Intelligence Sharing.

#### 6.9.1\*

The AHJs shall develop and maintain relationships that help facilitate intelligence and information sharing, including formal relationships with government fusion centers, local/regional/state offices of emergency management, and law enforcement/fire/EMS partners to coordinate response plans consistent with current threats.

#### **A.6.9.1**

Information and intelligence sharing can require an MOU between ASHER program participating organizations to insure that material and information can be effectively distributed in accordance with classification policies.

#### **6.9.2**

AHJs shall develop programs and plans that utilize social media for the purpose of intelligence gathering, evidence collection, and information distribution.

## **Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Wed Dec 05 15:09:12 EST 2018

## **Committee Statement**

**Committee Statement:** Section revised for additional clarity, grammar, and to provide examples in order to increase understanding.

**Response Message:** FR-13-NFPA 3000-2018

## **Ballot Results**

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

### **Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### **Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George

Terry, Lisa

**Affirmative with Comment**

Serino, Richard

6.7.2 Shy social media deleted?? Also need to add more what private sector CAN do. Need a lot more on Family Reunification, it is a BIG DEAL 6.9.1 why is private sector left out? Need to be added also add public health representatives - helps with HIPPA issues in a crisis



## First Revision No. 43-NFPA 3000-2018 [ Section No. 7.3 ]

### 7.4\* Logistics and Records Management.

~~A~~ The AHJ shall establish a thorough and complete resource record-keeping system shall be established and maintained by AHJs to ensure that supply management is documented and recorded .

#### 7.4.1

AHJs shall ensure they have a logistics plan in place to support the resource requirements of their ASHER program.

#### 7.4.2

In order to sustain operations at an existing emergency incident, the AHJ shall coordinate with local response and emergency management agencies and have knowledge of the following, at a minimum:

- (1) Relevant mutual aid legal considerations
- (2) Existing mutual aid systems
- (3) Available mutual aid resources

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Sun Dec 09 21:55:03 EST 2018

## Committee Statement

**Committee Statement:** Edited for clarity and additional details.

**Response Message:** FR-43-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

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Cross, Gregory S.

Delaney, John

Destefano, James

Downey, Dave

Downey, Julie

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Pianka, Jamie

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

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Siegler, Jeffrey



Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**First Revision No. 27-NFPA 3000-2018 [ Section No. 7.4 ]****7.2\*** Personnel.**A.7.2**

The AHJ should have tools, systems, policy, and procedures in place for the tracking of personnel. An example would be utilizing ICS 214 forms for personnel assigned to the incident.

**7.2.1**

The AHJs and responsible parties shall create necessary personnel policies and procedures.

**7.2.2**

The AHJs shall determine the appropriate personnel to service the ASHER program.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 10:49:16 EST 2018

**Committee Statement**

**Committee Statement:** Moved for clarity and annex added with more supporting detail.

**Response Message:** FR-27-NFPA 3000-2018

**Ballot Results**

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

Cross, Gregory S.

Delaney, John

Destefano, James

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Kue, Ricky C.

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Pianka, Jamie

Quirarte, James Scott

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Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa



## First Revision No. 14-NFPA 3000-2018 [ Sections 8.1, 8.2 ]

### 8.1 Administration.

#### 8.1.1 Scope.

This chapter provides requirements for incident management on a command level to ensure that incidents are managed in a unified and organized manner in accordance with all local, state, tribal, and federal requirements.

#### 8.1.2 Purpose.

This chapter addresses incident management requirements for the safe, effective response to ASHER ASHE incidents.

### 8.2 Application of Unified Command.

#### 8.2.1\*

The ~~Incident Command System and Unified Command~~ incident command system and unified command shall be utilized at all cross-functional emergency incidents.

#### A.8.2.1

While it is acknowledged that many incidents are primarily managed by one agency or type of service (police, fire, EMS) based on the needs of the incident, it should also be understood that at most incidents there is overlap and the continued use of ~~Unified Command~~ unified command at even the most minor of incidents will set a framework and existing practice for its use at a major cross-functional incident such as an ~~active shooter/hostile event~~ ASHE incident . Another example is to utilize unified command for the planning and management of community functions, special events, and high threat venues.

#### 8.2.2

~~Unified Command~~ command shall be applied to drills, exercises, pre-planned events, and other situations that involve hazards similar to those encountered at actual emergency incidents ~~and to simulated incidents that are conducted for training and familiarization purposes .~~

#### 8.2.3

~~At an emergency incident involving an active shooter/hostile event,~~ Unified Command command shall be responsible for the overall management of the incident and the safety of all members involved at the scene.

#### 8.2.3.1\*

The command structure shall be set up so that all agency representatives shall share responsibilities to command their resources in a coordinated effort through a common strategy and shared objectives.

#### A.8.2.3.1

The ~~Unified Command~~ unified command should be co-located to maintain constant communications and share pertinent information, whenever safe and practical.

### 8.2.3.2

The goals of ~~Unified Command~~ unified command shall be the following:

- (1) Provide for the safety of ~~citizens~~ the community and ~~responders~~ response personnel
- (2) ~~Perform situation evaluation that~~ Maintain situational awareness, which includes an ongoing risk assessment
- (3) Initiate, maintain, and control incident communications
- (4) Develop an overall strategy and incident action plan, which includes managing resources, maintaining an effective span of control, maintaining direct supervision over the entire incident, and designating supervisors in charge of specific areas or functions
- (5) Ensure personnel and resource accountability
- (6) Review, evaluate, and revise the incident action plan as required
- (7) Coordinate public information
- (8) Maintain, transfer, and terminate command

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Thu Dec 06 10:27:24 EST 2018

## Committee Statement

**Committee Statement:** Section revised for clarity and additional supplemental material.

**Response Message:** FR-14-NFPA 3000-2018

## Ballot Results

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
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Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
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Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
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Smith, Richard  
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Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa



**First Revision No. 15-NFPA 3000-2018 [ Sections 8.3, 8.4, 8.5, 8.6 ]****8.3 Incident Size-Up.**

A size-up shall be conducted initially and ~~ongoing~~ continuously throughout the incident until such time as the incident is determined to be under control by ~~Unified Command~~.

**8.3.1**

The elements of size-up shall include but not be limited to the following:

- (1) Major incident notification as classified by the AHJ in the ASHER program
- (2)\* Specific location and characteristics

**A.8.3.1(2)**

Examples of specific characteristics include whether it is an open area, ~~and~~ the structure or facility type, security systems, alarm and signal systems, population characteristics, and so forth.

- (3) Type of incident
- (4) Known hazards and the number of potential assailants and their location
- (5) Access and staging for incoming units
- (6) Approximate number of victims
- (7) Additional resources needed

**8.4 Establishing Unified Command.**

The AHJ for ~~those agencies responsible for ASHER mitigation~~ the ASHER program's agencies shall establish practices to ensure early ~~integration within the implementation of Unified Command~~ unified command ~~process~~.

**8.4.1\***

~~Unified Command~~ command shall meet the requirements of NFPA 1561 and shall be established with written standard operating procedures applying to all members involved in emergency operations within the AHJ.

**A.8.4.1**

These practices should ensure a face-to-face ~~Unified Command~~ unified command with their functional counterpart(s), whenever possible.

**8.4.2**

~~Unified Command~~ command shall be comprised of the following essential disciplines, if applicable:

- (1) Fire
- (2) EMS
- (3) Law enforcement
- (4) Emergency management
- (5)\* Additional participating or coordinating agencies as dictated by the needs of the incident

**A.8.4.2(5)**

Examples of this include, but are not limited to, facility managers, school principals, ~~hospital administration~~ health care administrators, victim witness specialists, and special event planners.

**8.4.2.1**

Unified command shall be responsible for the following, at a minimum:

- (1) Accountability of responders
- (2) Building occupants
- (3) Victims
- (4) Bystanders
- (5) Communications
- (6) Occupants/employees utilizing various plans or systems, including rally points
- (7) Data from security or controlled access points
- (8) Communication and joint information sharing
- (9) Resource assignment and logistics

**8.4.3**

~~The Unified Command shall remain be co-located until the incident is concluded, if applicable .~~

**8.4.4\***

Each discipline shall evaluate the incident from their perspective, and these independent evaluations shall be combined to form an incident action plan (IAP).

**8.4.4.1**

This coordinated response shall include each discipline and shall be an ongoing process until such time as the incident is concluded.

**8.4.5**

As incidents evolve in size and complexity, the Unified Command shall divide the incident into geographical or functional level components, or both, as necessary.

**8.5** Transfer of Command.

The transfer of command shall not eliminate the need for Unified Command to remain co-located for the duration of the incident.

**8.6\*** Incident Stabilization.

~~It is understood that the~~ The need for a Unified Command shall extend past the emergency phase of the incident, which shall be dictated by the incident objectives and personnel responsibilities, and it is likely to extend beyond the emergency response phase of the incident .

**A.8.6**

As an incident evolves, the disciplines essential for a Unified Command unified command could also evolve. Disciplines outside of the tradition response role can be folded into unified command as they assume responsibility for components of the incident.

**8.6.1**

After incident stabilization, long-term incident management shall transition to recovery phases as detailed in Chapter 20.

**8.6.2**

All ASHER incidents shall be considered crime scenes.

**8.6.2.1**

All personnel shall refrain from unnecessarily disrupting any part of the incident scene.

**8.6.2.2**

Evidence preservation, victim and witness identification, and overall scene preservation shall be primary considerations after life safety objectives have been met.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Thu Dec 06 10:50:25 EST 2018

## Committee Statement

**Committee Statement:** Edited for clarity of intent, to provide additional examples, and to add victim and witness components.

**Response Message:** FR-15-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### Affirmative All

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

Cross, Gregory S.

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Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa

**Affirmative with Comment**

Serino, Richard

8.4.3 ADND THROUGHOUT THE DOCUMENT REODER ALL REFERENCES IN THIS ORDER 1, LAW ENFORCEMENT 2, EMS 3, FIRE 4, EMERGENCY MANAGEMENT 8.4.2.1 Communications with hospitals is key-- big lesson form ALL previous ASHER events

**First Revision No. 16-NFPA 3000-2018 [ Section No. 8.8 ]****8.7\* After Action Reports.**

AHJs that have experienced an ASHER incident shall complete an ~~after action review~~ (AAR) of the event.

**A.8.7**

The intent of this document is to allow the program and other ASHER programs to learn from the incident and improve their program efforts. Potential elements of the AAR include the following areas:

- (1) Post-incident resource analysis
- (2) Emergency communications center performance
- (3) Success of mutual aid plan operations and implementation
- (4) Operations of radio communication equipment
- (5) Critical incident stress debriefing
- (6) Media relations and information sharing
- (7) Adherence to NIMS and other applicable operational standards

For additional considerations reference the ASHER Organizational Statement (Chapter 4)

**8.7.1**

The completed AAR shall be shared with all parties involved with the response to the ASHER incident.

**8.7.2**

Special consideration shall be given to updating ASHER ~~operational~~ training, policies, and documents to reflect ~~post-incident analysis~~ an improvement plan as part of the AAR.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Thu Dec 06 17:51:49 EST 2018

**Committee Statement**

**Committee Statement:** Section updated for additional clarity and to provide more detailed examples.

**Response Message:** FR-16-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
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Dean, Paul H.  
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Harvey, David Lee  
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Williams, Mark

**Affirmative All**

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Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 17-NFPA 3000-2018 [ Sections 9.1, 9.2 ]

### 9.1 Administration.

#### 9.1.1\* Scope.

The scope of this chapter provides requirements for facility preparedness and planning for onsite ASHER ASHE incidents.

##### A.9.1.1

Requirements in building, fire, and life safety codes are intended to establish, among other things, a reasonable level of safety for occupants from fire, explosion, and other hazards, and to provide a reasonable level of safety to firefighters and emergency responders during emergency operations. Providing protection against ASHER ASHE incidents could require protection methods in addition to those required by building, fire, and life safety codes. The additional ASHER ASHE incident protection measures should complement, and not conflict with, protection measures in the legally adopted building, fire, and life safety codes. A comprehensive risk assessment is beneficial to ensure each potential hazard is addressed through an all-hazard approach that does not improve risk mitigation for one hazard while reducing the risk mitigation for other hazards.

#### 9.1.2\* Application.

This chapter shall apply to facilities at risk for an ASHER ASHE incident as determined by the AHJ.

##### A.9.1.2

It is ultimately the responsibility of the facility, the stakeholders, and the AHJ to determine that a facility is at risk for an ASHER ASHE incident.

### 9.2 Facility and Occupancy Characteristics.



### 9.2.1

Facility preparedness shall consider the following attributes:

- (1) The number of occupants
- (2)\* The ability of the occupants to evacuate, relocate, or secure in place
- (3)\* Internal staff response and assistance to include threat recognition and threat reaction procedures and training

#### **A.9.2.1(3)**

Facilities should train all occupants on expected actions. These expected actions should be determined based on risk assessment and resource availability and through the planning process with the AHJ. Examples include lockdown procedures, run/hide/fight, avoid/deny/defend, and so forth.

- (4) Notification of occupants systems
- (5) The number, location, and contents of bleeding control kits
- (6) Building characteristics, including construction type
- (7) Physical security
- (8) Notification and signaling systems
- (9) Signage
- (10) Emergency communications equipment
- (11) Surrounding areas and possible relocation resources
- (12) A system to support the AHJ's efforts to conduct family reunification or notification

### 9.2.2\*

The mobility characteristics of the occupants shall be evaluated as part of the facility response plan.

#### **A.9.2.2**

Mobility for this discussion is defined as the ability of an individual occupant to mentally comprehend and physically address the efforts required to evacuate, shelter, or defend in place in the case of an ~~active shooter/hostile event~~ ASHE incident. The following guidelines can be used for evaluating this characteristic:

- (1) *Limited mobility*: Individuals who possess access or functional disabilities who would require the assistance of another individual to evacuate, shelter, or defend in place
- (2) *Mobile*: Individuals who possess the capability to evacuate, shelter, or defend in place on their own

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Thu Dec 06 18:31:12 EST 2018

## Committee Statement

**Committee Statement:** Section modified for clarity, provide added examples, and to provide more specific guidance on planning needs for facilities.

**Response Message:** FR-17-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
45 Affirmative All  
1 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

**Not Returned**

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
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Parrish, Thomas J.  
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Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

9.2.1 (4) & (8) does not this include notification of occupant-- that MUST be there and how along with a social media plan.... to communicate with people in the venue



## First Revision No. 18-NFPA 3000-2018 [ Section No. 9.3 ]

### 9.3\* Emergency Action Plans (EAP) .

#### A.9.3

Emergency action plans EAPs, including which occupancy types are required to have an EAP, are specified in NFPA 101 . EAPs for hospitals should follow NFPA 99. Other facilities should follow guidelines specific to their occupancy or as directed by the AHJ .

#### 9.3.1\*

Emergency action plans shall include evacuation, relocation, and secure-in-place procedures appropriate to the building, its occupancy, and risk. EAPs for ASHE incidents shall include guidelines and procedures to maximize life safety and include the following criteria, at a minimum:

- (1) Facility assessment to support preparedness, protective actions, and communications
- (2) Communications plan
- (3) Alert and warning plans
- (4) Personal emergency preparedness training for protective and medical actions for individuals to take before, during, and after an ASHE incident
- (5) Appropriate evacuation, relocation, and secure-in-place procedures

#### A.9.3.1

Reunification and notification procedures can be found in Chapter 20. Facilities should implement a public access bleeding control kit program that addresses all of the preventable causes of death from bleeding.

#### 9.3.2

The plan for active shooter/hostile events ASHE incidents shall include the location and identification of lockable or securable spaces and rooms as well as the locations of exits doors that lead directly to the outside or to a stairwell.

#### 9.3.3

The plan for active shooter/hostile events ASHE incidents shall include procedures for locking or securing of doors from inside of the designated areas.

##### 9.3.3.1

Plans and procedures for doors for areas designated in 9.3.3 shall comply with locking or securing and unlocking or unsecuring and unlatching requirements of NFPA 101.

##### 9.3.3.2

The procedures for unlocking or unsecuring doors from outside the designated areas shall be included in the plan.

#### 9.3.4

The plan for active shooter/hostile events shall include identification of doors designated as a means of egress or escape.

#### 9.3.4

Doors in the means of egress Means of egress and escape shall comply with the requirements of NFPA 101 requirements for doors in the means of egress .

#### 9.3.5

Facilities shall make emergency action plans available to the AHJ.

**9.3.7\***

Facility emergency action plans shall include the following criteria specific to an ASHER program:

Facility assessment to support preparedness, protective actions, and communications

Communications plan

Alert and warning plans

Personal emergency preparedness training for protective and medical actions for individuals to take before, during, and after an ASHER incident.

**A.9.3.7**

Facilities should implement a public access bleeding control kit program that addresses all of the preventable causes of death from bleeding. Emergency action plans are specified in NFPA 101.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Thu Dec 06 19:58:20 EST 2018

**Committee Statement**

**Committee Statement:** Section edited for clarity and to provide more specific guidance.

**Response Message:** FR-18-NFPA 3000-2018

**Ballot Results**

✓ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
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Oates, John H.  
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Parrish, Thomas J.  
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Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George

Terry, Lisa

**Affirmative with Comment**

Serino, Richard

9.3.1 (2) communications plan ..... with who? and how? private sector doesn't know 9.3.4 NFPA 101 can we give examples here, most folks reading this are NOT going to go looking lets make all of this EASY and one stops shopping for the users 9.3.7 why removed... they more we keep removing makes this document less relevant



## First Revision No. 19-NFPA 3000-2018 [ Sections 9.4, 9.5 ]

### 9.4 Notification.

#### 9.4.1

Notification procedures Occupant notification shall be designed to ensure that occupant notification is made in a timely manner.

#### 9.4.2\*

The notification signaling and messaging process or procedure shall be designed so as not to confuse it with the building fire alarm signal to be readily distinguishable from the fire alarm signals .

#### A.9.4.2

Where the fire alarm system is used as the means of emergency communications, it should be in accordance with NFPA 72 . Facilities should consider adding new technology to increase their preparedness for active shooter/hostile event ASHE incidents. This could include, but is not limited to, the following:

- (1) Increased surveillance, including video
- (2) Shooter detection systems
- (3) Mass notification software
- (4) Increased radio frequency identification badging
- (5) Access control software
- (6) Signage and signal systems that can change instructions in real time based on incident information and needs

For example, facilities should explore systems that can enhance detection and response capabilities in order to address threats faster and move people to safer locations. NFPA 730 describes construction, protection, and practices intended to reduce security vulnerabilities to life and property. Among other things, it covers administrative controls, security perimeters, accessory property, and occupancy-specific protection. Where provided the electronic premises security systems should be installed tested and maintained in accordance with NFPA 731.

#### 9.5\* Exercise.

Owners and operators of an individual building shall exercise their ASHER program not less than once annually.



**A.9.5**

This should apply to any facility that has an EAP with an ASHER program annex or an individual ASHER program. Exercises can include any of the following:

- (1) Discussion-based exercises including the following:
  - (a) Seminars
  - (b) Workshops
  - (c) Tabletop exercises (TTXs)
  - (d) Games
- (2) Operations-based exercises including the following:
  - (a) Drills
  - (b) Functional exercises (FEs)
  - (c) Full-scale exercises (FSEs)

This information was taken from The Homeland Security Exercise and Evaluation Program (HSEEP). Exercises should be conducted with partner agencies, facilities, and AHJs whenever possible.

**9.5.1\***

Building owners and operators shall annually exercise ASHER plans. The AHJ shall be made aware of exercises.

**A.9.5.1**

First responders and representatives of the AHJ should be invited to exercises. The owner should try to accommodate AHJ participation whenever possible.

**9.5.2\***

Facilities Organizations with multiple buildings in on a contiguous location single campus shall annually exercise ASHER plans their ASHER program not less than once annually.

**A.9.5.2**

Examples of facilities organizations with multiple buildings in on a contiguous location single campus include, but are not limited to, schools, college campuses, hospitals, and military installations. Effective exercises should involve different scenarios and portions of the facility or different buildings.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Thu Dec 06 20:19:20 EST 2018

**Committee Statement**

**Committee Statement:** Section updated for clarity and to provide additional detail and examples. Exercise requirements clarified to insure appropriate participation.

**Response Message:** FR-19-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
45 Affirmative All  
1 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

**Not Returned**

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
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Sarnacki, Jeff

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeon

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa

**Affirmative with Comment**

Serino, Richard

9.4.2 need to give a bit more direction



## First Revision No. 20-NFPA 3000-2018 [ Chapter 10 ]

### Chapter 10 Financial Management

#### 10.1 Administration.

##### 10.1.1 Scope.

This chapter applies to those organizations or jurisdictions responsible for organizing, managing, and sustaining an ASHER program and provides guidance for managing financial elements of the program.

##### 10.1.2\* Purpose.

This chapter addresses revenue sources, program costs, inventory control, and cost recovery issues to underscore the importance of funding an ASHER program

#### 10.2 Documentation and Management Policy.

##### 10.2.1

The ASHER program shall have a comprehensive, documented, and consistently maintained financial management policy maintained by the AHJ .

##### 10.2.1.1

The AHJ shall ensure MOUs memorandums of understanding (MOU)s are in place and address the ASHER program's needs .

#### 10.3\* Revenue Sources.

Revenue to support the program AHJs shall utilize multiple revenue sources for ASHER programs, if needed -shall be derived from a number of sources .

#### A.10.3

Revenue sources can include, but are not limited to, response agency or organization budgets, state or federal grants, cooperative agreements, donations, fees, and cost recovery associated with events. Fiscal responsibilities for organizations participating in a multi-agency program agreement should be well defined and agreed on in advance. ASHER program managers should be aware of alternative revenue sources that might be available.

There could be federal funding available to assist the AHJ in supporting the costs of equipment, staffing, and training. The exact eligibility rules and funding provisions can vary depending on the agency, program, and fiscal year appropriation. Federal agencies such as the Department of Homeland Security and the Department of Justice could also offer technical assistance and training to first responder agencies at the state, local, and tribal levels that address the competencies outlined in Chapters 13 and 14.

The Catalog of Federal Domestic Assistance (CFDA) provides a listing of all federal programs that provide assistance or benefits available to state and local governments, federally recognized Indian tribal governments, and territories (and possessions) of the United States.

State and local grant programs vary from jurisdiction to jurisdiction. Some grant programs are supported by private industry, and others come from government agencies. Local agency and industry, stakeholders should be contacted to determine what grants are available.

##### 10.3.1 Operating Budgets.

The AHJs with management responsibility for an ASHER program shall ensure they are aware of the applicable financial management policy in accordance with Section 10.2.

#### 10.4\* Program Costs.

An ASHER program budget shall be categorized by applicable cost centers.

**A.10.4**

These cost centers might include initial and on-going costs related to supplies and equipment, training and exercises, personnel, education and outreach programs, administrative support and services, and fixed asset and capital item maintenance and replacement.

The AHJ can have ordinances or rules that allow for cost recovery where the responsible party provides reimbursement for certain supplies.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Thu Dec 06 20:39:23 EST 2018

**Committee Statement**

**Committee Statement:** Section updated for clarity.

**Response Message:** FR-20-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

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Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 21-NFPA 3000-2018 [ Chapter 11 ]

### Chapter 11 Communications Center Support

#### 11.1 Administration.

##### 11.1.1 Scope.

Communications centers support, manage, and receive emergency requests for services and gather and relay information as appropriate during an ASHER ASHE incident.

##### 11.1.2 Purpose.

This chapter provides requirements in order for communications centers to be able to meet the mission of supporting, managing, gathering, and relaying information during ASHER ASHE incidents.

#### 11.2\* Communication Center Coordination.

##### A.11.2

911 public safety answering points (PSAPs) are the first point of contact for victims experiencing or fleeing an ~~active shooter/hostile event~~ ASHE incident. Calls can be received by voice or text or from a third party. In addition to 911 services, communication centers dispatch initial resources and make police, fire, EMS, mutual aid, and administrative notifications.

##### 11.2.1

Communication centers shall incorporate first responder ASHER incident goals and objectives into center operations.

##### 11.2.2

AHJs shall ensure that emergency communications centers have plans and procedures in place, including but not limited to the following:

- (1) Rollover plans for 911 and emergency calls to other emergency communication centers
- (2) The ability for back-up/rollover agencies to share information with partner agencies
- (3) Interoperable radio communications between emergency communications centers
- (4) Ensuring effective staffing
- (5) Ensuring effective processing of peak emergency call volume
- (6) Effectively being able to communicate with all responding units/personnel

##### 11.2.3\*

Communications personnel shall participate in ASHER program training ~~not less than annually on an annual basis at a minimum~~.

#### 11.3\* Communication Relationships.

The comprehensive communication plan shall describe and define the communication relationships between all AHJs.

#### 11.4\* Communication and Dispatch Systems.

Communications and dispatch systems shall follow NFPA 1221.

##### 11.4.1\*

In planning and preparing for ASHER incidents, AHJs shall ensure they plan for sufficient emergency communications and dispatch capabilities to manage the ASHER incident.

##### 11.4.2\*

Communications personnel handling an ASHER incident shall follow Chapter 6 of NFPA 1061 regardless of their physical location.

**A.11.4.2**

Chapter 6 of NFPA 1061 is being referenced here rather than extracting entire sections of the document. Communications personnel should also consider the use of an encrypted tactical channel if one is available and is part of their local policies and procedures.

**11.5\*** Data and Information Management

Data and information management shall follow NENA-STA-012.2-2017, NENA-STA-004.1-2014, APCO/NENA 2.105.1-2017, and APCO/NENA 2.105.1-2017.

**11.6** Essential Data Elements for ASHE Incidents.

AHJs shall create or maintain mechanisms to capture specific data elements to be included in AARs and used to improve program plans.

**11.6.1**

AHJs shall identify and measure predetermined response and victim care benchmarks to evaluate performance and track improvement for future incidents.

**11.6.1.1\***

These benchmarks shall include the following at a minimum:

- (1) Elapsed time until unified command is established
- (2) Elapsed time until first contact team is deployed
- (3) Elapsed time until the threat(s) is neutralized
- (4) Elapsed time until the first integrated response team is assembled
- (5) Elapsed time until the first and subsequent integrated response teams are deployed
- (6) Receipt of appropriate deployment guidance for integrated response teams from unified command
- (7) Elapsed time until contact with first victim
- (8) Elapsed time until last victim is contacted
- (9) Performance of essential victim care procedures, such as tourniquet application
- (10) Elapsed time until first victim is evacuated
- (11) Elapsed time until last victim is evacuated

**A.11.6.1.1**

Integrated response teams are groups of unlike responders (law enforcement, fire, EMS, etc.) who are paired together to complete mission-specific tasks. In many areas these are known as rescue task forces (RTF)s; however, there are places that use different terms or tactics for these teams. Also, these teams can be tasked with a mission outside of medical care and extrication. One such example is to create an integrated team with knowledge of building systems, alarms, and signals who go in and manage those systems in support of the response.

**11.6.1.2**

Additional measures to evaluate the intended goals and functions of each element of response shall include the following at a minimum:

- (1) Command and control
- (2) Contact team
- (3) Integrated response teams

**11.7** Operability.**11.7.1\***

The communications system shall allow for radio communications between all public safety personnel within the confines of standard operating procedures (SOP) and standard operating guidelines (SOG).



**11.7.2**

If communication system interoperability is not immediately available, the communication center shall ensure that the locations for incident command and other functional elements—staging, tactical, or triage—are relayed to all responding resources.

**11.8 High Incident Response Levels.**

High incident response levels (HIRL) consisting of the appropriate effective response force (ERF) shall be dispatched to suspected ASHER ASHE incidents.

**11.8.1**

Communications centers shall be guided by incident command and SOPs or SOGs regarding the assignment of additional resources to ASHER ASHE incidents.

**11.8.2**

Communication centers shall ensure appropriate levels of coverage and response for other calls for service occurring outside of the active ASHER ASHE incident.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Thu Dec 06 20:45:21 EST 2018

**Committee Statement**

**Committee Statement:** Chapter modified for clarity. Also, a section has been added to provide initial data elements that need to be collected during an ASHE incident. The TC set these minimum to foster better improvement data for future ASHER program planning. This is a starting place and an area for further development in the future.

**Response Message:** FR-21-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa

**Affirmative with Comment**

Serino, Richard

needs to be something here also about communications with hospitals



## First Revision No. 45-NFPA 3000-2018 [ Chapter 12 [Title Only] ]

### Competencies for Law Enforcement Officers Personnel

#### Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 19 13:27:58 EST 2018

#### Committee Statement

**Committee Statement:** Edited for clarity.

**Response Message:** FR-45-NFPA 3000-2018

#### Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

##### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

##### Affirmative All

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel  
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Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
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Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
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Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeian  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 46-NFPA 3000-2018 [ Sections 12.1.1, 12.1.2 ]

### 12.1.1 Scope.

This chapter applies to all law enforcement ~~officers~~ personnel who in the course of their duties could find themselves responding to an ASHER ASHE incident.

### 12.1.2 Purpose.

The purpose of the competencies in this chapter is to provide law enforcement officers who, in the course of their duties, could encounter ASHER ASHE incidents with the knowledge and skills to respond effectively and efficiently in an integrated manner.

## Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Wed Dec 19 13:29:28 EST 2018

## Committee Statement

**Committee Statement:** Edited for clarity and grammar.

**Response Message:** FR-46-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### Affirmative All

Beebe, Chad E.

Brollini, Jason  
Brooks, Paul E.  
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Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
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Oates, John H.  
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Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

this seems a bit weak, I am hoping there is a lot missing from this???? I hope





## First Revision No. 23-NFPA 3000-2018 [ Chapter 13 [Title Only] ]

### Competencies for Fire and EMS Responders Personnel

#### Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 09:02:04 EST 2018

#### Committee Statement

**Committee Statement:** Revised for consistency

**Response Message:** FR-23-NFPA 3000-2018

#### Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

##### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

##### Affirmative All

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

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Christensen, Laurie L.

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Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 24-NFPA 3000-2018 [ Sections 13.1, 13.2 ]

### 13.1 Administration.

#### 13.1.1\* Scope.

This chapter shall apply to all fire and EMS responders ~~personnel~~ who in course of their duties could find themselves responding to an ASHER ASHE incident.

#### 13.1.2 Purpose.

The purpose of ~~the competencies in of~~ this chapter is to provide fire and EMS personnel ~~who in the course of duties could encounter ASHER incidents~~ with the knowledge and skills to respond effectively and efficiently in an integrated manner to ASHE incidents.

#### 13.1.3 Introduction.

##### 13.1.3.1

Fire and EMS responders shall be defined as ~~persons~~ personnel who, in the course of their duties, encounter an emergency involving an ASHER ASHE incident ~~and who~~ are expected to protect themselves, call for other trained personnel, and provide triage, rapid medical intervention, and/or transport of the sick and injured.

##### 13.1.3.2

Fire and EMS responders personnel shall be trained to meet all competencies defined in Section ~~13.3~~ 13.4.

##### 13.1.3.3

Fire and EMS responders shall receive additional training to meet applicable federal, state, local, tribal, and provincial occupational health and safety regulations, scope of practice, and protocol.

#### 13.1.4 Goal.

##### 13.1.4.1

The goal of the competencies in Section ~~13.3~~ 13.4 shall be to provide fire and EMS personnel who, in the course of duties, encounter ASHER ASHE incidents with the knowledge and skills to respond effectively and efficiently in an integrated manner with law enforcement.

##### 13.1.4.2

All responders personnel, as part of their minimum competencies, shall understand the concepts and requirements of the hot, warm, and cold zones.

### 13.2 Threat-Based Care.

#### 13.2.1

Fire and EMS ~~providers~~ personnel shall have knowledge of a system where the medical care provided is determined by the hazard or risk that is present.

#### 13.2.2\*

The system of care that is used to provide medical aid to self and others, including emergency patient care, at a minimum shall be in accordance with the guidelines of *Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act* and *Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers*.

## Submitter Information Verification

**Committee:** ACT-AAA

**Submission Date:** Fri Dec 07 09:03:25 EST 2018

## Committee Statement

**Committee Statement:** Section revised for additional clarity and consistency.

**Response Message:** FR-24-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
45 Affirmative All  
1 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

### Not Returned

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

### Affirmative All

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
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Kue, Ricky C.  
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Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
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Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeian  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

13.3.1 and all throughout should be EMS and then Fire since these are mainly Law Enforcement and EMS incidents not Fire 13.2.2 as before can we make this user friendly with links and other ways to connect with these documents -- or at least a reference to pertinent points



## First Revision No. 25-NFPA 3000-2018 [ Section No. 13.3 ]

### 13.4 Tasks.

#### 13.4.1 Hot Zone Tasks.

##### 13.4.1.1\*

~~No personnel~~ Personnel shall not operate in the hot zone without the proper training and equipment to address the hazards that they could encounter.

##### A.13.4.1.1

Fire and EMS do not typically operate in a hot zone at ASHE incidents . It is understood that different municipalities and jurisdictions could have the ability to do so as part of a specialized team.

##### 13.4.1.2

Fire and EMS personnel who are not part of a specialized team, who find themselves unexpectedly in a hot zone, shall be able to perform the following tasks:

- (1) Recognize the zone(s) delineation has changed and communicate same as appropriate
- (2) Take measures to evacuate, defend, or engage in order to minimize injury and harm
- (3) Provide threat-based care

#### 13.4.2 Warm Zone Tasks.

Fire and EMS personnel who are not part of a specialized team and , who are assigned to operate in a warm zone shall be able to perform the following tasks:

- (1) Communicate the following:
  - (a) Determine the potential number and location of casualties.
  - (b) Locate a casualty collection point(s).
  - (c) Identify additional resources required.
- (2) Constantly evaluate the scene for emerging or re-emerging threats and recognize conditions that could cause the zone to change from warm to hot .
- (3) Conduct an evaluation and take measures to ensure personal safety as listed in 13.4.1.2 .
- (4) Provide threat-based triage and care.

~~Recognize conditions that cause the zone to change from warm to hot, conduct an evaluation, and take measures to ensure personal safety as listed in 13.3.1.2~~ .

**13.4.3 Cold Zone Tasks.**

Fire and EMS personnel who are assigned to operate in a cold zone shall be able to perform the following tasks:

- (1) Establish ~~command and control~~ operate within unified command as detailed in Chapter 8.

~~This includes operating within in the Unified Command structure.~~

~~This includes operating as a component within the fire rescue and/or medical branch within the Incident Command System.~~

- (2) Constantly evaluate the scene for emerging or re-emerging threats and recognize conditions that could cause the zone to change from cold to warm or hot .
- (3) Conduct an evaluation and take measures to ensure personal safety as listed in 13.4.1.2 .
- (4) Provide ~~threat-based~~ appropriate care.
- (5)\* Triage, treat, and transport victims.
- (6) Address associated off-site operations as reference.

~~Recognize conditions that cause the zone to change from cold to warm or hot, conduct an evaluation, and take measures to ensure personal safety as listed in 13.3.1.2 .~~

**13.4.4 Associated Off-Site Operations.**

Fire and EMS personnel who are assigned to operate in areas of associated off-site operations shall be able to perform the following tasks:

- (1) Provide services as requested by ~~Unified Command~~ unified command that are within their scope of practice and training
- (2) Respond to off-site locations for any fire and EMS needs
- (3) Participate in ~~Unified Command~~ unified command
- (4) Support recovery efforts, victim assistance, and family reunification/notification
- (5) Recognize conditions that cause the zone to change to hot, conduct an evaluation, and take measures to ensure personal safety as listed in ~~13.3.1.2~~ 13.4.1.2

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 09:13:58 EST 2018

**Committee Statement**

**Committee Statement:** section revised for clarity.

**Response Message:** FR-25-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
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Delaney, John  
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Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
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Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard



Ostroskey, Peter J.  
Parrish, Thomas J.  
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Quirarte, James Scott  
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Serino, Richard  
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Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 26-NFPA 3000-2018 [ Section No. 13.4 ]

### 13.5 Competencies.

**13.5.1** Competencies for Fire and EMS ~~Responders~~ Personnel when Operating at an Active Shooter/Hostile Event ASHE Incident.

#### 13.5.1.1

Fire and EMS ~~responders~~ personnel shall receive training commensurate with the tasks listed in Section 13.3 13.4 .

**13.5.1.2**

Fire and EMS responders personnel shall have knowledge of local/regional plans, policies, and procedures, including, but not limited to, the following:

- (1) Major incident notification procedures
- (2) Available resources
- (3) Procedures for activating the local ASHER plan
- (4) Communications plan and procedures
- (5) Hospital interface communications and procedures
- (6) "Mayday" and/or emergency assist procedure
- (7) Procedures for checking into the incident with Unified Command for accountability and assignment
- (8) Procedures on threat-based care
- (9) The use of specific or specialized equipment or tools that could be required to access victims
- (10) Procedures for designating zones
- (11) Patient distribution plans and procedures
- (12) Available medical supplies and resources and their appropriate and prescribed uses within the adopted scope of practice
- (13) Personal protective equipment (PPE) and ballistic protective equipment (BPE) and their appropriate and prescribed uses
- (14) Local policies Policies and procedures for operating with responders from partner agencies and jurisdictions
- (15) Warm zone care and rescue concepts, including, but not limited to, the following:
  - (a) Rescue task force
  - (b) Law enforcement rescue teams
  - (c) Protected island operations
  - (d) Protected corridor operations
- (16) Local law enforcement interface procedures and techniques
- (17) Proper vehicle Vehicle positioning and staging plan
- (18) Identification methods to identify responders and roles
  - Local policies and procedures for the transition to recovery operations
- (19) Recognize Recognizing improvised incendiary devices (IID), explosive devices (IED), unexploded ordnance (UXO), and chemical, biological, radiological, nuclear (CBRN) weapons as single or multiple devices and report known or suspected hazards
  - Understanding of relevant associated off-site operations, including the following:
    - Family information centers
    - Public information distribution
    - Hospitals
    - Witness interview and debrief locations
    - Transport zones
    - Mobile communications support
    - Security for these off-site operations
- (20) Transition to recovery procedures
- (21) Situational risk-benefit analysis

**A.13.5.1.2(21)**

The risk model should be based on the AHJ's current risk analysis policy, procedure, or model.

**13.5.2** Competencies for Fire and EMS Responders Personnel when Operating at Vehicle as a Weapon Incidents.

Fire and EMS responders personnel shall have knowledge of the following in addition to Section- 13.4.1.2:

- (1) Local integrated response procedures necessary to efficiently mitigate this threat
- (2) Potential vehicle-borne improvised explosive device (VBIED) identification
- (3) Chemical, biological, radiological, nuclear, and explosive (CBRNE) operations and awareness
- (4) Building and vehicle stabilization
- (5) Vehicle extrication and casualty removal

**13.5.3\*** Competencies for Fire and EMS Responders Personnel when Operating at an IED(s) Incident.

Fire and EMS responders personnel shall have knowledge of the following in addition to Sections ~~13.2~~ 13.4.1.2 ~~and~~ 13.4 :

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Blast effects and associated injuries
- (3) Recognition and awareness of multiple hazardous devices and operational considerations
- (4) Local procedures for the deployment and positioning of vehicles
- (5) Evacuation distance using the DOT Emergency Response Guidebook for IED safe stand-off distance and/or the DHS stand-off chart
- (6) Local post-blast transition to fire event/structural collapse response procedures

**13.5.4** Competencies for Fire and EMS Responders Personnel when Operating at Fire and Smoke as a Weapon Incidents.

Fire and EMS responders personnel shall have knowledge of the following in addition to Sections ~~13.2~~ 13.4.1.2 ~~and~~ 13.4 :

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Fireground operations consistent with NFPA 1710 and NFPA 1720 depending on role (fire vs. EMS only responders)
- (3) Local integrated response capabilities necessary to efficiently and effectively mitigate this threat
- (4) Recognize improvised incendiary device (IID), explosive devices (IED), unexploded ordnance (UXO), and chemical, biological, radiological, nuclear (CBRN) weapons as single or multiple devices
- (5) AHJ's requirements for incidents with fire and smoke as a weapon

**13.5.5** Competencies for Fire and EMS Providers Personnel when Operating within Immediately Dangerous to Life and Health (IDLH) Atmospheres.

**13.5.5.1**

Fire and EMS personnel shall have knowledge of the following in addition to Sections- ~~13.2~~ 13.4.1.2 ~~and~~ ~~13.3~~ 13.4.1.2 :

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Proper use of personal protective equipment PPE , to include respiratory protection, for the hazard that will be encountered
- (3) "Mayday" or emergency assist procedures
- (4) Rapid intervention crew procedures
- (5) The hazardous atmosphere and the characteristics of the chemical
- (6) Sign and symptoms of exposure
- (7) Decontamination procedures

**13.5.5.2**

When operating in an IDLH atmosphere, personnel shall have the proper knowledge, skills, abilities, and ~~be equipped with the~~ appropriate personnel protective equipment in accordance with NFPA 1500 (Fire), NFPA 472 (Fire), and NFPA 473 (EMS).

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Fri Dec 07 09:35:30 EST 2018

**Committee Statement**

**Committee Statement:** Text edited for clarity and consistency.

**Response Message:** FR-26-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

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Brooks, Paul E.

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Christensen, Laurie L.

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Delaney, John  
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Kue, Ricky C.  
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Moore-Merrell, Lori L.  
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Sarnacki, Jeff  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Serino, Richard

13.4.1.1 what if they end up there...it ALWAYS happens, let's deal with it NEVER say SHALL NOT 13.4.1 and .2 add ...constantly evaluate the scene to go to hot TO warm...same as ted in warm but reversed. in these situations we tend to keep the hot zone hot for too long and can cost lives we have warm to cold but not hot to warm. these determinations can and will save lives! this should be in the law enforcement section as well as unified command 13.4.4 add communications with hospitals and emergency management 13.5.1.2 (19) what all deleted Good information needs to be in the document in not here someplace 13.5.4 and 13.5.5 Fire should be listed first here



## First Revision No. 28-NFPA 3000-2018 [ Chapter 14 ]

### Chapter 14 Personal Protective Equipment (PPE)

#### 14.1 Administration.

##### 14.1.1 Scope.

This chapter applies to the AHJ responsible for deploying emergency responders as part of an ASHER program.

##### 14.1.2 Purpose.

This chapter provides guidance for ~~acquisition, the use,~~ and maintenance of responder personal protective equipment ( PPE), to include ballistic protective equipment (BPE) .

#### 14.2 General Requirements.

##### 14.2.1

The AHJ shall provide appropriate PPE and BPE to personnel exposed to ballistic risks or other hostile threats in accordance with expected duties.

##### 14.2.2

Zones of operation are subject to dynamic and immediate change; therefore, ~~Unified Command~~ unified command shall conduct continuous size-up and threat assessment during an incident. (*See Chapter 8.*)

##### 14.2.3\*

Personnel shall be provided and ~~don~~ utilize readily available PPE according to the following zones of operation:

- (1) Hot zone. PPE shall include ~~body armor but is not limited to BPE~~ , means of communication, and an identifying garment, as dictated by the needs of the incident .
- (2) Warm zone. PPE shall include ~~body armor but is not limited to BPE~~ , means of communication, and an identifying garment, as dictated by the needs of the incident .
- (3) Cold zone. An identifying garment or visible identification and means of communication shall be required. Additional PPE shall be required as determined dictated by the ~~Unified Command~~ needs of the incident .

##### 14.2.4\*

~~All responders expected to operate in the warm and/or hot zones shall have PPE that is readily available for use.~~ The PPE deployment model shall be determined by the AHJ.

##### 14.2.4.1

~~The PPE deployment model shall be determined by the AHJ.~~

#### 14.3 Specification and Type.

##### 14.3.1\*

~~Body armor~~ BPE provided shall be at minimum a Level III-A ballistic vest as defined by the National Institute of Justice (NIJ) Standard-0101.06, *Ballistic Resistance of Body Armor*.

##### 14.3.1.1\*

~~Body armor~~ BPE shall be NIJ certified, and the model shall be on the NIJ compliant products list.

##### 14.3.2\*

Personnel assigned to an integrated response team shall be equipped at a minimum with Level III-A body armor (BPE) tested to NIJ, FBI, and Drug Enforcement Administration (DEA) standards, means of communication, and an identifying garment.

##### 14.3.2.1\*

RTF Integrated response teams shall consider the use of a ballistic helmet, a flashlight, medical exam gloves, an individual first-aid kit (IFAK), a radio with shoulder strap, and remote microphones with earpieces for communication.



**A.14.3.2.1** Reserved.**14.4\*** Markings.

PPE worn externally shall be identified with the agency and/or responder role.

**14.5\*** Ballistic Protective Equipment (BPE) Care, Maintenance, and Replacement.

BPE care, maintenance, and replacement shall be done in accordance with NIJ Guide-0101.06, *Selection and Application Guide to Ballistic-Resistant Body Armor for Law Enforcement, Corrections and Public Safety*, or manufacturer instructions.

**14.6** Deviations.

Any deviation from this standard where immediate actions could prevent the loss of life and personnel are deployed without BPE into an area where BPE is required by this standard shall require a post-incident analysis and justification of the decision to the AHJ.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 11:17:53 EST 2018

**Committee Statement**

**Committee Statement:** Section edited for clarity and specificity. Also place holder entered for future recommendations for individual first aid kits and treatment kits.

**Response Message:** FR-28-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeane  
Smoot, Sean M.  
Songer, Pat

Stevens, George

Terry, Lisa



## First Revision No. 29-NFPA 3000-2018 [ Chapter 15 ]

### Chapter 15 Training

#### 15.1 Administration.

##### 15.1.1 Scope.

This chapter applies to those organizations, departments, agencies, and jurisdictions (regardless of size) who are responsible for response to emergency incidents and who develop, plan, and train for an integrated response to ~~active shooter/hostile events~~ ASHE incidents .

##### 15.1.1.1\*

All public safety responders shall receive training to meet applicable governmental regulations according to federal, tribal, state, and local standards.

##### 15.1.1.2

~~A response personnel training program shall serve as the source of response personnel training be adopted~~ and shall include a means for evaluating personnel competence.

##### 15.1.2 Purpose.

This chapter addresses training requirements, training program development, and training records management in support of an ASHER program.

#### 15.2 Scope of ~~Active Shooter/Hostile Events~~ ASHER Training.

The AHJ shall determine the scope of training needed for the program and its support elements.

##### 15.2.1\*

Training shall be conducted jointly between all anticipated responding entities and communications personnel.

##### A.15.2.1

The entities can include but are not limited to law enforcement, fire, EMS, private security, victim advocates, federal/state/local/tribal assets, health care, and emergency management.

##### 15.2.2\*

Training shall be based on ~~risks assessed~~ the risk assessment(s) performed by the AHJ, tasks to be performed, time available for training, and ~~financial commitment from the AHJ~~ available funding .

##### 15.2.3

The AHJ shall provide initial and periodic joint training for public safety responders for zone operations based on the competencies outlined in Chapters 12 and 13.

##### 15.3\* Training Sites.

~~Whenever possible, the~~ The AHJ shall arrange, ~~when possible,~~ for training and exercises at sites within the response jurisdiction ~~in order to increase~~ enhance responder familiarization and operational efficiency and effectiveness .

#### 15.4 Training Records Management.

##### 15.4.1

The ASHER program manager shall ensure all training sessions and exercises are documented.

**15.4.2**

Each training session shall be documented to include the following information:

- (1) Date(s) , time(s), and duration of the training
- (2) ~~Where~~ Location of the training ~~was conducted~~
- (3) Name, ~~background,~~ and qualifications of training instructor(s)
- (4) Training topic or exercise title
- (5) Overview of course content
- (6) ~~Students who attended~~ Participants of the training
- (7) Competencies that were demonstrated
- (8) Instructor and course evaluations

**15.4.3**

All training records shall be kept in accordance with the agency's record retention policy.

**15.4.4** Frequency of Training (Reserved).**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 11:32:50 EST 2018

**Committee Statement**

**Committee Statement:** Chapter updated for clarity. New section reserved for further consideration and to seek public comment on training frequency requirements for emergency personnel.

**Response Message:** FR-29-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

Cross, Gregory S.

Delaney, John

Destefano, James

Downey, Dave

Downey, Julie

Drozd, Otto

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Frye, Laura

Gestring, Mark

Hall, David A.

Heaton, Chris

Jones, Dennis T.

Kamin, Richard

Kienzle, Michael P.

Kingsbury, Jonathon

Kue, Ricky C.

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Pianka, Jamie

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeau

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa



## First Revision No. 30-NFPA 3000-2018 [ Chapter 16 ]

### Chapter 16 Public Education

#### 16.1 Administration.

##### 16.1.1 Scope.

This chapter establishes a common set of criteria for considerations related to improving the public's knowledge for preparing and responding to an ASHER incident.

##### 16.1.2 Purpose.

This chapter provides the following public education information:

- (1) Ways to improve preparedness of the community apart from professional responders to assist in the mitigation, response, and recovery of ASHER incidents
- (2) Assistance with terminology, expectations, and appropriate actions to increase the effectiveness of public information

#### 16.2 Community Training and Education.

Community education training curriculum shall be developed based on risk assessments conducted in accordance with Chapter 5.

##### 16.2.1

Training shall be divided into the following categories:

- (1) Discussion-based training — for public education on terminology and response
- (2) Operations-based training — for public education on terminology and response where interactive exercises are used
- (3)\* Self-study training — prepackaged materials intended for individually paced training self-study individually paced training by the public.

##### 16.3\* Public Education.

The public education program shall be implemented to communicate the following:

- (1) Different hazards (violence, fire as weapon, explosive, weapons of mass destruction, future threats)
- (2) The potential impacts of a hazard
- (3) Preparedness information, including the following:
  - (a)\* Survival strategies and actions

##### **A.16.3(3)(a)**

An example of a survival strategy is "Run, Hide, Fight." The federal government recommends teaching the public to run, hide, and then fight. Another example is "avoid, deny, defend."

- (b)\* Bleeding control and other interventions aimed at preventable causes of death due to trauma
    - (c) Recommended equipment as determined by the AHJ
  - (4)\* Information needed to develop a preparedness plan
  - (5) Identification and communication of site/location emergency action plans
  - (6) Identification of ASHER ASHE incidents warning signs and how to report them
  - (7) What to expect from interactions with emergency communication centers and first responders

#### 16.4 Goal of Curriculum.

The goal of the curriculum shall be to create awareness and enhance the knowledge, skills, and abilities of the public to ~~prevent,~~ respond and take protective measures in an ~~active shooter/hostile event~~ ASHE incident.



**16.5** Scope and Frequency of Instruction.

The scope of the curriculum and the frequency of instruction shall be identified by the AHJ.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 11:46:37 EST 2018

**Committee Statement**

**Committee Statement:** Edited for clarity and to provide examples. Prevention deleted as it is outside the scope of the document.

**Response Message:** FR-30-NFPA 3000-2018

**Ballot Results**

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

**Affirmative All**

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

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Cooper, Craig

Corbett, Chance Daniel

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Drozd, Otto  
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Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 31-NFPA 3000-2018 [ Chapter 17 ]

### Chapter 17 Public Information

#### 17.1\* Administration.

##### 17.1.1\* Scope.

This chapter establishes a common set of criteria for public information during and after an ASHER incident.

##### 17.1.2 Purpose.

This chapter provides requirements for ASHER program officials acting as the AHJ public information officer (PIO) and/or as part of the communications or media relations team with assigned duties to assist and/or facilitate the appropriate dissemination of information to the public and stakeholders as part of a joint information center (JIC) and joint information system (JIS).

#### 17.2 JIC and JIS Activities.

JIC and JIS activities shall include the following:

- (1) Informing and educating the public through various media in adequate and appropriate means to protect public health and safety, for the duration of the ASHER incident including the appropriate response to inquiries and misinformation
- (2) ~~Information on action~~ Action(s) to take to reduce risk and improve safety
- (3)\* Assistance with family reunification/notification

##### A.17.2(3)

Providing assistance with family reunification/notification helps to reduce overwhelming resources at the scene with information requests and to provide for a secure and accessible gathering place in a cold zone where potential witnesses can be identified and interviewed to advance an ASHER incident investigation.

- (4) Identification of official communications paths (central contact for all media) for coordinating and authorizing the release of information, including, but not limited to, the following:
  - (a)\* All activities outlined in ASHER program development ( ~~Chapter 4 of this standard~~ )
  - (b)\* All CRA activities outlined in risk assessment ( ~~Chapter 5 of this standard~~ )
  - (c)\* Planning and coordination activities outlined in ~~Chapter 6 of this standard~~
- (5) Identification of official communications paths for incoming informational inquiries from the public in order to ensure that emergency communication centers (e.g., 911) are not overwhelmed
- (6)\* Reduction or elimination of communication that jeopardizes operations
- (7) Leveraging the use of information gained through public sources such as social media

#### 17.3 Warning, Notification, and Crisis Communications.

Organizations and the AHJ shall evaluate the need for and use of a mass notification system.

##### 17.3.1\*

The system design shall follow the risk analysis and be integrated into the AHJ's or organization's emergency response plans.

**A.17.3.1**

More than one layer has been used to be effective in many AHJs. Multiple layers provide an extra level of notification (a safety net). The overall mass notification system (MNS) application is likely to exploit a number of public and individual systems or components that combine to produce a reliable and robust solution to achieve emergency notification objectives.

Layer 1 could consist of elements such as the following:

- (1) Emergency voice/alarm communications systems (EVACS)
- (2) In-building MNS
- (3) One-way voice communication systems (PA)
- (4) Two-way voice communication systems
- (5) Visual notification appliances
- (6) Textual/digital signage/displays

Layer 2 could consist of elements such as the following:

- (1) Wide-area outdoor MNS
- (2) High-power loudspeaker arrays (HPLAs)

Layer 3 could consist of elements such as the following:

- (1) Short message service (SMS)
- (2) Email
- (3) Computer pop-ups
- (4) Smartphone applications (apps)
- (5) Reverse 911/automated dialing

Layer 4 could consist of elements such as the following:

- (1) Radio broadcast (satellite, AM/FM)
- (2) Television broadcast (satellite, digital)
- (3) Location specific messages/notifications
- (4) Weather radios
- (5) Social networks

**17.3.2**

Organizations shall evaluate and plan for people who are not regularly on mass notification systems, vulnerable populations, or people who don't have access to mass notification devices/conduits-~~or vulnerable populations~~.

**17.3.3**

Organizations shall develop pre-scripted mass warning messaging that displays preparedness measures and protective actions.

**17.3.3.1**

Pre-scripted mass warning messaging shall include the following:

- (1) Who is sending the alert?
- (2) What is happening?
- (3) Who is affected?
- (4) What action should be taken?
- (5) ~~Time~~ Date and date time stamp

**17.3.4**

Organizations shall develop plans with the ability to communicate internally and externally.

**17.3.5\***

Organizations shall maintain, test, and exercise notification systems and plans on at least an annual basis not less than once annually .

**17.3.6\***

Organizations shall identify and plan for specific needs within communities with regulatory or legal obligation for notification ~~and plan for them~~ .

**17.4 JIC.**

Organizations shall have plans to establish a joint information center based on the needs of the incident.

**17.4.1**

The JIC shall be an early consideration for ~~Unified Command~~ unified command based on the needs and escalation of the incident.

**17.4.2**

The JIC shall be established away from primary incident operations at an associated off-site operation area.

**17.4.3\***

The PIO shall create, ~~vet~~ review , and finalize all forms of communication for the JIC.

**17.4.4**

The PIO shall coordinate ~~the logistics of a~~ any press conference(s) or other public address event(s) .

**17.4.5**

The PIO shall be responsible for ensuring an all clear is communicated across all notification systems.

**17.5\* Social Media.**

Social media shall be permitted to serve as an information and intelligence platform for ~~Unified Command~~ unified command .

**17.5.1\***

The PIO shall coordinate the flow of pertinent information for operations and operational security from external sources back to the JIC, if one is established, or to the unified command.

**17.5.2\***

Social media used for the purposes of sharing of information shall be coordinated through the JIC if one has been established or through ~~Unified Command~~ unified command if the JIC has not been established.

**17.5.3\***

AHJs shall have a comprehensive social media and information sharing policy.

**17.6 Establishing and Managing a Media Area.****17.6.1**

The PIO or their designee shall establish an on-location media area in a cold zone so that the area provides for the safety of all media, and enables the flow of approved communications through the official path.

**17.6.2\***

The PIO or their designee shall manage the media area participants and coordinate the flow of information through the officially established central media contact for the ASHER incident

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Fri Dec 07 11:52:41 EST 2018

**Committee Statement**

**Committee Statement:** Chapter revised for clarity and to give additional examples.

**Response Message:** FR-31-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

### Affirmative All

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Chellis, Brett Banford

Christensen, Laurie L.

Cooper, Craig

Corbett, Chance Daniel

Cross, Gregory S.

Delaney, John

Destefano, James

Downey, Dave

Downey, Julie

Drozd, Otto

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Frye, Laura

Gestring, Mark

Hall, David A.

Heaton, Chris

Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa



## First Revision No. 33-NFPA 3000-2018 [ Chapter 19 [Title Only] ]

### Hospital Health Care Receiving Facility Preparedness and Response for Out-of-Hospital ASHER Off-Site ASHE Incidents

#### Submitter Information Verification

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 12:19:15 EST 2018

#### Committee Statement

**Committee Statement:** The technical committee has elected to change this to healthcare for two reasons. 1.) there are hospitals and facilities designated as hospitals that do not receive 911, walk in, or emergency patients. 2.) There are facilities that are single service emergency rooms that receive 911, walk-in, and emergency patients that do not call them selves full service hospitals.

**Response Message:** FR-33-NFPA 3000-2018

#### Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

45 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

#### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

#### Affirmative All

Brollini, Jason

Brooks, Paul E.



Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.  
Moore-Merrell, Lori L.  
Murphy, Brian  
Oates, John H.  
Onofrio, Richard  
Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedean  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Beebe, Chad E.

Please do not use the ASHE acronym, use ASHER. Which will be confused with ASHE - the American Society for Healthcare Engineering, a part of the American Hospital Association and recognized in the health care industry.

**First Revision No. 34-NFPA 3000-2018 [ Sections 19.1, 19.2 ]****19.1\* Administration.****19.1.1\* Scope.**

This chapter applies to ~~hospitals~~ health care facilities with the expectations and capabilities to receive patients from an off-site ASHER incident.

**A.19.1.1**

Some ~~hospitals~~ facilities are not expected to receive victims from such events because the nature of care typically provided does not require the capabilities to treat victims from an ASHER incident. Behavioral health hospitals are one example.

**19.1.2\* Purpose.**

This chapter provides information and processes necessary to quickly and efficiently utilize a systematic approach to receiving of patients from an ASHER incident.

**19.1.2.1\***

The processes required within Chapter 19 shall be scalable.

**19.2\* Preparedness and Emergency Management.**

~~Hospitals shall plan and exercise with AHJs that~~ Health care receiving facilities that have the potential to ~~disburse patients to them in the event of an ASHER incident~~ receive patients shall be included in the AHJ's ASHER program activities, including but not limited to training and exercises .

**19.2.1**

Exercises shall test the components outlined in this chapter.

**19.2.2**

~~Hospitals~~ Health care receiving facilities shall have emergency management plans and annexes that are ~~made to integrate~~ integrated with the local AHJ's ASHER incident plans ~~for ASHER incidents in which they are the primary receivers of patients~~ program plans .

**19.2.3**

~~Hospitals~~ Health care receiving facilities shall ~~plan to receive for a surge of~~ spontaneous arrivals as part of their ASHER plan .

**19.2.4\***

~~Patient distribution shall be exercised based on mass casualty incident plans.~~

**A.19.2.4**

~~Mass casualty incident plans can be local, regional, or state based.~~

**19.2.4**

Health care receiving facilities shall ensure that they have adequate procedures, supplies, and equipment for managing multiple patients with injuries associated with ASHE incidents.

**19.2.5**

Health care receiving facilities shall partner with the AHJ for the purpose of requesting local resources to assist with the management and the provision of care during an ASHE incident.

**Submitter Information Verification**

Committee: ACT-AAA

**Submission Date:** Fri Dec 07 12:23:04 EST 2018

## Committee Statement

**Committee Statement:** Section update to provide clarity. Language added to encourage partnership with AHJs for the purposes of resource sharing, personnel assistance, and incident management.

**Response Message:** FR-34-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
45 Affirmative All  
1 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

### Not Returned

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

### Affirmative All

Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
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Smith, Richard

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Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa

**Affirmative with Comment**

Beebe, Chad E.

Please do not use the ASHE acronym, use ASHER. Which will be confused with ASHE - the American Society for Healthcare Engineering, a part of the American Hospital Association and recognized in the health care industry.

**First Revision No. 35-NFPA 3000-2018 [ Sections 19.3, 19.4, 19.5 ]****19.3\*** Patient Distribution.

Patient distribution shall be exercised by the AHJ and hospitals health care receiving facilities based on local mass casualty plans not less than once annually .

**A.19.3**

While it is ideal that patient distribution ~~take~~ takes place in an organized and coordinated manner, it is known that most frequently this is not the case.

**19.4\*** Communications.

~~Hospitals~~ Health care receiving facilities shall have at least two means of communication with public safety entities responsible for patient disbursement distribution in ASHER incidents ~~as determined by the communications plan for the community~~ ASHE incidents .

**19.4.1**

Written procedures for the activation and use of communication systems shall be developed in conjunction with the AHJs responsible for public safety.

**19.4.2**

Communications systems shall be tested on a monthly basis to ensure functionality.

**19.4.3\***

~~Hospitals~~ Health care receiving facilities shall assign a dedicated staff member to communicate with patient distribution coordinators ~~and emergency responders~~ throughout the ~~operational period~~ ASHE incident .

**19.5\*** Victim Identification and Tracking .

~~Medical~~ Health care receiving facilities shall work within applicable laws and regulations to identify victims patients and share this information ~~with the AHJ~~ based on prescribed practice and procedure.

**A.19.5**

Use of electronic, web-based systems for patient tracking, family reunification, and hospital capabilities (i.e., numbers of patients per category that can be managed as the incident progresses) should be considered. More information on victim identification and tracking can be found in Chapter 20 .

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 12:36:20 EST 2018

**Committee Statement**

**Committee Statement:** Section revised for clarity and better examples.

**Response Message:** FR-35-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned  
45 Affirmative All  
1 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

**Not Returned**

Anderson, Kristina  
Baez, Amado Alejandro  
Canterbury, Chuck  
Carver, Christopher  
Ciottone, Gregory Robert  
Clumpner, Mike  
Dean, Paul H.  
Delo, Maximillian  
Harvey, David Lee  
Villegas, Jose L.  
Williams, Mark

**Affirmative All**

Brollini, Jason  
Brooks, Paul E.  
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Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa

**Affirmative with Comment**

Beebe, Chad E.

Please do not use the ASHE acronym, use ASHER. Which will be confused with ASHE - the American Society for Healthcare Engineering, a part of the American Hospital Association and recognized in the health care industry.



**First Revision No. 36-NFPA 3000-2018 [ Sections 19.6, 19.7 ]****19.6 Facility Security.****19.6.1\***

Restricted access protocols shall include provisions for existing physical security measures, on-duty staff members, additional first responders, and the availability of supplemental staff from external resources.

**19.6.2\***

Restricted access protocols shall address the following:

- (1)\* How to limit access for the entire facility
- (2) The persons authorized to activate and deactivate restricted access processes
- (3) A situational risk assessment and implementation of measures

**19.6.3\***

~~A protocol for rapid screening of the facility for devices and weapons upon notification of an ASHER incident within or near the facility shall be developed.~~

**A.19.6.2**

~~The required screening is meant to detect weapons and devices that have been staged for secondary attacks.~~

**19.7 Hospital Facility Command Center/~~Hospital~~ Incident Command System (H ICS).****19.7.1\***

Hospitals Health care receiving facilities shall activate and utilize an H ICS to manage their response to the incident.

**A.19.7.1**

It is highly recommended that they use the hospital incident command system (HICS).

**19.7.2**

Hospitals Health care receiving facilities shall activate their ~~hospital~~ command center to manage the incident if one is available and capable.

**19.7.3**

Health care receiving facilities shall consider requesting an agency representative from the AHJ, if available, to assist in the coordination of the incident.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Fri Dec 07 12:42:05 EST 2018

**Committee Statement**

**Committee Statement:** Section updated to add clarity. HICS moved to Annex A to match language in NFPA 99.

**Response Message:** FR-36-NFPA 3000-2018

**Ballot Results**

**✔ This item has passed ballot**

57 Eligible Voters  
11 Not Returned  
46 Affirmative All  
0 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

**Not Returned**

Anderson, Kristina  
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**First Revision No. 37-NFPA 3000-2018 [ Section No. 20.1 ]****20.1\* Administration.****A.20.1**

For details and a federal application, refer to the Victims of Crime Act and the Crime Victim's Fund at <https://www.ovc.gov/about/victimsfund.html>.

**20.1.1 Scope.**

This chapter applies to those organizations and jurisdictions responsible for the execution of recovery operations and victim services following an ~~active shooter/hostile event~~ ASHE incident.

**20.1.1.1\***

Recovery is organized sequentially into three major subcategories, including the following:

- (1) Immediate recovery
- (2) Early recovery
- (3) Continued recovery

**20.1.1.1.1\***

Planning for the transition from response through each recovery stage to steady-state shall be included in ASHER program preparedness and operational plans.

**A.20.1.1.1.1**

Steady state is also commonly referred to as the "new normal."

**20.1.1.2**

Each ASHER program organization identified in the execution of recovery operations plan shall maintain SOPs and checklists that detail the logistical and administrative support arrangements internal to its organization in support of the ASHER program tasks, including current contact lists for key people within the organizations.

**20.1.1.2.1**

~~Organizations~~ All ASHER program organizations shall decide a schedule for planning, training, and exercising recovery operations, as well as updating and distribution of plans.

**20.1.1.2.2**

The AHJ shall designate a person or team to oversee the establishment of an initial notification/reunification center and associated activities.

**20.1.2 Purpose.**

This chapter provides ~~processes framework~~ necessary to respond to ~~quickly changing priorities and conditions following the ASHER~~ and address whole of community, business continuity, and victim needs following the ASHE incident.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Sun Dec 09 19:25:36 EST 2018

**Committee Statement**

**Committee Statement:** Section updated with additional detail. victim support added for detail. also, link to legal requirements added to annex A.  
**Response Message:** FR-37-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters  
11 Not Returned  
46 Affirmative All  
0 Affirmative with Comments  
0 Negative with Comments  
0 Abstention

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Terry, Lisa

**First Revision No. 38-NFPA 3000-2018 [ Section No. 20.2 ]****20.2 Immediate Recovery.**

Immediate recovery shall be the operational period immediately following the mitigation of threat following the initial ASHER incident.

**20.2.1**

Immediate recovery operation plans shall include, but are not limited to, the following:

- (1) Operational security
- (2) Coordination of primary agencies
- (3) Utilization of a committee meeting protocol
- (4) Accountability
- (5) Damage assessment
- (6)\* Primary victim notification and reunification

**A.20.2.1(6)**

The medical examiner or coroner's office should be considered for inclusion in the notification and reunification center. Their capabilities include gathering antemortem data and notifying the next of kin regarding the deceased. Placing the medical examiner or coroner in the notification and reunification center can alleviate the number of family members and victims arriving to other locations, as well as approaching the medical examiner or coroner's office.

- (7) Victim assistance
- (8) Medical examiner or coroner operations
- (9) Initial investigation and evidence collection operations
- (10) Media and public information coordination

**20.2.2\***

Coordination of primary agencies recovery strategies shall occur immediately following an ASHER incident in order to quickly determine processes, communication lines, and roles of primary agencies.

**20.2.2.1**

Primary agencies' recovery strategies shall include, but are not limited to, the following:

- (1) Immediate ~~children/~~ victim reunification
- (2) ~~Crime scene~~ Awareness of evidence preservation
- (3) ~~Activation of an assistance center to facilitate reunification and notification~~ a notification and reunification center

**20.2.2.2\***

Responding organizations shall conduct joint meetings and establish protocols to ensure rapid and effective strategic ~~level~~ planning, sharing, and communication of critical facts.

**A.20.2.2.2**

All participating organizations are encouraged to sign a M m emorandum of U u nderstanding or M m emorandum of A a greement prior to any ASHER incident.

**20.2.2.2.1\***

Meetings shall provide for an orderly and controlled multi-directional communication system consistent with practices defined by ~~Unified Command~~ unified command and the JIC.

**20.2.2.3**

Information from meetings shall be immediately reported to unified command.

**20.2.2.4**

Unified Command ~~command~~ shall be responsible for the following:

- (1) Accountability of responders
- (2) Building occupants
- (3) Victims
- (4) Bystanders

~~Communications~~

~~Employees utilizing various plans or systems, including rally points~~

~~Public safety accountability processes~~

- (5) ~~Employee or~~ Accountability of employees utilizing organizational rosters or lists
- (6) Data from security or controlled access points
- (7) Joint Communication and joint information and resource sharing
- (8) Resource sharing and logistics

**20.2.2.4.1\***

The need for a ~~state disaster~~ recovery coordinator (SD RC) shall be determined and, if activated, placed inside ~~Unified Command~~ unified command until ~~Unified Command~~ unified command is disbanded.

**A.20.2.2.4.1**

~~Possible~~ If possible, these individuals should be previously vetted and part of emergency planning prior to the incident.

**20.2.2.4.1.1**

The SD RC shall have authority over all recovery support activities, initiating and terminating as necessary.

**20.2.2.4.1.2**

The SD RC shall organize state, federal, and non-governmental organizations (NGO) actions and coordinate requests for assistance from recovering communities.

**20.2.2.4.1.3**

The SD RC shall help direct state, federal, and other resources while staying in ~~contact~~ communication with ~~Unified Command~~ unified command.

**20.2.2.5**



Preliminary damage assessment shall include the following:

- (1) Civilian and responder casualties
- (2) Bystander and witness effects
- (3)\* ~~Damage to infrastructure~~ Infrastructure

**A.20.2.2.5(3)**

This can include police stations, fire stations, ambulance stations, and so forth.

- (4) Damage to responding organizations
- (5) Geographical area closures
- (6) Business impact
- (7)\* ~~Victims and functional needs populations~~

**A.20.2.2.5(7)**

This should include considerations for persons with access and functional needs.

**20.2.2.5.1**

The damage assessment shall characterize the overall impact the event had on the organization/jurisdiction.

**20.2.2.5.2**

Preservation of personal effects shall be considered.

**20.2.2.6\***

Notification and reunification shall be coordinated using an accountability system to determine which victims have been safely evacuated from the incident, building, or area.

**20.2.2.7**

Implementation of notification and reunification processes shall be incident dependent.

**20.2.2.7.1\***

~~Command~~ Unified command shall consider establishing a notification and reunification location ~~remote center that is removed~~ from the incident and that shall be included as part of associated off-site operations.

**A.20.2.2.7.1**

This will allow for family members to be staged in a location removed from operations in order to receive timely and accurate information regarding casualties and location of casualties if sent to a medical facility and to be reunified quickly with the uninjured who are delivered to the reunification and notification center. The location should also take into consideration the media that will arrive and the possible need to shield victims and victim families from the cameras. ~~Command~~ Unified command should consider preparing separate areas for victims to stage out of view from the public gathering at these locations.

**20.2.2.8\***

Death notifications shall be coordinated and implemented as early as practical by qualified individuals or teams who are familiar with laws regarding the protection of personal identifiable information..

**A.20.2.2.8**

A team might additionally include victim advocates, mental health professionals, crisis counselors, and faith or spiritual leaders whose members are trained in notification. The FBI offers a free online training on the proper protocol for death notification, which is available at <https://www.fbi.gov/news/stories/death-notification-with-compassion>.

**20.2.2.8.1**

Death notifications shall be coordinated with the law enforcement agency having jurisdiction AHJ and the medical examiner or coroner.

**20.2.2.8.2\***

~~Entities other than~~ Only law enforcement, the medical examiner or coroner, and other trained entities shall ~~not~~ release death notification.

**A.20.2.2.8.2**

Other trained entities can include physicians in the hospital setting communicating to families or next of kin. This is based on AHJ and regulatory practice.

**20.2.2.9**

Injured victim notification shall be coordinated through the U nified C o mmand via an identified branch or group in coordination with the a victim assistance liaison.

**20.2.2.10**

The plan shall include a provision that organizations responsible for victim services shall be contacted immediately to deploy assistance in the event of an emergency as defined in the emergency response, as well as a maintain a current contact list for those organizations.

**20.2.2.11\***

Access and functional needs populations shall be considered in recovery plans.

**A.20.2.2.11**

Individuals could have additional needs before, during, and after an incident in functional areas, including, but not limited to, the following:

- (1) Maintaining independence
- (2) Communication
- (3) Transportation
- (4) Supervision
- (5) Medical care

The following list is a group of individuals who should not be overlooked and could have unique needs following an ASHER incident:

- (1) Children and youth
- (2) First responders
- (3) Tribal communities
- (4) Elder populations
- (5) Individuals with disabilities
- (6) Individuals who are deaf or hard of hearing
- (7) Individuals with limited English proficiency
- (8) High-risk populations
- (9) Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
- (10) Military veterans
- (11) Underserved and socially isolated populations including, but not limited to, those historically underserved due to race, socio-economic status, disability, or sexual orientation
- (12) Undocumented populations
- (13) Other specialized populations

**20.2.2.12**

Considerations shall be given to groups of people who qualify for special protection by law, policy, or similar authority.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Sun Dec 09 19:57:48 EST 2018

**Committee Statement**

**Committee Statement:** Section edited for clarity and to add additional detail.

**Response Message:** FR-38-NFPA 3000-2018

**Ballot Results**

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

**Not Returned**

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

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## First Revision No. 39-NFPA 3000-2018 [ Section No. 20.3 ]

### 20.3 Early Recovery.

Early recovery shall be the operational period after immediate recovery where processes for agency coordination, meeting protocols, accountability, initial damage assessment, and primary victim assistance including notification and reunification and notifications are actively and proactively being managed.

#### 20.3.1

Early recovery operations shall consider the following:

- (1) Operational security
- (2) Damage assessment
- (3) Public information coordination
- (4) Resource needs analysis
- (5) Analysis of consequences of the event
- (6) Cascading Subsequent events
- (7) Volunteer management
- (8) Donations management
- (9)\* Victim advocacy, assistance, and services

#### A.20.3.1(9)

Victim advocacy, assistance, and services ~~can~~ should including include but not be limited to the following:

- (a) Temporary housing and infrastructure repairs
- (b) Area re-entry and belongings recovery
- (c) Personal property replacement
- (d) Transportation or vehicle replacement assistance
- (e) Replacement of job-related tools and specialized/protective clothing
- (f) Moving and storage assistance
- (g) Legal assistance
- (h) Insurance claims assistance
- (i) Employment-related assistance
- (j) Food replacement
- (k) Assistance to mitigate against the effects, including vicarious, of future events
- (l) Medical, dental, and mental health services
- (m) Information regarding additional near- and long-term victim services

- (10) Federal emergency funding opportunities and grants
- (11) Memorial preservation

#### 20.3.2 Resource Needs Analysis Assessment .

**20.3.2.1**

The ~~analysis~~ assessment process shall begin to estimate the impact the ASHER ~~ASHE~~ incident has on the organization/jurisdiction, region, state, and/or nation in terms of the following:

- (1) ~~Potential deaths~~ Deaths and injuries
- (2) Business impact
- (3) Mental and emotional requirements
- (4) Property damage
- (5) ~~System or geographical area~~ disruptions
- (6) Investigation and scene control management
- (7) Consideration of federal, state, local, and tribal resources for unmet needs

**20.3.2.2**

The ~~analysis~~ assessment of consequences of an ASHER incident within an organization/jurisdiction shall include ~~the process of~~ evaluating the likely events that could follow such an event.

**20.3.2.2.1**

This ~~analysis~~ assessment shall include real and potential mental health and emotional needs of first responders, victims, families of victims, bystanders and witnesses, community members, businesses, and the general public.

**20.3.2.2.2**

This ~~analysis~~ assessment shall focus on short-term consequences of the events until medium- and long-term consequences ~~analysis~~ can be conducted evaluated.

**20.3.2.3\***

~~Organizations/jurisdictions~~ The AHJ shall consider that ~~cascading incidents~~ subsequent activities can compound the effects of an event of an ASHER incident by further taxing ~~already stretched~~ resources as ~~additional incidents are triggered by the initial incident~~.

**20.3.2.3.1**

~~These secondary incidents~~ Subsequent activities shall require additional resources, management, security, and attention from the ~~organizational/jurisdictional~~ AHJ leaders with little or no advance notice.

**20.3.2.3.2**

~~Organizations/jurisdictions~~ The AHJ shall anticipate and maintain heightened awareness of these ~~incidents~~ activities so that an appropriate and measured response can be executed.

**20.3.2.4**

Security shall be considered for post-incident operations at locations including, but not limited to, the following:

- (1) Crime scene
- (2) Investigation areas
- (3) Areas closed to public as a result of incident
- (4) Associated off-site operational areas such as the following:
  - (a) Emergency operations center
  - (b) Public or administrative buildings
  - (c) Critical transportation access hubs or points
  - (d)\* Hospitals and health care facilities

**A.20.3.2.4(4)(d)**

Post Hospital post-incident security plans should provide guidance for threat security, victim security, and hospital facility and infrastructure security.

- (e) Joint information center
- (f) Assistance centers
- (g) Other areas as determined

**20.3.2.4.1**

~~Healthcare facilities shall be included in post-incident security plans.~~

**20.3.2.5**

Early recovery communications within the U nified C o mmand structure shall provide a framework for collecting, sharing, and disseminating necessary information in coordination with, but not limited to, the following:

- (1) Other law enforcement organizations
- (2) Prosecutors' office
- (3) Healthcare facilities
- (4) Mutual aid organizations partners
- (5) ESF functional or RSF units federal, and state, local, and tribal authorities

**20.3.2.6**

Information disseminated shall be vetted, approved, and communicated from ~~one a~~ single source.

**20.3.2.7 Volunteer and Donation Management.**

**20.3.2.7.1**

The organization/jurisdiction AHJ shall plan for the management, screening (which includes criminal background checks), and oversight of volunteers.

**20.3.2.7.2\***

The AHJ shall consider implementing a volunteer reception center that can receive, organize, and direct volunteers.

**20.3.2.7.3**

A volunteer management system shall properly credential and deploy approved volunteers who have been identified, screened, and trained in advance.

**20.3.2.7.4**

When a need for utilizing volunteers who have not been previously identified, screened, or trained in advance arises, the ASHER program shall have a plan for a process to approve these volunteers at a designated location.



**20.3.2.7.5**

A volunteer management system shall have plans, policies, and procedures for the safe and appropriate use of licensed or credentialed emotional support or therapy animals.

**20.3.2.7.6\*** Donations.**20.3.2.7.6.1**

The AHJ shall plan for the acceptance, control, receipt, storage, distribution, shipping, and disposal of any donations, including monetary and other donor requests.

**20.3.2.7.6.2**

The coordinating of victim-related donation disbursements should shall be done with the victim advocates who are assigned to the victims and their families .

**20.3.2.7.7\***

A donation management strategy shall be established during emergency planning and prior to the incident occurring.

**20.3.2.7.8\***

Where possible, a central donation system and site shall be established and run by an appropriate agency, which is frequently a third party .

**A.20.3.2.7.8**

Multiple sites could be necessary to receive, store, stage, and distribute donations. Donations, especially monetary, should be broadly dedicated toward victim services and recovery efforts rather than narrow and specific.

Often a charity or NGO is a preferred entity to receive monetary donations, rather than a local or state agency. Cash donations should not be accepted at ~~Unified Command~~ unified command .

If a warehouse(s) is necessary, then state-level and/or private sector contract hauler transportation resources should be identified in order to secure appropriate cargo vehicles and drivers.

**20.3.2.7.9\***

Volunteer and donation management shall extend into the continued recovery phase.

**20.3.2.7.10\***

Unified C c ommand shall coordinate with the JIC regarding messaging about those wishing to donate, how that can best be accomplished, and what is or is not acceptable.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submission Date:** Sun Dec 09 20:28:16 EST 2018

**Committee Statement**

**Committee Statement:** Section updated for clarity and grammar, additional detail added to annex A.

**Response Message:** FR-39-NFPA 3000-2018

**Ballot Results**

✔ **This item has passed ballot**

57 Eligible Voters

11 Not Returned

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Williams, Mark

**Affirmative All**

Beebe, Chad E.  
Brollini, Jason  
Brooks, Paul E.  
Chellis, Brett Banford  
Christensen, Laurie L.  
Cooper, Craig  
Corbett, Chance Daniel  
Cross, Gregory S.  
Delaney, John  
Destefano, James  
Downey, Dave  
Downey, Julie  
Drozd, Otto  
Dworsky, Peter  
Eastman, Alexander L.  
Ewell, Jack  
Frye, Laura  
Gestring, Mark  
Hall, David A.  
Heaton, Chris  
Jones, Dennis T.  
Kamin, Richard  
Kienzle, Michael P.  
Kingsbury, Jonathon  
Kue, Ricky C.  
Lichtman, Ofer  
Marino, Michael John  
Martini, David C.

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Pianka, Jamie

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeian

Smoot, Sean M.

Songer, Pat

Stevens, George

Terry, Lisa



## First Revision No. 40-NFPA 3000-2018 [ Section No. 20.4 ]

### 20.4 Continued Recovery.

#### 20.4.1

Continued recovery shall be the operational period following early recovery ~~when early recovery efforts have been stabilized~~.

##### 20.4.1.1

There shall be a transition period ~~between~~ from early recovery ~~and to~~ continued recovery, which shall include regular meetings of the primary agencies and other key individuals, as necessary.

##### 20.4.1.2

The ~~need for the establishment of~~ need to establish a long-term recovery committee shall be considered.

##### 20.4.1.3

Continued recovery shall include, but is not limited to, the following:

- (1) Business impact evaluation
- (2) Coordination of the restoration, rebuilding, and replacement of facilities, infrastructure, materials, equipment, tools, vendors, and suppliers
- (3) Restoration of the supply chain
- (4) Reopening or relocation of vital facilities such as schools, grocery stores, and day cares that allow a community to return to their day-to-day schedule
- (5) Continuation of communications with stakeholders
- (6) Roles and responsibilities of the individuals implementing the recovery strategies
- (7) Internal and external (vendors and contractors) personnel who can support the implementation of recovery strategies and contractual needs
- (8) Adequate controls to prevent the corruption or unlawful access to the entity's data during recovery
- (9) Investigation of fraud associated with disaster assistance and assurances of consumer protection
- ~~Maintenance of pre-incident controls~~
- (10) Long-term victim services
- (11) Long-term community resiliency
- (12) Volunteer and donation management
- (13) Identification of gaps that could require supplemental state or federal assistance

#### 20.4.2 Victim Assistance.

Continued victim assistance shall provide for ongoing assessment and services for victims and their families, first responders, and community members.

##### 20.4.2.1\*

If utilized, a trained victim services liaison, case manager, or advocate shall assist victims and families, including hospitalized victims ~~and those who are not present~~.

##### 20.4.2.2\*

Organizations shall ensure that victim services liaisons receive the necessary training and support to meet the comprehensive short and long-term needs of victims and family members.

###### 20.4.2.2.1

This training shall include the emotional and psychological needs by providing mental health support, counseling, screening, and treatment.

###### 20.4.2.2.2

This training shall include atypical victim service providers who meet the unique needs of the population.

**20.4.2.3**

Continued victim assistance shall require coordination ~~in order~~ to assure the emotional and mental health needs are adequately assessed and served by facilitating timely notification and reunification and providing ongoing screening, counseling, and treatment.

**20.4.2.4\***

Medical and mental health surveillance shall include evaluating, documenting, recordkeeping, and engagement of the physical and mental needs of first responders, victims, families, bystanders, and other community members.

**20.4.2.5\***

Establishment of a family assistance center (FAC) shall be for the purpose of coordinating long-term assistance.

**A.20.4.2.5**

An FAC is intended to serve a variety of victims, to include those psychologically or vicariously traumatized, and not just families.

**20.4.2.5.1\***

The ~~family assistance center~~ FAC shall provide the necessary services and permissible information, including, but not limited to, the following:

- (1) Mental health counseling
- (2) Health care
- (3) Childcare
- (4) Crime victim compensation
- (5) Assistance with legal matters
- (6) Travel
- (7) ~~Financial planning to victims, family members, and first responders~~
- (8) Animal care
- (9)\* Medical examiner or coroner information

**A.20.4.2.5.1(9)**

The medical examiner or coroner's role at the FAC includes gathering antemortem data (via the notification/reunification) and notifying the next of kin regarding the deceased. Placing the medical examiner or coroner at the FAC can alleviate the number of family members and victims arriving to other locations, as well as approaching the medical examiner or coroner's office.

- (10\*) Assistance with organizing memorials as needed

**A.20.4.2.5.1**

The term *permissible information* is used because some information cannot be shared, such as information relevant to a crime or investigation and personal medical information, which is confidential.

**20.4.2.5.2**

~~The family assistance center shall organize memorial events, as needed.~~

**20.4.2.5.2\***

~~The family assistance center FAC shall be permitted to transition to a community resiliency center (CRC) that provides ongoing services and assistance to victims, family members, first responders, and community members .~~

**A.20.4.2.5.2**

The family assistance center FAC can transition to a CRC depending on the nature/scope of the event. CRC leaders should be aware that not all direct victims might want to participate.

The CRC can engage a holistic approach, which can include diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. It should be remembered that not all victims are religious or spiritual. The emotional and psychological needs of the community should be met by providing mental health support, counseling, screening, and treatment. The potential for increased risk of substance, physical, sexual, and emotional abuse should be addressed.

**20.4.2.5.2.1**

A process for the transition from an family assistance center FAC to a CRC shall be established.

**20.4.2.5.3**

The CRC shall consider access and functional needs populations in recovery. (See A.20.2.2.11.)

**20.4.2.5.4**

The CRC shall ensure that victims receive the necessary support and services to address symptoms of secondary/vicarious trauma.

**20.4.3 Response and Recovery Personnel Emotional, Psychological, and Behavioral Needs.**

The program shall consider public safety personnel, including first responders, law enforcement, fire, and EMS, as well as mental health providers, medical examiners, prosecutors, funeral directors, 911 operators and telecommunicators, and other response and recovery personnel when developing ongoing support systems.

**20.4.3.1**

Mental health restoration services shall include the following:

- (1) Identifying needs for mental health and emotional/psychological care
- (2) Emotional/psychological first aid for first responders, bystanders/witnesses, victims, and families

**20.4.3.2\***

~~In~~ The AHJ in collaboration with local behavioral health entities, community providers, and state hospitals, and facilities shall coordinate the activities and services necessary to address the behavioral health needs of persons impacted by the incident.

**20.4.3.2.1**

Coordination shall include representatives and/or other resources to assist local mental health and/or joint alcohol, drug addiction, and behavioral health services in the provision of support services and treatment of victims.

**20.4.4 Volunteer and Donation Management.**

Volunteer and donation management policies shall extend into the recovery phase.

**20.4.4.1**

The dispersing agency shall coordinate, but is not limited to, the following:

- (1) The funding process
- (2) Goods and services

**20.4.4.2**

Specific donor requests are likely, and a protocol to manage those shall be established.

**20.4.4.3**

Coordination between the primary agencies and the organization(s) designated to service the centralized collection, disbursement, and proper disposal entity for monetary donations and for the donation of goods and services shall continue.

**20.4.5 Criminal Justice System Proceedings and Victim Support Legal Considerations.**

Criminal justice system and victim support shall be coordinated to assist with victim impact statements, media management, and other victim needs.

**20.4.5.1\***

If there is a trial, then the criminal justice system or primary agency shall provide victims and family members with access to and updates on incident hearings, criminal justice proceedings, and their rights as victims.

**20.4.6 Additional Grant Funding.**

The impacted area and relevant agencies shall identify funding that could be available through local, county, or state/territory government, as well as national nonprofit organizations and corporations.

**20.4.6.1**

As necessary, funding shall be applied for through the established channels.

**20.4.6.2**

State Victims of Crime Act compensation and assistance administrators shall coordinate with all other emergency assistance providers in the state to avoid duplication of services.

**20.4.7\* Unmet Needs.**

Unmet needs and unique issues in the community ~~that need to be addressed~~ shall be identified, along with the appropriate agencies or funding mechanisms ~~to address these~~.

**20.4.8 Lessons Learned.**

~~At various post-response and recovery points, action items and lessons~~ Lessons learned shall be captured in ~~the after-action report~~ an AAR.

**20.4.8.1**

Baring security concerns, ~~these lessons~~ the AAR shall be shared among relevant stakeholders and emergency planners.

**20.4.9\* Restoring Critical Infrastructure.**

~~In order to~~ To coordinate the restoration, rebuilding, and replacement of facilities, infrastructure, materials, equipment, tools, vendors, and suppliers, AHJs shall utilize information and ~~analysis of the~~ data from damage assessment and business impact analysis.

**20.4.9.1**

The AHJ shall coordinate assignment of necessary temporary or permanent repairs to facilities and infrastructure and facilitate coordination of continued supply chain elements.

**20.4.10\* Communications Plan.**

~~AHJs~~ The AHJ shall develop and execute a communications plan that extends into the continued recovery phase of the ~~active shooter/hostile event~~ ASHE incident.

**20.4.10.1**

This communications plan shall include, but is not limited to, the following:

- (1) Consideration for extended victim services
- (2) Services for first responders
- (3) Funeral and memorial services
- (4) Recovery elements
- (5) Continuity of operations efforts

**20.4.10.2**

~~AHJs~~ The AHJ shall ~~assure~~ ensure all major elements of continued recovery have been ~~accounted for and have been~~ delegated to qualified organizations, individuals, or authorities.

**20.4.10.2.1**

~~These continued~~ Each major recovery elements shall ~~each~~ have a lead authority, an action plan, and a communications plan.

**Submitter Information Verification**

**Committee:** ACT-AAA

**Submittal Date:** Sun Dec 09 21:00:14 EST 2018

## Committee Statement

**Committee Statement:** section edited for clarity and to add detail on ME/corner, family assistance, and Community resiliency.

**Response Message:** FR-40-NFPA 3000-2018

## Ballot Results

✔ This item has passed ballot

57 Eligible Voters

11 Not Returned

46 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

### Not Returned

Anderson, Kristina

Baez, Amado Alejandro

Canterbury, Chuck

Carver, Christopher

Ciottone, Gregory Robert

Clumpner, Mike

Dean, Paul H.

Delo, Maximillian

Harvey, David Lee

Villegas, Jose L.

Williams, Mark

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Cooper, Craig

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Oates, John H.  
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Ostroskey, Peter J.  
Parrish, Thomas J.  
Pianka, Jamie  
Quirarte, James Scott  
Sarnacki, Jeff  
Serino, Richard  
Sheehan, Daniel  
Siegler, Jeffrey  
Smith, Richard  
Smith, Hezedeian  
Smoot, Sean M.  
Songer, Pat  
Stevens, George  
Terry, Lisa