



NATIONAL FIRE PROTECTION ASSOCIATION

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

M E M O R A N D U M

TO: Technical Committee on Cross Functional Emergency Preparedness and Response

FROM: Jenny Depew, *Technical Committee Administrator*

DATE: January 16, 2020

SUBJECT: NFPA 3000 Second Draft Technical Committee FINAL Ballot Results (A2020)

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

62 **Members Eligible to Vote**
8 **Members Not Returned** (*Clumpner, Corbett, Dean, Harvey, Kienzle, Stevens, Villegas, Waybourn*)

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*.



Second Revision No. 79-NFPA 3000-2019 [Global Comment]

Please use the attached word document for the new Annex C and move current Annex C to Annex D.

Supplemental Information

File Name	Description	Approved
NEW_Annex_C_AAR_cleaned_up_by_John_DD_Comments.docx	New Annex C. For staff use.	
3000_Global_SR-79_new_Annex_C.pdf	For ballot	

Submitter Information Verification

Committee:

Submittal Date: Sun Oct 13 22:55:06 EDT 2019

Committee Statement

Committee Statement: New Annex C created as task from FDM. This material was developed by a task group reviewed and edited by the TC. The TC used public input from the FDM looking for more AAR detail as the impotence for creating this additional material.

Response Message: SR-79-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott

Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 81-NFPA 3000-2019 [Detail]

3.3.43* ~~Ambulance Exchange Point (Loading Zone).~~

One or more geographic locations where transport vehicles are available to load casualties/victims. ~~This point is also known as a loading zone.~~

A.3.3.43 ~~Ambulance Exchange Point (Loading Zone).~~

This point can be located in the warm zone. It is sometimes called an *exchange point* or a *loading point*. It should be part of an incident management structure and have supervising personnel attached to it. Also, the means of transport can vary based on incident needs. Frequently, this is accomplished by ambulance but can also be by private vehicles, public transit, or other means, depending on the incident.

Submitter Information Verification

Committee:

Submission Date: Wed Oct 23 13:45:35 EDT 2019

Committee Statement

Committee Statement: Term has been re-named and needs to be moved to corrected location (alphabetical order). Also, ambulance exchange point has been removed. the term is not applicable outside of very specific environments and is synonymous with loading zones or loading points. This term is in NIMS and ICS and more readily known

Response Message: SR-81-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 82-NFPA 3000-2019 [Detail]

Add new definitions:

3.3.28 Family Assistance Center.

See 3.3.35, Incident Assistance Center (IAC).

3.3.29 Force Protection.

Law enforcement or armed security, as authorized by the AHJ, providing armed protection of other responders to achieve tactical objectives.

..

Submitter Information Verification

Committee:

Submittal Date: Wed Oct 23 13:51:38 EDT 2019

Committee Statement

Committee Statement: The term "family assistance center" too often implies that resources are only available to victims and their direct blood relatives. Too often, loved ones or those who are proximately harmed do not seek support from the centers even though they are eligible for these services. The TC has chosen to change the name with the hope that communities will begin to transition to this more inclusive terminology in their planning, response, and recovery in the future.

Response Message: SR-82-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters
8 Not Returned
54 Affirmative All
0 Affirmative with Comments
0 Negative with Comments
0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.

Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 83-NFPA 3000-2019 [Detail]

20.3.2* [original 20.4.2.5]

Establishment of a family incident assistance center (FACIAC) shall be for the purpose of coordinating long-term assistance.

A.20.3.2

An FACIAC is intended to serve a variety of victims, to include those psychologically or vicariously traumatized, and not just families.

20.3.2.1*

The FACIAC shall provide the necessary services and permissible information, including, but not limited to, the following:

- (1) Mental health counseling
- (2) Health care
- (3) Child care
- (4) Crime victim assistance and compensation
- (5) Assistance with legal matters
- (6) Travel
- (7) Financial planning
- (8) Animal care
- (9) *Medical examiner or coroner information
- (10)*Assistance with organizing memorials as needed

A.20.3.2.1(9)

The medical examiner or coroner's role at the FACIAC includes gathering antemortem data (via the notification/~~reunification~~ center) and notifying the next of kin regarding the deceased. Placing the medical examiner or coroner at the FACIAC 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.20.3.2.1(10)

The discussion about memorial events should consider the community's needs, its desire for annual memorial services, and the potential impacts of media coverage. The needs and desires of victims versus those of the community should be determined. Organizers should be aware that a spontaneous memorial event could emerge in the community even if a formal, organized memorial service is not planned. A memorial plan might not preclude a spontaneous event.

A.20.3.2.1

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* [original 20.4.2.5.2]

~~The FAC shall transition to a community resiliency center (CRC)~~Unified command or the AHJ shall consider, in cooperation with other stakeholders, the establishment of a community resiliency center (CRC) following the closure of the IAC.

A.20.4.2.5

The ~~FAC~~IAC 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.

20.4.2.5.1

A process for the transition from an ~~FAC~~IAC to a CRC shall be established.

20.4.2.6

The CRC shall consider access and functional needs populations in recovery. *(See A.20.2.3.11.)*

20.4.2.7

The CRC shall ensure that victims receive the necessary support and services to address symptoms of secondary/vicarious trauma.

Submitter Information Verification

Committee:

Submittal Date: Wed Oct 23 13:58:04 EDT 2019

Committee Statement

Committee Statement: Move for section that was originally out of order.

Response Message: SR-83-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 85-NFPA 3000-2019 [Detail]

Add new definitions:

3.3.30* Functional Task Force (FTF).

Separate from a rescue task force, this is any combination of resources, requiring force protection, assembled to meet a specific tactical need. An FTF can have objectives such as information gathering, breaching, utility control, managing building systems, fire control, and additional tasks as needed.

A.3.3.30 Functional Task Force (FTF).

Examples of FTF include suppression task force, breaching task force, lobby control, and elevator control.

3.3.53 Public Information Officer (PIO).

An individual(s) who gathers, verifies, coordinates, and disseminates public information and enables effective communications with various target audiences. The PIO coordinates closely with unified command and the JIC throughout the incident.

Submitter Information Verification

Committee:

Submission Date: Wed Oct 23 15:18:35 EDT 2019

Committee Statement

Committee Statement: The FTF definition was added due to confusion between an FTF and RTF. This should clearly delineate one is a rescue function and the other can be any function based on an incidents needs. PIO was added for reference as it is detailed in Chapter 17.

Response Message: SR-85-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters
8 Not Returned
54 Affirmative All
0 Affirmative with Comments
0 Negative with Comments
0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.

Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.

Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 86-NFPA 3000-2019 [Detail]

3.3.68 Warm Zone Response Models.

The models in 3.3.68.1 through 3.3.68.4 represent four warm zone operational tactics that can be employed by an AHJ for the purposes of integrated medical response to ASHE incidents.

3.3.68.1* 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. A team of law enforcement or armed security, as authorized by the AHJ, and any combination of fire and EMS personnel that provides threat-based care and victim extraction. This group moves within the warm zone.

A.3.3.68.1 Rescue Task Force (RTF).

The law enforcement officers (LEO) or armed security are assigned as force protection for this team and should not separate from the fire and/or EMS personnel. There could be instances where the warm zone suddenly becomes a hot zone and the LEO must immediately respond to that threat to ensure the safety of the team. Based on the scene, number of victims, and available emergency personnel, there could be more than one RTF assigned. RTFs can operate in the warm zone. Once triage and treatment is complete, the RTF can assist with victim movement.

3.3.68.2 Protected Island Operations.

A warm zone response concept in which law enforcement or armed security, as authorized by the AHJ, forms a secure perimeter around fire and EMS responders is provided in order for them to provide threat-based care until extraction and egress is available.

3.3.68.3 Protected Corridor Operations.

A warm zone response concept in which law enforcement or armed security, as authorized by the AHJ, forms a secure path through which fire and EMS responders can provide threat-based care for and extract victims is provided. Also known as a *warm corridor*.

3.3.68.4 Law Enforcement/Armed Security Rescue.

A warm zone response modality in which law enforcement officers or private security, if authorized by the AHJ, form teams for the purpose of threat-based care and extraction of victims.

Submitter Information Verification

Committee:

Submittal Date: Wed Oct 23 15:21:27 EDT 2019

Committee Statement

Committee Statement: Warm zone response models moved into one section with definitions refined.

Response Message: SR-86-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 1-NFPA 3000-2019 [Section No. 1.4.1]****1.4.1***

Portions of this standard might not be applicable to every jurisdiction or entity applying the standard, depending on their scope of responsibilities .

A.1.4.1

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 12:41:19 EDT 2019

Committee Statement

Committee Statement: Section edited for clarity. Some AHJs are limited in scope or responsibility, the standard has different sections for those differing responsibilities with the intent that they work with their neighbors and communities to meet the goal of having a comprehensive and cohesive program.

Response Message: SR-1-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeon

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 2-NFPA 3000-2019 [Section No. 2.2]

2.2 NFPA Publications.

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

NFPA 72[®], National Fire Alarm and Signaling Code[®], 2019 edition.

NFPA 101[®], Life Safety Code[®], 2021 edition.

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

NFPA 473, Standard for Competencies of for 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, 2019 edition.

NFPA 1500[™], Standard on Fire Department Occupational Safety, Health, and Wellness Program, 2018 2020 edition.

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 12:45:12 EDT 2019

Committee Statement

Committee Statement: Additional references added due to inclusion in the standard.

Response Message: SR-2-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 80-NFPA 3000-2019 [Section No. 2.4]

2.4 References for Extracts in Mandatory Sections.

NFPA 101[®], *Life Safety Code*[®], 2018 edition.

NFPA 731, *Standard for the Installation of Electronic Premises Security Systems*, 2017 edition.

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

NFPA 1600[®], *Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs* *Continuity, Emergency, and Crisis Management*, 2016 2019 edition.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Wed Oct 23 13:42:35 EDT 2019

Committee Statement

Committee Statement: Updated to latest editions.

Response Message: SR-80-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel

Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 3-NFPA 3000-2019 [Sections 3.3.3, 3.3.4, 3.3.5, 3.3.6, 3.3.7]

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 by the use of firearm(s).

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

An incident 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 Event Response (ASHER).

A response to an ASHE incident.

3.3.6 Active Shooter/Hostile Event 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.

3.3.7* 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.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 12:55:44 EDT 2019

Committee Statement

Committee Statement: Section edited for clarity of terms. Also, ambulance exchange point has been removed. the term is not applicable outside of very specific environments and is synonymous with loading zones or loading points. This term is in NIMS and ICS and more readily known.

Response Message: SR-3-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 4-NFPA 3000-2019 [Section No. 3.3.8]****3.3.8*** Associated 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~~ outside the secured incident perimeter .

A.3.3.8 Associated Off-Site Operations.

These sites typically require physical protection, ~~and responder support~~, and emergency management support. Some examples of areas that are associated off-site operations points include ~~victim assistance center, joint information center, emergency operations center, hospitals, health care facilities, notification center or incident assistance center, and witness and evidence collection centers~~ points , ~~and family notification/reunification center~~ .

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 13:05:08 EDT 2019

Committee Statement

Committee Statement: Edited for clarity and to match additional terminology changes.

Response Message: SR-4-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff

Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 5-NFPA 3000-2019 [Sections 3.3.11, 3.3.12]****3.3.11 Casualty.**

A person victim who is physically injured or killed ~~at the incident~~, including as a result of responding to the incident. (*See also 3.3.65, Victim.*)

3.3.12* Casualty Collection Point (CCP).

A temporary location used for the gathering, ~~triage (sorting), medical stabilization, and subsequent threat-based care, subsequent medical care, and~~ evacuation of nearby casualties.

A.3.3.12 Casualty Collection Point (CCP).

~~Casualties can be transferred to an ambulance exchange point and/or loading zone from these locations~~ When designating a casualty collection point, a consideration should be having appropriate cover and concealment or protection for the location .

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Fri Oct 11 13:12:21 EDT 2019

Committee Statement

Committee Statement: Section edited for clarity of definitions and grammar.

Response Message: SR-5-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 6-NFPA 3000-2019 [Section No. 3.3.15]

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 directly or proximately harmed victims, family members, first responders, and community members.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 13:16:09 EDT 2019

Committee Statement

Committee Statement: Proximat harmed victims added due to the importance of their inclusion. This was already considered under the definition but was added to signify the importance of remembering to include them in the consideration of victims.

Response Message: SR-6-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 7-NFPA 3000-2019 [Section No. 3.3.17]****3.3.17* Complex Coordinated Attack.**

~~Multiple assailants simultaneously or in close succession attacking multiple locations, or an attack that occurs in a single location by multiple methods~~ Synchronized attacks conducted by one or more independent teams occurring at multiple locations sequentially or in close succession using multiple attackers and employing one or more weapon systems .

A.3.3.17 Complex Coordinated Attack.

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. Examples include firearms, explosives, or fire as a weapon.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 13:22:01 EDT 2019

Committee Statement

Committee Statement: Edited to match NIMS definitions.

Response Message: SR-7-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff

Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 8-NFPA 3000-2019 [Sections 3.3.24, 3.3.25]

3.3.24 Cover.

~~The protection from firearms or other threats~~ Anything capable of physically protecting an individual from the threat(s), such as ballistic rounds and shrapnel .

3.3.25 Emergency Operations Center (EOC).

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

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Fri Oct 11 13:23:50 EDT 2019

Committee Statement

Committee Statement: Edited for clarity, grammar, and to match NIMS definition.

Response Message: SR-8-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 9-NFPA 3000-2019 [Section No. 3.3.28]****3.3.35* Family Incident Assistance Center (IAC) .**

A physical and/or virtual center where victims, and family members, and loved ones 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 other victim services established after the immediate recovery operations have taken place. The IAC is typically established following the closure of the notification center.

A.3.3.35 Incident Assistance Center (IAC).

In some instances the name of the incident can be inserted for the term *incident* as determined by the AHJ.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Fri Oct 11 13:27:35 EDT 2019

Committee Statement

Committee Statement: Due to lessons learned from previous incidents. The term "family assistance center" too often implies that resources are only available to victims and their direct blood relatives. Too often, loved ones or those who are proximately harmed do not seek support from the centers even though they are eligible for these services. The TC has chosen to change the name with the hope that communities will begin to transition to this more inclusive terminology in their planning, response, and recovery in the future.

Response Message: SR-9-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 10-NFPA 3000-2019 [Sections 3.3.30, 3.3.31, 3.3.32]****3.3.32* Hazardous Device.**

An object or tool incorporating destructive, lethal, noxious, energetic, or incendiary materials and designed to destroy, incapacitate, harass, or distract.

A.3.3.32 Hazardous Device.

~~A hazardous device can also be known as an include but is not limited to~~ improvised explosive device (IED) ~~and incorporate vehicles, military weapons, or components, but it is normally devised from non-military components , aircraft, unmanned aerial system, vehicle, and weapon or weapon component .~~

3.3.33 Health Care Receiving Facilities.

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

3.3.34 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]

A.3.3.32 Hospital.

~~Freestanding emergency departments units should be included in the planning efforts because of the likelihood of receiving patients.~~

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 13:32:46 EDT 2019

Committee Statement

Committee Statement: Edited for grammar and to match NFPA 101 definition.

Response Message: SR-10-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 11-NFPA 3000-2019 [Sections 3.3.37, 3.3.38, 3.3.39, 3.3.40]****3.3.40*** Individual First Aid Kit (IFAK).

A first component of the responder's personal first-aid-kit protective equipment (PPE).

A.3.3.40 Individual First Aid Kit (IFAK).

IFAK equipment should be approved by the AHJ and can include, but is not limited to, the following:

- (1) Tourniquet
- (2) Pressure dressing
- (3) Wound packing material (hemostatic dressing preferred)
- (4) Vented chest seals
- (5) Hypothermia blankets
- (6) Permanent marker
- (7) Protective gloves
- (8) Trauma shears
- (9) Means to document treatment

3.3.41 Joint Information Center (JIC).

A location used to coordinate critical emergency information, crisis communications, and public affairs functions. This is also the central location that facilitates operation of the joint information system (JIS).

3.3.42 Joint Information System (JIS).

The mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions or disciplines, including private sector and nongovernment organizations.

3.3.43 ~~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.~~

[Detail SR-81](#)

3.3.43* ~~Ambulance Exchange Point (Loading Zone).~~

~~One or more geographic locations where transport vehicles are available to load casualties/victims. This point is also known as a loading zone.~~

3.3.44 Logistics.

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

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Fri Oct 11 13:36:29 EDT 2019

Committee Statement

Committee Statement: Section edited to include starter recommendations for equip that can be included in an IFAK based on the AHJs risk assessment, capabilities, policies and resources. Also Law enforcement rescue deleted because it is moving to a different section.

Response SR-11-NFPA 3000-2019

Message:

[Public Comment No. 18-NFPA 3000-2019 \[New Section after A.14.3.1\]](#)

[Public Comment No. 17-NFPA 3000-2019 \[Section No. A.16.3\]](#)

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 12-NFPA 3000-2019 [Section No. 3.3.41]

3.3.45* Mutual Aid.

When agencies and/or jurisdictions assist one another on request by furnishing personnel, equipment, and/or expertise in a specified manner. This is frequently based on previously agreed upon plans, memorandums of understanding, contracts, or agreements.

A.3.3.45 Mutual Aid.

Formally executed mutual aid agreements should be established as part of the ASHER program and can assist with cost recovery.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 13:42:02 EDT 2019

Committee Statement

Committee Statement: edited for clarity and grammar.

Response Message: SR-12-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeon

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 13-NFPA 3000-2019 [Sections 3.3.43, 3.3.44, 3.3.45]

3.3.47* Notification and Reunification Center.

A secure facility in a centralized location that provides information about injured, missing, or unaccounted-for, or deceased persons and ~~the deceased~~ and that helps reunite victims with their loved ones initial services for victims, family members, and designated points of contact .

~~Notification/reunification centers~~ The notification center also helps displaced survivors, including children, to re-establish contact or be reunited with their family and friends after a period of separation. The notification center is not intended for the general public, media, or unaffiliated individuals.

A.3.3.47 Notification Center.

The notification center was previously referred to as the reunification center. Because of the possibility that not all victims are going to be reunited, the nomenclature has shifted in favor of the term *notification* . However, reunification is a vitally important activity that should take place at the notification center or other designated location.

3.3.48 Patient.

A person who ~~requires medical attention, including victim receiving medical evaluation and treatment, which can include physical and mental health services.~~

3.3.49 Personal Protective Equipment (PPE).

Equipment designed and approved to be worn for identified risk(s) to minimize exposure to hazards that cause injuries and illnesses. PPE includes BPE.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Fri Oct 11 13:48:28 EDT 2019

Committee Statement

Committee Statement: Because of the possibility that not all victims are going to be reunited, the nomenclature has shifted in favor of the term notification. However, reunification is a vitally important activity that should take place at the Notification Center or other designated location.

Response Message: SR-13-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 17-NFPA 3000-2019 [New Section after 3.3.47]

3.3.52* Public Access Trauma Kits.

These kits are readily available to the public. They are designed to give the public access to medical supplies that can be used to address preventable causes of death due to trauma.

A.3.3.52 Public Access Trauma Kits.

The preventable causes of death due to trauma can be found here: <http://www.c-tecc.org/guidelines>.

These kits, which are frequently co-located with AEDs and contain medical supplies as approved by the AHJ, should be easily identifiable to the lay person and can include but are not limited to the following:

- (1) Instructional materials
- (2) Tourniquets
- (3) Gauze and bandages
- (4) Pressure dressings
- (5) Wound packing material (hemostatic dressing preferred)
- (6) Vented chest seals
- (7) Hypothermia blankets
- (8) Permanent marker
- (9) Protective gloves
- (10) Trauma shears
- (11) Means to document care

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 14:25:31 EDT 2019

Committee Statement

Committee Statement: Added to support language in Chapter 9.

Response Message: SR-17-NFPA 3000-2019

Public Comment No. 14-NFPA 3000-2019 [Section No. 3.3.52]

Public Comment No. 19-NFPA 3000-2019 [New Section after 3.3.52]

Public Comment No. 13-NFPA 3000-2019 [New Section after 3.3.49]

Public Comment No. 16-NFPA 3000-2019 [New Section after 3.3.67.3]

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

53 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

1 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Lander, Ron

Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

Abstention

Keyes, John-Michael

In crisis, humans begin to operate in their midbrain, not the forebrain. The forebrain wants information. The midbrain wants action. The actual act of reunification is a moment in time and place, typically, within hours of an event. Long term, the Incident Assistance Center is a clear decoupling of the activities of reunification and recovery. The term "Notification" has a not uncommon connotation with the word "Death." All that said, this is tremendous work and I'm simply going to abstain from this specific item.



Second Revision No. 84-NFPA 3000-2019 [Sections 3.3.50, 3.3.51]

3.3.54 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.

3.3.55 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 resources to enhance resiliency.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Wed Oct 23 15:08:28 EDT 2019

Committee Statement

Committee Statement: Edited for clarity and grammar.

Response Message: SR-84-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeon

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 15-NFPA 3000-2019 [Sections****3.3.57, 3.3.58, 3.3.59, 3.3.60, 3.3.61, 3.3.62, 3....]****3.3.60*** Threat-Based Care.

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

A.3.3.60 Threat-Based Care.

Threat-based care can occur in any zone.

3.3.61 Treatment Area.

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

3.3.62 Triage.

To sift and sort; can occur in multiple phases and is a constant and re-occurring A continuous process of determining the priority of casualty based upon the severity of their condition and resources available .

3.3.63 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 command generally consists of law enforcement, fire, EMS representatives, and, if applicable, a location representative An application of the ICS that allows all stakeholders with responsibility for an incident or planned event, either geographical or functional, to manage an incident or planned event by establishing a common set of incident objectives and strategies. Depending on the needs of an ASHE incident, this consists of law enforcement, fire, EMS, a location representative, or others as dictated by the AHJ and needs of the incident .

3.3.64* Unified Command Post.

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

3.3.65* Victim.

A person who is Person(s), including responders, who are directly or proximately harmed in by the incident as the result of a criminal offense.

A.3.3.65 Victim.

This is a broader term than *casualty*- because it extends beyond just those that are physically injured or killed. ~~This can also include first responders.~~ Some communities or organizations could choose to use the term *survivor*. However, federal law recognizes the term *victim* in regard to assistance and compensation. Therefore, *victim* is the necessary term for planning and documentation.

3.3.66* Victim Advocate.

Professionals trained to directly assist victims and families with resources, information, emotional support, and other services ~~support victims of crime~~ .

A.3.3.66 Victim Advocate.

Advocates offer victims information, and emotional support, and help finding resources and filling out paperwork. Sometimes, advocates go to court with victims. Advocates might also contact organizations, such as criminal justice or social service agencies, to get help or information for victims. Some advocates staff crisis hotlines, run support groups, or provide in-person counseling. Victim advocates could also be called victim service providers, victim/witness coordinators, or victim/witness specialists.

3.3.67* Victim Navigator.

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

A.3.3.67 Victim Navigator.

A victim navigator's role can vary, depending on the nature and scope of the incident, but generally they provide victims, family members, and groups with the psychosocial support needed in the aftermath of mass violence or terrorism. A victim navigator can serve as the singular point of contact for law enforcement, victim service providers, media, and others wishing to contact the victims or families. Services can also include advising family caregivers; ; providing psychosocial support, education, and counseling; ; making referrals for other services; ; creating plans for treatment or recovery; ; and following client progress with treatment plans. Victim navigators could also be called victim liaisons.

Detail SR-86

3.3.68 Warm Zone Response Models.

The models in 3.3.68.1 through 3.3.68.4 represent four warm zone operational tactics that can be employed by an AHJ for the purposes of integrated medical response to ASHE incidents.

3.3.68.1* 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. A team of law enforcement or armed security, as authorized by the AHJ, and any combination of fire and EMS personnel that provides threat-based care and victim extraction. This group moves within the warm zone.

3.3.68.2 Protected Island Operations.

A warm zone response concept in which law enforcement or armed security, as authorized by the AHJ, forms a secure perimeter around fire and EMS responders is provided in order for them to provide threat-based care until extraction and egress is available.

3.3.68.3 Protected Corridor Operations.

A warm zone response concept in which law enforcement or armed security, as authorized by the AHJ, forms a secure path through which fire and EMS responders can provide threat-based care for and extract victims is provided. Also known as a warm corridor.

3.3.68.4 Law Enforcement/Armed Security Rescue.

A warm zone response modality in which law enforcement officers or private security, if authorized by the AHJ, form teams for the purpose of threat-based care and extraction of victims.

3.3.69 Witness.

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

3.3.70 Witness Interview/Debrief Area.

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

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Fri Oct 11 14:13:56 EDT 2019

Committee Statement

Committee Statement: Section edited for grammar, clarity, and to better delineate the functions and roles of the defined positions.

Response Message: SR-15-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 16-NFPA 3000-2019 [Section No. 3.3.67.3]

3.3.71.3* 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.3.3.71.3 Cold Zone.

Some items that should be located in the cold zone are ~~triage, treatment~~ threat-based care and transport, patient loading, unified command post, and staging.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Oct 11 14:22:44 EDT 2019

Committee Statement

Committee Statement: edited for clarity.

Response Message: SR-16-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel

Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 18-NFPA 3000-2019 [Chapter 4]

Chapter 4 ASHER Program Development Process

4.1 Administration.

4.1.1 Scope.

This chapter outlines the necessary components of an ASHER program.

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

A.4.2(1)

To ensure effective and efficient coordination it is recommended that an appointed program manager or committee of integrated/cross-functional membership be responsible for the overall coordination of the 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) Recovery operations, including whole of community, business continuity, and victim services, and after action reporting in accordance with Chapter 20

A.4.2(18)

Additional after action reporting guidance can be found in Annex C .

* After action report (AAR)

A.4.2(19) –

The AAR should include the following, at a minimum:

- Post-incident debriefing
- Interviews
- Evidentiary collection
- Demobilization
- Victim and survivor assistance
- Family notification and reunification
- Mortuary services
- Post-incident recovery and rehab
- Social media review
- Incident documentation and reporting
- Injury/exposure reporting
- Peer support debriefing as well as long-term behavioral and mental health interventions
- Continuity of operations
- Return to normal business

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 13:21:36 EDT 2019

Committee Statement

Committee Statement: Revised to add the program manager role to suggested annex materials and to include the guidance from Annex C.

Response Message: SR-18-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 19-NFPA 3000-2019 [Section No. 5.1.1.1]

5.1.1.1

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 13:29:13 EDT 2019

Committee Statement

Committee Statement: Edited to match acronyms in Chapter 3.

Response Message: SR-19-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 20-NFPA 3000-2019 [Section No. 5.2]****5.2 At-Risk Locations.****5.2.1***

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

5.2.2*

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

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

5.2.2.1

~~Specific consideration~~ 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 the conditions and circumstances in proximity of the potential incident site shall include the following:

- (1) Population demographics, including vulnerable groups and 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: Sat Oct 12 13:30:21 EDT 2019

Committee Statement

Committee Statement: Edited for grammar and further at-risk locations added to provide more specific guidance.

Response Message: SR-20-NFPA 3000-2019

Ballot Results

✓ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 21-NFPA 3000-2019 [Section No. 5.3.2.1]

5.3.2.1

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 13:35:59 EDT 2019

Committee Statement

Committee Statement: Edited per MOS

Response Message: SR-21-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 22-NFPA 3000-2019 [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.

A.5.4.1

The community risk assessment should be reviewed annually or when changes take place that affect the original assessment. Verifiable resources should be consulted to determine the most common types of ~~active shooter/assault attacks~~ threats in other incidents. This data should then be compared to the sites identified within the AHJ jurisdiction to determine if there is a high or low probability of an incident occurring.

Information on target locations and types can be found from the following sources:

- (1) Local public safety agencies
- (2) Local emergency management
- (3) Homeland Security Intelligence Network (HSIN)
- (4) Fusion centers
~~Local emergency management agency personnel~~
- (5) Joint counter-terrorism assessment teams
- (6) Joint terrorism task force
- (7) National organizations
- (8) ~~The~~ Federal Bureau of Investigation (FBI)
- (9) Historical records
~~Local public safety agencies~~

5.4.1.1

Consequences shall be ~~defined as determined by~~ the results evaluation of the ~~combination of the assessed 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~~ commerce, and ~~damage to the environment~~ environmental impact.

A.5.4.1.1

~~An example of property loss is building damage or collapse.~~

5.4.1.2

These consequences shall be grouped into the following four categories:

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

5.4.2* Facility/Venue 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 for occupants/attendees shall include the following:
 - (a) Age groups
 - (b) Access and functional needs
 - (c) Language barriers
- (2) Building/venue property owner or owner representative
- (3) Name or other identification of area/facility
- (4) Number of occupants/attendees and maximum capacity
- (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 audio/visual monitoring, security guards personnel, threat detection systems, and electronic premises security systems, and other measures to counter or restrict assailant access.

- (6) Ingress
- (7) Egress
- (8) Area accessibility
- (9) ~~Access~~ Public access control
- (10) Facility/area use
- (11) Fire alarm systems and mass notification systems consistent with *NFPA 72*
- (12) Existence of fire protection systems
- (13)* Building construction type and protective features

A.5.4.2(13)

Protective features can include ballistic glass, impact glass, and fortified doors/locks.

- (14) Availability of building/venue map and/or site plan
- (15) 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 locations, access to fire control system(s), access to a gated community, access to a secure compound, and access to keys, key cards, codes, or credentials.

- (20)* Onsite medical or trauma equipment

A.5.4.2(20)

This can include public access trauma control kits for lay rescuers and specialized medical equipment for internal and trained/licensed personnel who are part of an internal response team.

(21) Integrated response plan

A.5.4.2(21)

This plan should assist with coordination between the facility/venue and the AHJ.

(22) Other relevant information

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, www.bleedingcontrol.org, and 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) *NFPA 1620*
- (5) *ISO/IEC 31010:2009 2019*
- (6) *CFAI Risk Assessment Manual*
- (7) *ASIS Standard for Risk Assessments*
- (8) *PASS, Guiding Principles — Risk and Risk Exposure*
- (9) *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: Sat Oct 12 13:36:57 EDT 2019

Committee Statement

Committee Statement: Section edited for grammar, flow, and to provide additional examples in Annex A for the requirements in the main body.
Response Message: SR-22-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters
8 Not Returned
54 Affirmative All
0 Affirmative with Comments
0 Negative with Comments
0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice

Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 24-NFPA 3000-2019 [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), and pre-incident plans for the safe, effective response to ASHE incidents.

A.6.1.2

A useful tool for some pre-incident planning activities is NFPA 1620

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 14:10:38 EDT 2019

Committee Statement

Committee Statement: Pre-incident planning and a reference to NFPA 1620 added to section.

Response Message: SR-24-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 25-NFPA 3000-2019 [Sections 6.2.1, 6.2.2]

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).

A.6.2.1

Multi-agency and multidiscipline relationships should provide a starting point for planning, training, exercising, ~~and~~ on-scene, and recovery operations. This will improve integration, response, and recovery capabilities.

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 at a minimum 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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 14:13:30 EDT 2019

Committee Statement

Committee Statement: Edited for grammar, consistency, and to add recovery phase of incident to annex items.

Response Message: SR-25-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.

Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 23-NFPA 3000-2019 [Sections 6.2.3, 6.2.4, 6.2.5, 6.2.6]

6.2.3

The AHJ shall utilize a formal process to ensure that plans are developed, maintained, updated, tested, and activated, including ~~the following~~, at a minimum the following :

- (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 a group authorized by the program AHJ to develop the plan.

6.2.5

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

- (1) Resource management
- (2) Staffing requirements
- (3) Cross- Integrated training with other disciplines
- (4) Health and medical issues, including responder behavioral health
- (5) Financial responsibilities and management
- (6) Recovery and restoration

6.2.6*

Plans shall provide a starting point for multi-agency multidisciplinary operations.

A.6.2.6

Developing relationships between agencies, as well as interdisciplinary emergency and nonemergency operations, is vital to the success of an organized mission-oriented response.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 14:04:17 EDT 2019

Committee Statement

Committee Statement: Text edited for grammar and example clarity.

Response Message: SR-23-NFPA 3000-2019

Public Comment No. 8-NFPA 3000-2019 [Section No. 6.3]

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 26-NFPA 3000-2019 [Sections 6.3, 6.4, 6.5]

6.3* EOPs.

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

A.6.3

Plans should mirror the National Response Framework (NRF) and National Preparedness Goals and use include 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.

SOPs shall be built around relevant core capabilities as identified by the EOP.

A.6.4

SOPs enable personnel to operate at an ASHE incident where hazards are identified, risks are assessed, and response options are chosen based on the AHJ's concept of operations, available resources and capabilities, and the responder's level of training. For plans related to specific facilities or structures, NFPA 101 has and NFPA 1620 have additional requirements for SOPs that should be taken into consideration.

6.4.1

Local jurisdictions shall develop SOPs.

6.4.2* SOPs.

SOPs shall be developed as part of the ASHER program ~~to do~~ for the following:

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

A.6.4.2

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

- (1) Introduction
- (2) Scope
- (3) Purpose
- (4) Definitions
- (5) Health and safety of responders
 - Planning
- (6) Response information and mutual aid
- (7) Operations
 - Community recovery
 - Annex
 - Glossary
- (8) Equipment
 - Documentation
- (9) Unique site-specific information
- (10) Pre-incident plans
- (11) Threat assessments
- (12) Consideration of operational impacts on the community
- (13) Training
- (14) Exercises
- (15) Recovery
- (16) Continuity of operations
 - ~~Business continuity during crime scene operations~~
- (17) Mental Behavioral health support and recovery
- (18) Incident documentation and after action reporting

6.4.3

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

6.5 Post-Incident Procedures.

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

6.5.1

Each participating entity shall conduct an operations debrief.

6.5.2

Post-incident procedures shall include a plan for demobilization.

6.5.3*

Post-incident procedural steps shall include a plan for restoring units and personnel to operational readiness.

A.6.5.3

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

6.5.4*

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

A.6.5.4

The AAR should at least consider the following: Annex C contains guidance for developing an AAR.

Post-incident debriefing

Interviews

Evidentiary collection

Demobilization

Victim and survivor assistance

Family notification and reunification

Mortuary services

Post-incident recovery and rehab

Social media review

Incident documentation and reporting

Injury/exposure reporting

Peer support debriefing as well as long-term behavioral and mental health interventions

Continuity of operations

Return to normal business

6.5.5

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

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 14:17:47 EDT 2019

Committee Statement

Committee Statement: Section revised to improve flow of information, grammar, and to add additional details to relevant annex sections.

Response Message: SR-26-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio

McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 27-NFPA 3000-2019 [Sections 6.7, 6.8, 6.9]****6.7 Active Shooter/Hostile Event Response Guideline.****6.7.1**

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

A.6.7.1

~~It is possible that additional hazards could be present.~~

6.7.2*

As part of the ASHER program, the AHJ shall develop guidelines, 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) Public safety telecommunicator pre-arrival instructions
- (7) Staging management to avoid over-convergence
- (8) Predetermined mutual aid requests
- (9) Emergency operation center activation guideline
- (10) Civilian action response and reaction plan

A.6.7.2(10)

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

- (11) Personnel recall
- (12) Incident stabilization
- (13) Information sharing
- (14) Considerations for those with access and functional needs
- (15) Family or loved ones notification or reunification
- (16) Victim and survivor assistance
- (17) Public information and media management
- (18) The transition to recovery
- (19) Incident assistance center

6.8* Operational Security.

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/tribal/ 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~~ ensure 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 ~~and~~ or information distribution.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 14:34:59 EDT 2019

Committee Statement

Committee Statement: Sections revised for grammar, clarity, and to match terminology in Chapter 3.

Response Message: SR-27-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 28-NFPA 3000-2019 [Chapter 7]

Chapter 7 Resource Management

7.1* Administration.

7.1.1 Scope.

This chapter provides requirements for developing a resource management plan to ensure that required resources are available to meet program objectives.

7.1.2 Purpose.

This chapter addresses needed resources ~~for the safe to enhance efficient and~~ , effective response to active shooter/hostile events while reducing risk .

7.2 Personnel.

The AHJ ~~should~~ shall have tools, systems, policy, and procedures in place for the tracking of 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 required ~~to service~~ meet the needs of the ASHER program.

7.3* Mutual Aid.

~~ASHER program managers shall coordinate with local response and emergency management agencies and be familiar with existing mutual aid systems and available resources prior to calling for these resources to sustain operations at an existing emergency incident. In order to sustain supplement~~ 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~~ assistance agreements
- (2) Existing mutual aid systems
- (3) Available mutual aid resources
- (4) Automatic aid

A.7.3

~~Mutual aid resources should be another a source of relief for on-scene personnel, equipment, and support to address the incident and associated community needs .~~

Some mutual aid relationships might require advance agreements outlining the provision and sharing of services prior to deploying to incidents. An example of this is NIMS on the local, state, and national levels.

7.4* Logistics and Records Management.

~~The AHJ shall establish a thorough and complete resource record-keeping system to ensure that supply management is documented and recorded. The AHJ shall have knowledge of logistical resources and maintain a system to acquire resources as needed and available.~~

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

The AHJ shall establish a thorough and complete resource record-keeping system to ensure that supply management is documented and recorded.

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:~~

~~Relevant mutual aid legal considerations~~

~~Existing mutual aid systems~~

~~Available mutual aid resources~~

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 14:41:37 EDT 2019

Committee Statement

Committee Statement: Chapter edited for grammar, clarity, and in order to provide additional supplemental information in Annex A.

Response Message: SR-28-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel

Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 29-NFPA 3000-2019 [Section No. 8.2]

8.2 Application of Unified Command.

8.2.1*

The 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 law enforcement~~, 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 at even the most minor ~~of~~ incident will set a framework and existing practice for its use at a major cross-functional incident such as an ASHE incident. ~~Another An~~ 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 shall be applied to drills, exercises, pre-planned events, and other situations that involve hazards similar to those encountered at actual emergency incidents.

8.2.3

Unified 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 ~~Members of the~~ unified command should be physically co-located to maintain constant communications and share pertinent information, ~~whenever safe and practical~~.

8.2.3.2

The goals of unified command shall be the following:

- (1) Life safety
- (2) Incident stabilization
- (3) Resource and property conservation

8.2.3.3

The To accomplish the goals listed in 8.2.3.2 of , unified command shall be do the following:

- (1) Recognize the presence of the incident, conduct an evaluation, and respond to the threat(s)
- (2) Provide for the safety of victims, bystanders, the community, and response personnel
- (3) Maintain situational awareness, which includes an ongoing risk assessment
- (4) Initiate, maintain, and control incident communications and joint information sharing
- (5)* Develop an overall strategy and incident action plan, which includes managing resources, maintaining an effective span of control, and maintaining direct supervision over the entire incident, and designating supervisors in charge of specific areas or functions functional groups or geographical divisions

A.8.2.3.3(5)

An example of direct supervision over a functional group would be a rescue group supervisor.

- (6) Ensure personnel resource assignments, logistics, and resource accountability
- (7) Review, evaluate, and revise the incident action plan as required
- (8) Initiate an incident communications plan
- (9) Coordinate public information
- (10) Maintain, transfer, and terminate command

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 14:51:36 EDT 2019

Committee Statement

Committee Statement: Section edited for clarity and to provide additional supportive details.

Response Message: SR-29-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

53 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Terry, Lisa
Williams, Mark

Affirmative with Comment

Taylor, Michael Scott

It seems something is off with the wording. Perhaps the wrong "shall" was struck?



Second Revision No. 30-NFPA 3000-2019 [Sections 8.3, 8.4, 8.5]

8.3 Incident Size-Up.

A size-up shall be conducted initially and ~~continuously followed by an ongoing dynamic risk assessment throughout the incident until such time as the incident is determined to be under control .~~

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, the structure or facility type, security systems, alarm and signal systems, population characteristics, and ~~so forth~~ other considerations .

- (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 the ASHER program's agencies shall establish practices to ensure ~~early~~ prompt implementation of unified command.

8.4.1*

Unified command shall meet the requirements of NFPA 1561 and shall ~~be established with~~ have written ~~standard operating procedures~~ SOPs 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 with their functional counterpart(s), ~~whenever possible~~ .

8.4.2

Unified 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, health care administrators representatives , victim witness specialists, and special event planners.

8.4.2.1

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

Accountability of responders

Building occupants

Victims

Bystanders

Communications

Occupants/employees utilizing various plans or systems, including rally points

Data from security or controlled access points

Communication and joint information sharing

Resource assignment and logistics

8.4.3

Unified command shall be co-located.

8.4.3*

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

8.4.3.1

This coordinated response shall include each discipline required to achieve the desired outcome of managing the incident and shall be an ongoing process until such time as the incident is concluded .

8.4.3.2

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

8.4.4

As incidents evolve in size and complexity, the unified command shall divide the incident into geographical or functional or geographical 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.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 15:06:11 EDT 2019

Committee Statement

Committee Statement: section was re-organized for flow, grammar, and to provide clarifying details in the annex.

Response Message: SR-30-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.

Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 31-NFPA 3000-2019 [Sections 8.6, 8.7]****8.6* Incident Stabilization.**

The need for unified command 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 could also evolve. Disciplines outside of the ~~tradition~~ traditional response roles 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.

8.7* After Action Reports.

AHJs that have experienced an ASHER incident shall complete an 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: Annex C contains guidance on AAR development and content.~~

- ~~Post incident resource analysis~~
- ~~Emergency communications center performance~~
- ~~Success of mutual aid plan operations and implementation~~
- ~~Operations of radio communication equipment~~
- ~~Critical incident stress debriefing~~
- ~~Media relations and information sharing~~
- ~~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 program training, policies, and documents to reflect an improvement plan as part of the AAR.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 15:14:06 EDT 2019

Committee Statement

Committee Statement: Section edited for flow, grammar, and clarity. Annex C reference added to AAR.

Response Message: SR-31-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 32-NFPA 3000-2019 [Section No. 9.2]

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

A.9.2.1(2)

The plan should consider the nature and character of the occupants. The capability of the occupants has a direct effect on the plan requirements of the building owner and manager. ~~School~~ For example, school children (K–12) will need more faculty/staff guidance on the procedures and actions to take. Occupants in a business occupancy, however, are likely to act more independently based on the plan. Responses in a health care/supervised care occupancy would involve staff assistance to aid patients.

- (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~~ Facility training programs should consider multiple options for occupant preparedness 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 ~~External notification~~ systems
- (5) The number, location, and contents of ~~bleeding control~~ public access trauma kits
- (6)* Building characteristics, ~~including~~ construction type and protective features

A.9.2.1(6)

Protective features can include ballistic glass, impact glass, fortified doors/locks.

- (7)* Physical security

A.9.2.1(7)

This encompasses physical security, electronic security, and cyber security.

- (8)* Notification ~~Facility internal notification~~ and signaling systems

A.9.2.1(8)

This includes in-building mass notification systems such as voice evacuation systems, area of refuge intercom systems, panic/duress alarms, and visual and audible alerting systems.

- (9) Signage
- (10) Emergency communications equipment

A.9.2.1(10)

Depending on system type, they should be compliant with NFPA 1221 and NFPA 72.

- (11) Surrounding areas and possible relocation resources
- (12) A system to support the AHJ's efforts to conduct ~~family reunification or~~ notification of family and loved ones

9.2.2*

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

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 15:18:52 EDT 2019

Committee Statement

Committee Statement: Edited for consistency of terms and to add additional reference detail.

Response Message: SR-32-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

53 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

Affirmative with Comment

Hendry, Joe

During the next review of NFPA 3000, I would like us to effectively debate the use of lockdown as a stand alone procedure as practiced by some facilities and schools for this event. The origin of tactics and empirical scientific evidence of multi-option response vs. traditional single option lockdown should be explored to determine if lockdown alone is an appropriate response in mitigation of casualties.

**Second Revision No. 33-NFPA 3000-2019 [Section No. 9.3]****9.3* Emergency Action Plans (EAP).****9.3.1***

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

A.9.3.1(1)

Consider DHS cyber and infrastructure security assessment (www.cisa.gov) and the PASS guidelines (www.passk12.org). NFPA 1600 and NFPA 1620 also have risk assessment and pre-incident planning guidance.

- (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~~ Notification procedures can be found in Chapter 20. Facilities should implement a public access ~~bleeding control~~ trauma kit program that addresses all of the preventable causes of death ~~from bleeding due to trauma~~ .

9.3.2

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

9.3.3

The plan for ASHE incidents shall include procedures for locking or securing of doors from inside of the designated areas.

9.3.3.1

The plan for ASHE incidents shall include the use of physical security capabilities identified in the risk assessment in Chapter 5 .

9.3.3.2

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.

9.3.3.3

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

9.3.4

Means of egress and escape shall comply with the requirements of NFPA 101.

9.3.5

Facilities shall make emergency action plans available to the AHJ.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 15:39:01 EDT 2019

Committee Statement

Committee Statement: Section revised for additional supporting detail and for consistency of terms.

Response Message: SR-33-NFPA 3000-2019

[Public Comment No. 12-NFPA 3000-2019 \[New Section after 9.3.3.1\]](#)

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 34-NFPA 3000-2019 [Section No. 9.4.2]****9.4.2***

The signaling and messaging process or procedure shall be designed 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* and *NFPA 1221*. Facilities should consider adding new technology to increase their preparedness for ASHE incidents. This could include, but is not limited to, the following:

- (1) Increased surveillance, including video
- (2) Shooter Threat detection systems
- (3) Mass notification software systems
- (4) Increased radio frequency identification (RFID) 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*.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 15:44:52 EDT 2019

Committee Statement

Committee Statement: Support material revised for constancy of terms and references.

Response Message: SR-34-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 35-NFPA 3000-2019 [Section No. 9.5.1]

9.5.1*

The AHJ shall be ~~made aware~~ notified of ~~exercises~~ an exercise .

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 15:47:41 EDT 2019

Committee Statement

Committee Statement: Edited for clarity of intent of statement.

Response Message: SR-35-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 36-NFPA 3000-2019 [Section No. 10.4]

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 ongoing 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.~~

10.5* Cost Recovery.

The AHJ shall identify opportunities for cost recovery for ASHER programs, response, and recovery.

A.10.5

The AHJ can have ordinances or rules that allow for cost recovery where the responsible party provides reimbursement for certain supplies. (For more information, go to www.ovc.gov.)

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 15:49:21 EDT 2019

Committee Statement

Committee Statement: Cost recovery moved to mandatory language and resources reference added.

Response Message: SR-36-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 37-NFPA 3000-2019 [Section No. 11.2]

11.2* Communication Center Coordination.

A.11.2

911 public safety answering points (PSAPs) are often the first point of contact for victims experiencing or fleeing an ASHE incident. Calls can be received by voice ~~or~~ by text, or from a ~~third party~~ other means. In addition to 911 services, communication centers can dispatch initial resources and or 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) Effectively being able to communicate with all of of their dispatched responding units/personnel
- (2) Rollover plans for 911 and emergency calls to other emergency communication centers
- (3) The ability for backup/rollover agencies to share information with partner agencies
- (4) Interoperable radio communications between emergency communications centers
- (5) Ensuring effective staffing, including emergency call in for staffing
- (6) Ensuring effective processing of peak emergency call volume

11.2.3*

Communications personnel shall participate in ASHER program training and exercises on an annual basis at a minimum.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 15:52:52 EDT 2019

Committee Statement

Committee Statement: Edited for clarity and consistency of terminology.

Response Message: SR-37-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.

Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 38-NFPA 3000-2019 [Section No. 11.4]****11.4*** Communication and Dispatch Systems.

Communications and dispatch systems shall follow NFPA 1221.

A.11.4

Many systems and AHJs are currently utilizing computer-aided dispatch (CAD) systems. The requirements, qualifications, and training referenced in NFPA 1221 and NFPA 1061 regarding incident/tactical dispatch are appropriate for any public safety telecommunicator managing an ASHER incident, even if that dispatcher does not physically respond to the scene.

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.

A.11.4.1

Considerations should include the following:

- (1) Implementation and support of text to 911
- (2) Implementation and support of NG911
- (3) Resiliency and continuity of operations
- (4) Incident/tactical dispatch needs
- (5) Increased volume of emergency and nonemergency calls
- (6) Staffing of emergency communications center
- (7) Robust and comprehensive backup and rollover process potentially to a larger center with greater ability to handle a large call volume ~~that meets the standard.~~
- (8) Relief of communications personnel
- (9) Behavioral health assistance

11.4.2*

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 15:57:32 EDT 2019

Committee Statement

Committee Statement: Edited for consistency of terms and to add additional supporting details to the annex.

Response Message: SR-38-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 39-NFPA 3000-2019 [Section No. 11.6.1.1]

11.6.1.1

These benchmarks shall include the following at a minimum:

- (1) Elapsed time until the first law enforcement unit is on scene
- (2) Elapsed time until unified command is established
- (3) Elapsed time until the first contact team is deployed
- (4) Elapsed time until the threat(s) is ~~neutralized~~ stopped
- (5) Elapsed time until the first integrated response team is assembled, if applicable
- (6) Elapsed time until the first and subsequent integrated response teams are deployed
- (7) Elapsed time until the establishment of warm zone care of victims
- (8) Receipt of appropriate deployment guidance for integrated response teams from unified command
- (9) Elapsed time until contact with the first victim
- (10) Elapsed time until the last victim is contacted
- (11) Performance of essential victim care procedures, such as tourniquet application
- (12) Elapsed time until the first victim is evacuated
- (13) Elapsed time until the last victim is evacuated
- (14) Elapsed time until the first victim arrives at the hospital
- (15) Elapsed time until the last victim arrives at the hospital

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 these systems in support of the response.~~

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:01:22 EDT 2019

Committee Statement

Committee Statement: Additional benchmarks added and annex removed because it was redundant.

Response Message: SR-39-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 40-NFPA 3000-2019 [Section No. 11.8]

11.8* High Incident Response Levels Preplanned Response Packages .

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

A.11.8

In many jurisdictions these have a specific name or level. They usually consist of a predetermined number of resources that a dispatcher can send at once to the incident so that resources are on scene in a more timely manner. Many jurisdictions call these packages specific names (alarm companies, task forces, strike teams, etc.). Some jurisdictions also allow first arriving resources and incident command to order these packages in an escalating manner as they manage the incident.

11.8.1

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:04:35 EDT 2019

Committee Statement

Committee Statement: Section edited for clarity of intended guidance.

Response Message: SR-40-NFPA 3000-2019

Ballot Results

✓ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.

Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 41-NFPA 3000-2019 [Section No. 12.1.3.1]

12.1.3.1*

Law enforcement officers shall be trained in ASHER in accordance with an established agency policy, including, but is not limited to, the following:

- (1) Unified command structure
- (2) Tasks
- (3) Competencies

A.12.1.3.1

Hot Zone Tasks. Law enforcement personnel who are not part of a specialized team and who operate in a hot zone should be able to perform the following tasks:

- (1) Recognize the presence of the incident, conduct an evaluation, and respond, and appropriately address the threat(s)
- (2) Provide incident information to other responding personnel, which can include the following:
 - (a) Size-up
 - (b) Make a major incident notification
 - (c) Identify the exact location of the incident (to reduce multi-incident confusion)
 - (d) Identify the type of attack or incident
 - (e) Announce the presence of known hazards
 - (f) Provide access for incoming responders
 - (g) Identify the potential number and location of casualties
 - (h) Identify additional resources required
- (3) Take measures to ensure their personal safety including donning appropriate PPE and identifiable garments
- (4) Provide appropriate direction to victims while gathering information
- (5) Establish a hot zone(s) perimeter.
- (6) Be prepared to provide self-medical aid or buddy medical aid

Emphasis should be given to establishing an incident commander until command and control is established as detailed in Chapter 8.

Warm Zone Tasks. Law enforcement personnel who are not part of a specialized team and who operate in a warm zone should be able to perform the following tasks:

- (1) Establish command and control as detailed in Chapter 8, including the following:
 - (a) Operate within in the unified command structure.
 - (b) Assemble contact teams and/or operate as part of the law enforcement branch within the incident command system.
- (2) Constantly evaluate the scene for emerging or re-emerging threats
- (3) Be able to complete mission-specific tasks for each type of hazard and participate in mission-specific teams
- (4) Be able to conduct casualty extraction techniques according to agency policies and procedures
- (5) Be able to act as force protection for fire and EMS personnel (rescue task force)
- (6) Provide security to a perimeter, corridor(s), or protected island(s) to facilitate emergency medical and fire operations
- (7) Provide appropriate direction to victims — egress vs. shelter in place
- (8) Communicate with and update unified command
- (9) Be able to support Support evidence and witness preservation
- (10) Provide threat-based care

Cold Zone Tasks. Law enforcement personnel who are not part of a specialized team and who operate in a cold zone should be able to perform the following tasks:

- (1) Establish command and control as detailed in Chapter 8, including the following:
 - (a) Operate within in the unified command structure.
 - (b) Operate as a component within the law enforcement branch within the incident command system.
- (2) Constantly evaluate the scene for emerging or re-emerging threats
- (3) Be able to conduct casualty extraction techniques according to agency policies and procedures
- (4) Provide security to a perimeter and to the unified command post

- (5) Coordinate emergency ~~vehicular~~ vehicle ingress/egress, including helicopter landing zones, if needed
- (6) ~~Be able to support~~ Support evidence and witness preservation
- (7) ~~Be able to screen~~ Screen individuals present for additional threats
- (8) Provide security for personal possessions left behind by fleeing victims
- (9) Gather victim information and provide support
- (10) Provide threat-based care

Recommended Associated Off-Site Operations Tasks. Law enforcement personnel who are ~~not part of a specialized team, who~~ operate in operational areas that are associated but off-site, should be able to perform the following tasks:

- (1) Operate as a functional position within the unified command ~~center~~ post
 - ~~Be able to provide information to the media as prescribed by unified command~~
 - ~~Be able to provide information to the public as prescribed by unified command~~
- (2) Assist with public information as detailed in Chapter 17
- (3) ~~Be able to assist~~ Assist with family notification
- (4) ~~Be able to conduct~~ Conduct witness interviews
- (5) Participate in evidence collection
- (6) Provide security support to associated sites such as media areas and witness interview areas.
- (7) ~~Be able to support~~ Support emotional and behavioral support missions
- (8) Serve as victim liaisons

Recommended Competencies.

Recommended Competencies for Law Enforcement Personnel When Operating at an ASHER incident Incident. Law enforcement officers should receive training to be able to conduct tasks in the hot zone. Officers should be knowledgeable of all local plans, policies, and procedures, including the following:

- (1) Major incident notification procedures
- (2) Available resources
- (3) Procedures for activating the local ASHER ~~incident response~~ plan
- (4) Communications plan and procedures
- (5) "Officer Down" procedure, or equivalent, based on local policy, protocol, and procedure
- (6) ~~Knowledge of appropriate local~~ Local procedures for clearing areas and designating zones
- (7) ~~Knowledge of local~~ Local procedures for establishing perimeters and providing security to other responders
- (8) ~~Knowledge of available~~ Available medical supplies and resources and their appropriate and prescribed uses within the adopted scope of practice
- (9) ~~Knowledge of available~~ Available PPE and their appropriate and prescribed uses
- (10) Local policies and procedures for operating with responders from partner agencies and jurisdictions
- (11) 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
- (12) Principles of the law enforcement branch, including the following:
 - (a) Contact teams (including solo and multi-officer response)
 - (b) Security/rescue teams
 - (c) Perimeter protection

- (d) Evidence collection
- (e) Witness identification and interviews
- (13) Basic breaching techniques
- (14) Local responder identification plans in order to differentiate responders from other parties
- (15) Ability to clear traffic and roadways to support movement of victims and possible evacuations
- (16) Local policies and procedures for the transition of active to recovery operations
- (17) Basic improvised explosive devices (IED) recognition and considerations
- (18) Basic recognition of perpetrator use of chemical munitions and protective measures
- (19) Procedures for checking into the incident with ~~Unified Command~~ unified command for accountability and assignment (no self-deployment without notification)
- (20) Understanding of relevant associated off-site operations and providing security for these off-site operations, including the following:
 - (a) ~~Family notification~~ Notification centers
 - (b) Incident assistance center
 - (c) Public information distribution
 - (d) Hospitals
 - (e) Witness interview and debrief locations
 - (f) Transport zones
 - (g) Mobile communications support
- (21) Witness and victim identification
- (22) Hazardous materials awareness level as defined in NFPA 472 or NFPA 1072

Recommended Competencies for Law Enforcement Officers When Operating at Vehicle as a Weapon Incidents. Law enforcement officers should have knowledge of local policies for vehicle as a weapon engagement. This should include the following:

- (1) ~~Knowledge of vehicle~~ Vehicle immobilization techniques
- (2) ~~Knowledge of potential vehicle~~ Vehicle -borne IED (VBIED) identification

Recommended Competencies for Law Enforcement Officers When Operating at an Active IED Incident. Law enforcement officers should have knowledge of local IED response policy. This should include the following:

- (1) Time, distance, and shielding, using the Department of Homeland Security (DHS) stand-off chart
- (2) Post-blast transition to fire event/structural collapse

For more information, see <http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-6-002-bomb-threat-stand-off-chart-a.pdf>.

Recommended Competencies for Law Enforcement Officers When Operating at Fire as a Weapon Incidents. Law enforcement officers should have knowledge of basic fire-fighting operations, which ~~should~~ can include the following:

- (1) ~~Immediately~~ The ability to recognize an immediately dangerous to life and health (IDLH) situations as pertains to respiratory and thermal protection
- (2) Co-occurrence threats (fire as a weapon often occurs in tandem with a second hostile event)
- (3) ~~Basic fire attack~~ Local fire department capabilities and their specific operations
- (4) AHJ's requirements for fire as a weapon incidents
- (5) ~~Knowledge of movement~~ Movement techniques in a smoke environment, such as how to drop to the floor where there could be breathable air and how to move along the walls in order to find an exit
- ~~Knowledge of how to drop to the floor where there could be breathable air and how to move along the walls in order to find an exit~~
- (6) Partnering with the local fire department to obtain basic fire-fighting training and instruction on how to properly use fire extinguishers to put out small fires

~~“Cross-training” to make sure law enforcement are trained and equipped to respond to injuries that include burns, smoke inhalation, respiratory distress, and trauma~~

~~Knowledge of self-contained breathing apparatus (SCBA) operation~~

~~Knowledge of thermal imaging camera operations~~

~~Knowledge of training to operate tactically while wearing flight gloves, which offer more thermal protection than most gloves. Structural fire-fighting gloves could impede handling of firearms.~~

~~Knowledge of marksmanship while wearing SCBA~~

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:11:31 EDT 2019

Committee Statement

Committee Statement: Section modified to add knowledge of Unified Command to the mandatory language. Annex modified for consistency of terms throughout.

Response Message: SR-41-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 42-NFPA 3000-2019 [Section No. 12.1.3.3]****12.1.3.3***

Law enforcement officers shall have knowledge of a threat-based system of medical care that is consistent with the AHJ's policies and procedures.

A.12.1.3.3

At a minimum this medical care knowledge should include the following:

- (1) Hemorrhage control
- (2) Basic airway
- (3) Respiratory management
- (4) Casualty extraction
- (5) Hypothermia management

Examples of threat-based systems of care include, but are not limited to, the following:

- (1) The system of care that is used to provide medical aid to self and others, including emergency patient care for the civilian environment, should 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.~~
- (2) The military equivalent is Tactical Combat Casualty Care (TCCC).

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:23:40 EDT 2019

Committee Statement

Committee Statement: revised for redundant statement.

Response Message: SR-42-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.

Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 43-NFPA 3000-2019 [Section No. 13.1.3.1]

13.1.3.1

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:26:40 EDT 2019

Committee Statement

Committee Statement: Run on sentence fixed.

Response Message: SR-43-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 44-NFPA 3000-2019 [Sections 13.1.4.1, 13.1.4.2]

13.1.4.1

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

13.1.4.2

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:28:51 EDT 2019

Committee Statement

Committee Statement: Edited to clarify intent of statements.

Response Message: SR-44-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 45-NFPA 3000-2019 [Section No. 13.3]

~~13.3 Reserved.~~

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 16:30:38 EDT 2019

Committee Statement

Committee Statement: Section deleted

Response Message: SR-45-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa

Williams, Mark



Second Revision No. 87-NFPA 3000-2019 [Section No. 13.3.3]

13.3.3 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 and o~~ Operate within the unified command system as detailed in Chapter 8 .
- (2) ~~Constantly e~~ 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~~ Evaluate the scene for threats and take measures to ensure personal safety as listed in 13.3.1.2.
- (4) Provide appropriate care.
- (5)* Triage, treat, and transport victims.
- (6) ~~Address~~ Support associated off-site operations as ~~reference~~ directed by unified command .

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Fri Dec 06 14:42:02 EST 2019

Committee Statement

Committee Statement: By removing "establish", the standard is now aligned with the initial responder training requirements listed in other NFPA documents; including NFPA 1001 and NFPA 1072. The technical committee has resolved that matching the language in the other documents will make it easier for training and certification entities to use/adopt NFPA 3000. Also, "operate" is not a limiting term and can mean any position within unified command thus the edit reduces unnecessary words and clarifies the task item. Entire section revised for grammar as well.

Response Message: SR-87-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 46-NFPA 3000-2019 [Section No. 13.5.1.2]

13.4.1.2

Fire and EMS 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) Policies and procedures for operating with responders from partner agencies and jurisdictions
- (15) Participate as part of a functional task force, based on incident needs, function, and capability
- (16) 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
- (17) Local law enforcement interface procedures and techniques
- (18) Vehicle positioning and staging plan
- (19) Identification methods to identify responders and roles
- (20) Recognizing and report known or suspected hazards
- (21) Transition to recovery procedures
- (22) Situational risk-benefit analysis

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:31:31 EDT 2019

Committee Statement

Committee Statement: Functional task force added as defined in chapter 3.

Response Message: SR-46-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 47-NFPA 3000-2019 [Section No. 13.5.4]

13.4.4 Competencies for Fire and EMS Personnel when Operating at Fire and Smoke as a Weapon Incidents.

Fire and EMS personnel shall have knowledge of the following in addition to 13.3.1.2:

- (1) Local integrated response procedures or capabilities 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)

~~Local integrated response capabilities necessary to efficiently and effectively mitigate this threat~~

~~Recognize improvised incendiary device (IID), explosive devices (IED), unexploded ordnance (UXO), and chemical, biological, radiological, nuclear (CBRN) weapons as single or multiple devices~~

- (3) Recognition and awareness of hazardous devices and operational considerations
- (4) AHJ's requirements for incidents with fire and smoke as a weapon

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:34:03 EDT 2019

Committee Statement

Committee Statement: Edited for clarity and to match terms.

Response Message: SR-47-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 48-NFPA 3000-2019 [Section No. 14.2]****14.2 General Requirements.****14.2.1**

The AHJ shall provide appropriate PPE and BPE in accordance with applicable standards 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 shall conduct continuous size-up and threat assessment during an incident. (See Chapter 8.)

14.2.3*

Personnel shall be provided and utilize readily available PPE according to PPE, including but not limited to BPE, as dictated by the needs of the incident and in accordance with the following zones of operation:

- (1) Hot zone. PPE shall include 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 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 dictated by the needs of the incident .

A.14.2.3

Zone definitions follow the general location of the threat(s). Hot zone operations should also consider a ballistic helmet, a radio with shoulder strap, and remote microphones with earpieces, flashlight, and individual first-aid kit (IFAK). See Chapters 8, 12, and 13 for warm zone operation (RTF) .

14.2.4*

The PPE deployment model shall be determined by the AHJ.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:37:37 EDT 2019

Committee Statement

Committee Statement: Edited for clarity.

Response Message: SR-48-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John

Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 49-NFPA 3000-2019 [Section No. 14.3]

14.3 BPE Specification and Type.

14.3.1*

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*.

A.14.3.1

The NIJ establishes minimum performance standards for body armor and administers a program to test armor for compliance. Type III-A ballistic panels provide ballistic penetration protection for most all standard handgun and shotgun ammunition.

14.3.1.1*

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

A.14.3.1.1

For more information on NIJ compliant products list go to [https:// www.nij.gov/topics/technology/body-armor/Pages/compliant-ballistic-armor.aspx](https://www.nij.gov/topics/technology/body-armor/Pages/compliant-ballistic-armor.aspx).

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~~ or other recognized certifying body standard .

A.14.3.2

Integrated Examples of integrated response teams can consist of a include rescue task force, protected corridor, and ~~se forth~~ protected island .

14.3.2.1

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.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:41:17 EDT 2019

Committee Statement

Committee Statement: Edited for clarity and to be consistent with terms.

Response Message: SR-49-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 50-NFPA 3000-2019 [Section No. 14.4]

14.4* Identifying Markings.

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

A.14.4

For PPE and BPE worn externally, additional marking can be used to designate rank officers and should be based on operational functions.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:45:08 EDT 2019

Committee Statement

Committee Statement: edited to clarify intended purpose.

Response Message: SR-50-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel

Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 51-NFPA 3000-2019 [Sections 15.1.1.1, 15.1.1.2]

15.1.1.1*

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

A.15.1.1.1

Examples of available training can include, but are not limited to, Advanced Law Enforcement Rapid Response Training (ALERRT), Tactical Emergency Casualty Care (TECC), ~~and or~~ Tactical Combat Casualty Care (TCCC).

15.1.1.2

A ~~response~~-personnel training program shall be adopted and shall include a means for evaluating personnel competence.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 16:47:11 EDT 2019

Committee Statement

Committee Statement: Edited for consistency.

Response Message: SR-51-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 52-NFPA 3000-2019 [Sections 15.2.2, 15.2.3]****15.2.2***

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

15.2.4*

Elements of the ASHER program training plan shall include an HSEEP-compliant exercise no less than once annually, involving all agencies and organizations identified in the ASHER program.

A.15.2.4

The lessons learned identified in the AAR of the exercise should be documented and distributed to all participant agencies for use in adjusting training plans, policy and procedures, logistic planning, and resource acquisition planning. These exercises can consist of one part of the program's plans or several.

Exercises that fall under the HSEEP scope include the following:

- (1) Full scale
- (2) Tabletop
- (3) Functional

It is a best practice to exercise different portions or elements of the program each year in order to continuously improve the program's capabilities.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sat Oct 12 16:50:12 EDT 2019

Committee Statement

Committee Statement: Annual exercise language added to match facility, communications, and healthcare chapters.

Response Message: SR-52-NFPA 3000-2019

Public Comment No. 11-NFPA 3000-2019 [New Section after 15.2]

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John

Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 53-NFPA 3000-2019 [Section No. 15.4.4]

15.4.4 Frequency of Training ~~(Reserved)~~ .

Frequency of training shall be determined by the AHJ.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sat Oct 12 16:55:36 EDT 2019

Committee Statement

Committee Statement: language added for reserved section.

Response Message: SR-53-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 54-NFPA 3000-2019 [Section No. 16.1.2]

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, apart from responders
- (2) Assistance with terminology, expectations, and appropriate actions to increase the effectiveness of public information

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 11:59:26 EDT 2019

Committee Statement

Committee Statement: Grammatical correction.

Response Message: SR-54-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 56-NFPA 3000-2019 [Section No. 16.2.1]

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 ~~individually paced training~~ by the public.

A.16.2.1(3)

These materials can include videos, handouts, published papers, online learning, and other similar educational material.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:03:54 EDT 2019

Committee Statement

Committee Statement: Redundant phrase corrected and online learning added to annex examples.

Response Message: SR-56-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeon

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 57-NFPA 3000-2019 [Section No. 16.3]****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~~ run, hide, fight .” The United States federal government recommends teaching the public to run, hide, and then fight. Another example is “avoid, deny, defend.”

- (b)* ~~Bleeding control and other interventions~~ Interventions aimed at preventable causes of death due to trauma

A.16.3(3)(b)

Other interventions include civilian treatment for airway, respiratory, hypothermia, and extraction. The United States federal government also encourages teaching the public bleeding control measures via the “Stop the Bleed” campaign (www.dhs.gov/stopthebleed) and the “You Are the Help Until Help Arrives” program, which addresses the time interval before arrival of professional responders. (www.community.fema.gov/until-help-arrives) .

- (c) Recommended equipment as determined by the AHJ

- (4)* Information needed to develop a preparedness plan

A.16.3(4)

Information specific to people with disabilities ~~and as well as~~ others with access and functional needs should be included. For people who might have a physical ~~and/~~ or mental disability or language access issue, the following should be included in ~~prepress~~ preparedness plans:

- (a) Communication needs (not able to hear verbal announcements or alerts, see directional signage, communicate with respondents)
- (b) Maintaining health (acute medical needs requiring support or trained medical professionals, medications, access)
- (c) Independence (providing physical and programmatic access, durable medical equipment needs/service animal)
- (d) Support and safety (loss of support of personal assistants, children and supervision)
- (e) Transportation (not able to drive, assistance with evacuation)

- (5) Identification and communication of site/location emergency action plans
 - (6) Identification of ASHE incidents warning signs and how to report them
 - (7) What to expect from interactions with emergency communication centers and first responders

A.16.3

More information can be found at www.bleedingcontrol.org and <https://www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf>.

~~Bleeding control kits should include the following:~~

- ~~Instructional booklet on bleeding control~~
- ~~Tourniquets~~
- ~~Bleeding control dressing~~
- ~~Marker~~
- ~~Protective gloves~~
- ~~Compression bandage~~

Public involvement is vital to provide additional support to response personnel and can often be the primary source of response in the first hours or days after a catastrophic event. As such, the public shall should be encouraged to train, exercise, and partner with each other and emergency management officials.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:06:08 EDT 2019

Committee Statement

Committee Statement: Section revised to correct grammatical and terminology errors. Bleeding control Kit recommendations removed because it has been moved to the definitions chapter.

Response Message: SR-57-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

53 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

Affirmative with Comment

Gestring, Mark

bleedingcontrol.org has been updated and changed. New website for STB program is stopthebleed.org. If you type old address, you will be redirected to new one but better to have up to date info in this section.



Second Revision No. 55-NFPA 3000-2019 [Section No. 16.4]

16.1.3 Goal of Curriculum.

16.1.3.1

The goal of the curriculum shall be to create awareness and enhance the knowledge, skills, and abilities of the public to respond and take protective measures in an ASHE incident.

16.1.3.2

The frequency of instruction shall be determined by the AHJ.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:01:17 EDT 2019

Committee Statement

Committee Statement: Section moved because it is part of the purpose. Further clarification added.

Response Message: SR-55-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 58-NFPA 3000-2019 [Section No. 17.1.2]

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~~ facilitating the appropriate dissemination of information to the public and stakeholders as part of a joint information center (JIC) and joint information system (JIS). ~~These individuals include the public information officer (PIO) or persons acting as part of the communications or media relations team with assigned duties.~~

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 12:15:24 EDT 2019

Committee Statement

Committee Statement: Revised to provide better context.

Response Message: SR-58-NFPA 3000-2019

Ballot Results

✓ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 60-NFPA 3000-2019 [Section No. 17.2]



17.3 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) Action(s) to take to reduce risk and improve safety
- (3)* Assistance with family reunification/notification for victims, families, and loved ones at the notification center

A.17.3(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 ASHE incident investigation.

- (4) Identification of official communications ~~paths~~ pathways (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)
 - (b)* All CRA risk assessment activities outlined in ~~risk assessment~~ (Chapter 5)

A.17.3(4)(b)

The PIO should be involved in the risk planning and coordination ~~so as~~ to acquire the appropriate communications contacts and familiarity with agencies and partners who could be resources for mutual aid as well as all SOGs and SOPs developed as part of the planning process and post-incident procedures.

- (c)* Planning and coordination activities outlined in Chapter 6

A.17.3(4)(c)

The PIO should be involved in the risk assessment ~~so as~~ to acquire the appropriate communications contacts and familiarity for assessed organizations for information sharing, preparedness planning, analyzing consequences, and seamless information flow in the event of an ASHE incident

- (5) Identification of official communications ~~paths~~ pathways 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

A.17.3(6)

Operational security could be put in jeopardy by ~~things such as~~ any of the following:

- (a) Media helicopters divulging response team location and movements
- (b) Misinformation on the current status of the ASHE incident
- (c) ~~Number~~ Disclosing the number of casualties
- (d) ~~Number~~ Disclosing the number of perpetrators

- (7) Leveraging the use of information gained through public sources such as social media

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 12:21:01 EDT 2019

Committee Statement

Committee Statement: terminology changes made to match other chapters and definitions.

Response Message: SR-60-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 61-NFPA 3000-2019 [Section No. 17.3]

17.4 Warning, Notification, and Crisis Communications.

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

17.4.1*

The system design shall follow the risk analysis as outlined in Chapter 5 and be integrated into the AHJ's or organization's emergency response plans.

A.17.4.1

More than one layer has been used to be effective in many AHJs. Accessing multiple layers (types and methods) of communication systems can increase effectiveness. 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. The IPAWS system consists of multiple layers.

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
- (6) Wireless emergency alert (WEA)

Layer 4 could consist of elements such as the following:

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

17.4.2

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.

17.4.3

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

17.4.3.1

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) Date and time stamp

17.4.4

Organizations shall develop plans with the ability to ~~communicate internally and externally~~ enable internal and external communication.

17.4.5*

Organizations shall maintain, test, and exercise notification systems and plans not less than once annually.

A.17.4.5

Test notifications should be appropriate and should not create ~~undue~~ panic. An example of this would be live social media posting of test events where they could be misunderstood as actual events

17.4.6*

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:28:39 EDT 2019

Committee Statement

Committee Statement: Multiple grammatical and terminology edits made to section. This was done to match terminology in chapter 3 and throughout the standard.

Response Message: SR-61-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris

Moore-Merrell, Lori L.

Murphy, Brian

Oates, John H.

Onofrio, Richard

Ostroskey, Peter J.

Parrish, Thomas J.

Priest, Greg

Quirarte, James Scott

Sarnacki, Jeff

Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedean

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 59-NFPA 3000-2019 [Section No. 17.4]

17.2 JIC.

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

17.2.1

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

17.2.2

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

17.2.3*

The PIO shall create, review, and finalize all forms of communication for the JIC as directed by unified command.

A.17.2.3

This communication includes press alerts and media advisories, press releases, briefings to victims, families, loved ones, and talking points.

17.2.4

The PIO shall coordinate any press conference(s) or other public address event(s).

17.2.5

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

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 12:16:44 EDT 2019

Committee Statement

Committee Statement: section moved and minor grammatical edits made. This section makes more sense in the flow of the chapter after scope and purpose.

Response Message: SR-59-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio

McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 62-NFPA 3000-2019 [Section No. 17.5.2]

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 if the JIC has not been established.

A.17.5.2

Appropriate and trending social media hashtags should be used to ensure the consistent delivery of approved messaging and information. Where possible, the same message from one source across all social media platforms should be used.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:35:43 EDT 2019

Committee Statement

Committee Statement: Clarification added to annex.

Response Message: SR-62-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard

Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeon

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 63-NFPA 3000-2019 [Section No. 17.6]

17.6 Establishing and Managing a Media Area.

17.6.1*

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

A.17.6.1

The on-location media area should be distinct from the notification center and later incident assistance center, but sufficiently close to allow the sharing of information with both. When possible, victims and families should receive information prior to release to media and the general public.

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 ASHE incident

17.6.3*

Unified command or the AHJ shall establish a plan for the communication of information to victims, families, loved ones, media, and the general public relative to the incident through the three recovery phases.

A.17.6.3

The recovery phases are detailed in Chapter 20 .

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:38:51 EDT 2019

Committee Statement

Committee Statement: Section edited to provide additional supporting details in the annex and to provide more specific guidance in the mandatory sections.
Response Message: SR-63-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.

Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 64-NFPA 3000-2019 [Section No. 19.1]****19.1* Administration.****A.19.1**

NFPA 99 contains dedicated chapters that provide the requirements for emergency and security management in health care organizations. The emergency management provisions require the development of an emergency operations plan based on an all-hazards approach, including mass casualty events that can greatly increase the demand for services. The security management requirements state that facilities must conduct a security vulnerability assessment that evaluates potential security risks to all individuals in the facility, and, as part of the plan, procedures must be identified for a number of incidents, including ASHER incidents. The requirements of NFPA 3000 are intended to supplement these overall plans by providing some of the specific things hospitals recommendations health care receiving facilities must do in order to best support the integrated response to ASHER incidents.

19.1.1* Scope.

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

A.19.1.1

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

19.1.2* Purpose.

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

A.19.1.2

Rapid categorization of patients severity during ASHE situations incidents is vital to reduce preventable loss of life.

19.1.2.1*

The processes required within Chapter 19 shall be scalable.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 12:44:37 EDT 2019

Committee Statement

Committee Statement: Section edited to match terminology as detailed in chapter 3.

Response Message: SR-64-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 65-NFPA 3000-2019 [Section No. 19.2]****19.2*** Preparedness and Emergency Management.

Health care receiving facilities that have the potential to receive patients victims shall be included in the AHJ's ASHER program activities, including but not limited to training and exercises.

A.19.2

Exercises should be scalable in nature and conducted once per calendar year annually, at a minimum . Exercises should follow FEMA or facility-specific guidance for exercises.

19.2.1

Exercises shall test the components outlined in this chapter.

19.2.2*

Health care receiving facilities shall have emergency management plans and annexes that are integrated with the local AHJ's ASHER program plans.

A.19.2.2

Hospital emergency management plans should include establishment of a notification center that coordinates with AHJ notification center activities. The hospital notification center should be able to communicate freely and without disruption with the AHJ notification center. This is necessary because the public could overload the normal means of communication with the site.

19.2.3

Health care receiving facilities shall plan for a surge of spontaneous arrivals.

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.

A.19.2.5

Assistance can consist of integrated response teams, site management, site security, patient decontamination, patient triage, patient treatment, incident command system, command and control, and other relevant services.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 12:52:19 EDT 2019

Committee Statement

Committee Statement: Additional supporting material added to Annex A for this section.

Response Message: SR-65-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 66-NFPA 3000-2019 [New Section after 19.3]

19.3.1

Patient distribution exercises shall include patient tracking, reporting, recall of key personnel/staff, logistical needs, and communications with on-site responders.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 12:56:54 EDT 2019

Committee Statement

Committee Statement: Sub-section added to provide further guidance on what to exercise during a patient distribution exercise,

Response Message: SR-66-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark



Second Revision No. 67-NFPA 3000-2019 [Section No. 19.5]

19.5* Victim Identification and Tracking.

Health care receiving facilities shall work within applicable laws and regulations to identify ~~patients~~ victims and ~~share~~ release this information to appropriate agencies, based on prescribed practice and procedure.

A.19.5

Use of electronic, web-based systems for patient victim tracking, ~~family reunification~~ notification of families and loved ones, and hospital capabilities (i.e., numbers of patients victims per triage 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: Sun Oct 13 12:59:29 EDT 2019

Committee Statement

Committee Statement: Section revised to match terminology in chapter 3.

Response Message: SR-67-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff

Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 68-NFPA 3000-2019 [Section No. 19.6.2]****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 or measures

A.19.6.2

Measures for restricting access should include the following:

- (1) Controlling access to security sensitive areas and high-risk departments
- (2) The process for identifying health care facility (HCF) staff and others (fire, law enforcement, EMS, public health) that require access
- (3) Communicating with on-duty and supplemental personnel
- (4) Managing internal and external communications
- (5) Establishing and maintaining perimeters and related visitor protocols
- (6) Obtaining additional security and/or law enforcement staff
- (7) Establishing secure passage routes and transportation for HCF staff
- (8) Managing the internal environment during access restrictions
- (9) Reversing the restricted access and opening areas
- (10) Testing and evaluating controlled access plans during emergency exercises with other HCFs and community agencies

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 13:02:30 EDT 2019

Committee Statement

Committee Statement: Terminology edited and additional examples added.

Response Message: SR-68-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike
Corbett, Chance Daniel
Dean, Paul H.
Harvey, David Lee
Kienzle, Michael P.
Stevens, George
Villegas, Jose L.
Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.

Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 69-NFPA 3000-2019 [Section No. 19.7]**

19.7 Facility Command Center/Incident Command System (ICS).

19.7.1*

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

A.19.7.1

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

19.7.2

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

19.7.3

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 13:09:52 EDT 2019

Committee Statement

Committee Statement: Edited for clarity of intent.

Response Message: SR-69-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe
Anderson, Kristina
Baez, Amado Alejandro
Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.

Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 70-NFPA 3000-2019 [Section No. 20.1.1.1]

20.1.1.1*

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

- (1) Immediate recovery using the notification center
- (2) Early recovery using the incident assistance center
- (3) Continued recovery using the community resiliency center

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.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 21:16:38 EDT 2019

Committee Statement

Committee Statement: Terminology added to reinforce the importance of the recovery centers.

Response Message: SR-70-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

53 Affirmative All

1 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Baez, Amado Alejandro

Beebe, Chad E.
Brollini, Jason
Brooks, Paul E.
Canterbury, Chuck
Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel

Siegler, Jeffrey

Smith, Richard

Smith, Hezedeane

Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

Affirmative with Comment

Anderson, Kristina

Would encourage the use of "Reunification", it's been clearly established in procedures and policies for schools and universities as part of recovery planning. Using both reunification and notification, also, seems repetitive as "Notification" happens in a variety of ways (much more quickly even than in physical contact) but reunification adequately describes the process.



Second Revision No. 71-NFPA 3000-2019 [Section No. 20.1.1.2.2]

20.1.1.2.2

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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 21:21:34 EDT 2019

Committee Statement

Committee Statement: Terminology changed to match chapter 3.

Response Message: SR-71-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford
Christensen, Laurie L.
Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeane
Smoot, Sean M.

Taylor, Michael Scott

Terry, Lisa

Williams, Mark

**Second Revision No. 72-NFPA 3000-2019 [Section No. 20.2]****20.2 Immediate Recovery.**

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

20.2.1*

The establishment of a notification center shall be considered by unified command if not already activated.

A.20.2.1

The notification center is typically used from the start of the ASHE incident until the 24- to 48-hour mark.

20.2.2

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 at the notification center
- (7) Victim assistance
- (8)* Medical examiner or coroner operations

A.20.2.2(8)

The medical examiner or coroner's office should be considered for inclusion in the unified command, the notification and reunification center, and later, the incident assistance 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 these places can alleviate the number of family members and victims arriving to at other locations, as well as approaching the medical examiner or coroner's office.

- (9) Initial investigation and evidence collection operations
- (10) Media and public information coordination

20.2.3*

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

20.2.3.1

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

- (1) Immediate victim reunification
- (2) Awareness of evidence preservation
- (3) ~~Activation of a~~ Administration of the notification and reunification center

20.2.3.2*

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

20.2.3.2.1

Any organization responsible for the management of recovery funds, including monetary assistance and compensation, shall work within the ICS system to meet as soon as reasonable following the ASHE incident to coordinate the disbursement of funds and claims applications.

20.2.3.2.2

This group shall continue meeting until all financial assistance is distributed or until the organization is no longer involved in the financial aspect of recovery.

20.2.3.2.3*

Meetings shall provide for an orderly and controlled multidirectional communication system consistent with practices defined by unified command and the JIC.

20.2.3.3

Information from meetings shall be immediately reported to unified command.

20.2.3.4

Unified During the immediate recovery phase, unified command shall be responsible for the following:

(1) Accountability of responders and victims

~~Building occupants~~

~~Victims~~

~~Bystanders~~

~~Accountability of employees utilizing organizational rosters or lists~~

~~Data from security or controlled access points~~

(2) Communication and joint information and resource sharing

(3) Resource sharing and logistics

20.2.3.4.1*

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

A.20.2.3.4.1

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

20.2.3.4.1.1

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

20.2.3.4.1.2

The RC shall organize local, state, federal, tribal, and nongovernmental organizations (NGO) actions and coordinate requests for assistance from recovering communities.

20.2.3.4.1.3

The RC shall help direct local, state, federal, tribal, and other resources while staying in communication with unified command.

20.2.3.5

Preliminary damage assessment shall include the following:

- (1) Civilian and responder casualties
- (2) Bystander and witness effects
- (3) Infrastructure

A.20.2.2.5(3)

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

- (4) ~~Damage Impacts~~ to responding organizations
- (5) Geographical area closures
- (6) Business impact
- (7)* ~~Victims Impact to victims~~

20.2.3.5.1

The damage assessment shall characterize the overall impact the event had on the organization/jurisdiction and be followed by a needs assessment if required .

20.2.3.5.2

Preservation of personal effects shall be considered.

20.2.3.6*

~~Notification and reunification shall be coordinated using an accountability system to determine which victims have been safely evacuated from the incident, building, or area Unified command and the notification center shall be included as part of associated off-site operations and be removed from the incident .~~

A.20.2.3.6

~~Establishment, use, and communication regarding the immediate use of a notification and reunification center, also referred to as a family assistance notification center, to be later followed by an incident assistance center, should be considered. The notification center allows for victims' family members and loved ones to be staged in a location removed from operations in order to receive timely and accurate information regarding victims and location of casualties if sent to a health care facility and to be reunified quickly with the uninjured who are delivered to the notification center. Unified command should consider preparing separate areas for victims to stage out of view from the public gathering at these locations.~~

~~The creation of a notification center should have a process to identify possible victims and witnesses during intake who might need to provide incident-related information to law enforcement. The center should have a security plan and credentialing process. The establishment of a uniform statistical data collection process, in coordination with the primary agencies, should be considered to track outreach and services delivered. This data is often useful after the incident when conducting needs assessments and applying for grant funding.~~

~~Establishing timely implementation and messaging and use of social media could expedite reunification center utilization and prevent additional family members and loved ones from traveling into the immediate area surrounding the scene. This temporary center might not be appropriate as a permanent location, and long-term alternatives should be considered.~~

~~For more information, see the FBI Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies at <https://www.nts.gov/tda/TDADocuments/Mass%20Fatality%20Incident%20Family%20Assistance%20Operations.pdf>.~~

20.2.3.6.1

The notification center shall have a security plan, credentialing and check-in process for victim service providers and volunteers, and plan for checking-in victims and family members, loved ones, or other designated representatives.

20.2.3.6.2

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

20.2.3.7

Implementation of notification and reunification processes shall be incident dependent.

20.2.3.7.1*

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

20.2.3.8*

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.20.2.3.8

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](https://www.fbi.gov/news/stories/death-notification-with-compassion).

20.2.3.8.1

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

20.2.3.8.2*

Only law enforcement, the medical examiner or coroner, and other trained entities shall release death notification.

A.20.2.3.8.2

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

20.2.3.9

Injured victim notification shall be coordinated through the unified command via an identified branch or group in coordination with a victim assistance liaison.

20.2.3.10

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.

20.2.3.11*

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

A.20.2.3.11

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 ASHE 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) Foreign nationals (see State Department's Consular Notification and Access Manual in Annex D)
- (13) Undocumented populations
- (14) Individuals with religious and spiritual affiliations
- (15) Other specialized populations

20.2.3.12

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

Submittal Date: Sun Oct 13 21:23:45 EDT 2019

Committee Statement

Committee Statement: Section edited to match terminology in chapter 3,4,5,6,8,11,12,13,and 19. Also added additional clarifying language to support intent of mandatory sections. State Department consular notification reference added to annex as it has been identified as a concern in events which affect foreign nationals.

Response Message: SR-72-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 74-NFPA 3000-2019 [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~~ are actively and proactively being managed. The establishment of an incident assistance center, which follows the closure of the notification center, shall be considered by unified command or the AHJ if not already activated.

A.20.3

Early recovery typically lasts from the 24- to 48-hour mark post-incident until one or two weeks.

When transitioning from a notification center to an incident assistance center, it is best practices to close the notification center on a Friday evening, maintain a staff over the weekend, and open the incident assistance center on the following Monday morning.

The incident assistance center was formerly known as the family assistance center.

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) Subsequent events
- (7) Volunteer management
- (8) Donations management
- (9)* Victim advocacy, assistance, and services
- (10) Federal emergency funding opportunities and grants
- (11) Memorial preservation

[Detail SR-83](#)

20.3.2*

Establishment of a an family incident assistance center (FAC IAC) shall be for the purpose of coordinating long-term assistance.

20.3.2.1*

The FACIAC shall provide the necessary services and permissible information, including, but not limited to, the following:

- (1) Mental health counseling
- (2) Health care
- (3) Child care
- (4) Crime victim assistance and compensation
- (5) Assistance with legal matters
- (6) Travel
- (7) Financial planning
- (8) Animal care
- (9)* Medical examiner or coroner information
- (10*) Assistance with organizing memorials as needed

20.3.3 Resource Needs Assessment.**20.3.3.1**

The assessment process shall begin to estimate the impact the ASHE incident has on the organization/jurisdiction, region, state, and/or nation in terms of the following:

- (1) Deaths and injuries
- (2) Business impact
- (3) Mental and emotional requirements
- (4) Property damage
- (5) System disruptions
- (6) Investigation and scene control management
- (7) Consideration of federal, state, local, and tribal resources for unmet needs

20.3.3.2

The assessment of consequences of an ASHE incident within an organization/jurisdiction shall include evaluating the likely events that could follow such an event.

20.3.3.2.1

This 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.

20.3.3.2.2

This assessment shall focus on short-term consequences of the events until medium- and long-term consequences can be evaluated.

20.3.3.3*

The AHJ shall consider that subsequent activities can compound the effects of an event of an incident by further taxing resources.

20.3.3.3.1

Subsequent activities shall require additional resources, management, security, and attention from the AHJ leaders with little or no advance notice.

20.3.3.3.2

The AHJ shall anticipate and maintain heightened awareness of these activities so that an appropriate and measured response can be executed.

20.3.3.4

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.20.3.3.4(4)(d)

~~Hospital~~ Health care facility, post-incident security plans should provide guidance for threat security, victim security, and ~~hospital~~ health care facility and infrastructure security.

- (e) Joint information center
- (f) Assistance centers
- (g) Other areas as determined

20.3.3.5

Early recovery communications within the unified command structure and through the public information officer (PIO) 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 partners
- (5) ~~ESF or RSF units~~ Lead agencies for emergency support functions and recovery support functions and federal, and state, local, and tribal authorities

20.3.3.6

Information disseminated shall be vetted, approved, and communicated from a single source.

20.3.3.7 Volunteer and Donation Management.**20.3.3.7.1**

The AHJ shall plan for the management, screening (which includes criminal background checks), and oversight of volunteers.

20.3.3.7.2*

The AHJ shall consider implementing a volunteer reception center that can receive, organize, and direct volunteers.

A.20.3.3.7.2

If there is a need to separate volunteers, including spontaneous, from the victims initially, then the volunteer reception center might need to be located ~~outside of the notification and reunification~~ away from the notification center, and later, the incident assistance center.

20.3.3.7.3

A volunteer management system shall properly credential and deploy approved volunteers who have been identified, screened, and trained in advance.

20.3.3.7.4

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.

20.3.3.7.5

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.

20.3.3.7.6* Donations.**A.20.3.3.7.6**

Input from the victims and their families should be elicited prior to the designation and distribution of funding and donated goods during the decision-making process.

20.3.3.7.6.1

The AHJ shall plan for the acceptance, control, receipt, storage, distribution, shipping, and disposal of any donations, including monetary and other donor requests.

20.3.3.7.6.2

The coordinating of victim-related donation disbursements shall be done with the victim or their designee.

20.3.3.7.7*

A donation management strategy shall be established during emergency planning, ~~and~~ prior to the incident occurring, and in accordance with Chapter 10.

20.3.3.7.8*

Where possible, a central donation system and site shall be established and run by an appropriate agency, which is frequently a third party.

A.20.3.3.7.8

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.~~

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.

20.3.3.7.8.1

A registered charity or NGO shall be used to receive monetary donations, rather than a local or state agency.

20.3.3.7.8.2

Cash donations shall not be accepted at unified command.

20.3.3.7.9*

Volunteer and donation management shall extend into the continued recovery phase.

20.3.3.7.10*

Unified command 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 Oct 13 22:00:43 EDT 2019

Committee Statement

Committee Statement: Section modified to match terms and improve explanatory material.

Response Message: SR-74-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 76-NFPA 3000-2019 [Section No. 20.4.1]****20.4.1***

Continued recovery shall be the operational period following early recovery.

A.20.4.1

Specific to the incident, continued recovery is likely in the period two weeks to one month after the incident and is extended as needed by months, years, and possibly decades.

20.4.1.1

There shall be a transition period from early recovery to continued recovery, which shall include regular meetings of the primary agencies and other key individuals, as necessary.

20.4.1.2

The 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~~ analysis
- (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
- (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

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 22:29:48 EDT 2019

Committee Statement

Committee Statement: Additional explanatory material added.

Response Message: SR-76-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeon
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark

**Second Revision No. 77-NFPA 3000-2019 [Sections 20.4.2.1, 20.4.2.2, 20.4.2.3, 20.4.2.4]****20.4.2.1***

If utilized, a trained victim services ~~liaison~~, ~~case manager~~ advocate, navigator, or advocate liaison shall assist victims and families, including hospitalized victims.

20.4.2.2*

Organizations shall ensure ~~that~~ victim services ~~liaisons~~ advocates and navigators 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 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.

A.20.4.2.4

This process should be proactive and managed by individuals or organizations that have a strong understanding and experience in ~~managing~~ post-incident recovery systems. This process should ensure that clinicians and service providers are licensed and trained with experience in ASHE incidents.

Submitter Information Verification

Committee: ACT-AAA

Submittal Date: Sun Oct 13 22:33:32 EDT 2019

Committee Statement

Committee Statement: Terminology updated to match other sections of the document.

Response Message: SR-77-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark



Second Revision No. 78-NFPA 3000-2019 [Sections

20.4.3, 20.4.4, 20.4.5, 20.4.6, 20.4.7, 20.4.8, 20...]

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~~ behavioral health and emotional/psychological + care
- (2) Emotional/psychological first aid for first responders, bystanders/witnesses, victims, loved ones, and families

A.20.4.3.1

For example, the Behavioral Health Assistance Program (BHAP) through the National Fallen Firefighter Foundation is a comprehensive, integrated, multicomponent, systematic program for firefighter mental health/wellness and crisis intervention. Additional support is provided through CISM, chaplain programs, peer to peer, clinical response teams, therapy animals, and others.

20.4.3.2*

The AHJ in collaboration with local behavioral health entities, community providers, ~~hospitals~~, and health care 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 continued 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 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, tribal, or federal 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 shall be identified, along with the appropriate agencies or funding mechanisms.

20.4.8* Lessons Learned and Best Practices .

Lessons learned and best practices shall be captured in an AAR.

A.20.4.8

Annex C contains detailed guidance on developing an AAR.

20.4.8.1*

Barring security concerns, the AAR shall be shared among relevant stakeholders and emergency planners.

A.20.4.8.1

If possible, victims and families should receive the AAR and other incident information prior to release to the general public.

20.4.9* Restoring Critical Infrastructure.

To coordinate the restoration, rebuilding, and replacement of facilities, infrastructure, materials, equipment, tools, vendors, and suppliers, AHJs shall utilize information and 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.

The AHJ shall develop and execute a communications plan that extends into the continued recovery phase of the ASHE incident.

A.20.4.10

Continued recovery can take months to years to complete.

20.4.10.1

~~This communications plan shall include, but is not limited to, the following:~~

- ~~Consideration for extended victim services~~
- ~~Services for first responders~~
- ~~Funeral and memorial services~~
- ~~Recovery elements~~
- ~~Continuity of operations efforts~~

20.4.10.1

The AHJ shall ensure all major elements of continued recovery have been delegated to qualified organizations, individuals, or authorities.

20.4.10.2

Each major continued recovery elements shall have a lead authority, an action plan, and a communications plan.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 22:40:29 EDT 2019

Committee Statement

Committee Statement: Sections edited to match terms and provide additional supportive detail.

Response Message: SR-78-NFPA 3000-2019

Ballot Results

✔ **This item has passed ballot**

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert
Cooper, Craig
Cross, Gregory S.
Davis, Andrea
Delaney, John
Downey, Dave
Downey, Julie
Drozd, Otto
Dulin, Jeffrey Morrice
Dworsky, Peter
Eastman, Alexander L.
Ewell, Jack
Finnegan, Daniel P.
Frye, Laura
Gestring, Mark
Hendry, Joe
Hickey, Ryan
Jones, Dennis T.
Kamin, Richard
Keyes, John-Michael
Lander, Ron
Lichtman, Ofer
Marino, Michael John
Martini, David C.
Mata, Vinicio
McCullagh, Grant Gibson
Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedean
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa

Williams, Mark



Second Revision No. 73-NFPA 3000-2019 [Section No. C.2]

D.2 Informational References.

The following documents or portions thereof are listed here as informational resources only. They are not a part of the requirements of this document.

NFPA 1521 , *Standard for Fire Department Safety Officer Professional Qualifications* , 2020 edition.

NFPA 1584 , *Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises* , 2015 edition.

NFPA 1616, *Standard on Mass Evacuation, Sheltering, and Re-entry Programs*, 2017 edition.

NFPA 1620 , *Standard for Pre-Incident Planning* , 2015 edition.

C-TECC *Tactical Emergency Casualty Care (TECC) Guidelines for First Care Providers*, 2016.

<http://www.victimprovidersmediaguide.com/appendices.html>.

[https:// ovc.ncjrs.gov/ncvrw2014/pdf/CommunicatingYourMessage.pdf](https://ovc.ncjrs.gov/ncvrw2014/pdf/CommunicatingYourMessage.pdf).

[https:// training.fema.gov/is/courseoverview.aspx?code=IS-42](https://training.fema.gov/is/courseoverview.aspx?code=IS-42).

travel.state.gov/content/dam/travel/CNAtrainingresources/CNA%20Manual%205th%20Edition_September%202018.pdf.

[https:// www.dhs.gov/publication/iedactive-shooter-guidance-first-responders](https://www.dhs.gov/publication/iedactive-shooter-guidance-first-responders).

[https:// www.dhs.gov/publication/ind-health-and-safety-planning-guide](https://www.dhs.gov/publication/ind-health-and-safety-planning-guide).

[https:// www.dhs.gov/publication/protecting-responders-health-after-wide-area-aerosol-anthrax-attack](https://www.dhs.gov/publication/protecting-responders-health-after-wide-area-aerosol-anthrax-attack).

[https:// www.nrt.org/sites/2/files/Updated%20NRT%20JIC%20Model_4-25-13.pdf](https://www.nrt.org/sites/2/files/Updated%20NRT%20JIC%20Model_4-25-13.pdf).

[https:// www.ovc.gov/pubs/mvt-toolkit/Sample_PIOLessonsLearned.pdf](https://www.ovc.gov/pubs/mvt-toolkit/Sample_PIOLessonsLearned.pdf).

www.victimprovidersmediaguide.com/appendices.html.

Submitter Information Verification

Committee: ACT-AAA

Submission Date: Sun Oct 13 21:58:56 EDT 2019

Committee Statement

Committee Statement: Added due to reference in Annex A for Chapter 20.

Response Message: SR-73-NFPA 3000-2019

Ballot Results

✔ This item has passed ballot

62 Eligible Voters

8 Not Returned

54 Affirmative All

0 Affirmative with Comments

0 Negative with Comments

0 Abstention

Not Returned

Clumpner, Mike

Corbett, Chance Daniel

Dean, Paul H.

Harvey, David Lee

Kienzle, Michael P.

Stevens, George

Villegas, Jose L.

Waybourn, Bill E.

Affirmative All

Alvarez, Joe

Anderson, Kristina

Baez, Amado Alejandro

Beebe, Chad E.

Brollini, Jason

Brooks, Paul E.

Canterbury, Chuck

Chellis, Brett Banford

Christensen, Laurie L.

Ciottone, Gregory Robert

Cooper, Craig

Cross, Gregory S.

Davis, Andrea

Delaney, John

Downey, Dave

Downey, Julie

Drozd, Otto

Dulin, Jeffrey Morrice

Dworsky, Peter

Eastman, Alexander L.

Ewell, Jack

Finnegan, Daniel P.

Frye, Laura

Gestring, Mark

Hendry, Joe

Hickey, Ryan

Jones, Dennis T.

Kamin, Richard

Keyes, John-Michael

Lander, Ron

Lichtman, Ofer

Marino, Michael John

Martini, David C.

Mata, Vinicio

McCullagh, Grant Gibson

Medley, Chris
Moore-Merrell, Lori L.
Murphy, Brian
Oates, John H.
Onofrio, Richard
Ostroskey, Peter J.
Parrish, Thomas J.
Priest, Greg
Quirarte, James Scott
Sarnacki, Jeff
Serino, Richard
Sheehan, Daniel
Siegler, Jeffrey
Smith, Richard
Smith, Hezedeian
Smoot, Sean M.
Taylor, Michael Scott
Terry, Lisa
Williams, Mark