

ALL HAZARDS TRAINING PLAN
UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

Department of Emergency Management
UAMS

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1. INTRODUCTION

1-0. Purpose: The purpose of this training plan is to layout the strategy and goals of the Emergency Preparedness Department in order to support the All Hazards Emergency Operations Plan (AHP) and the Emergency Management Program.

- Assist in laying out roles of the training director, individuals, response teams, service lines, and leaders across the UAMS enterprise.
- Roles will help maintain a steady state of readiness for dealing with hazards and disasters from small to large scale.
- Meet accreditation/certification requirements.
- Homeland Security Exercise and Evaluation Program (HSEEP) guidance.
- Occupational Health and Safety Regulation 1910.120 (HAZWOPER).

1-1. Strategy: Emergencies do not follow any prescribed design and are ever changing and evolving situations. The better trained a person is in dealing with emergencies the less control the situation has and the more apt a person is to recover quickly from that emergency. Individuals and teams understanding of the roles each person and group plays in remediating an emergency situation lessens the negative effect of the situation. Training is a major cornerstone in emergency preparedness and emergency management.

- UAMS will conduct training from the individual to the enterprise level.
- Training will be conducted through multiple styles, from self-paced to robust large scale drills and exercises.
- Methods will include table top exercises, small scale exercises involving one or two parts of a service line, large scale exercises across service lines and drills to reinforce and evaluate training that has already been conducted.
- All training will be assessed and those assessments will help to drive future training requirements and goals.
- Using the HSEEP model of design/develop, conduct, evaluate and improvement planning will prepare UAMS and all of the staff to not only be prepared for but to also rapidly respond to any emergency while providing the best possible service and care during that time.

1-2. Goals: The goal of the training program is for the UAMS enterprise to maintain a steady state of readiness to quickly respond to incidents and accidents that threaten the operability of any part of the enterprise.

- Includes not only the main hospital and academics but all outlying clinics and services that UAMS offers.
- A response team for the main campus, made up of non-clinicians, to assist incident responses will be developed, staffed and trained.

- Response team will be an example that satellite campuses can use to model a response team for their campus.
- All individuals in leadership positions across the enterprise will be trained on the Incident Command System (ICS) and be able to apply the principles of ICS when needed.
- Service lines will develop and monitor Business Continuity Plans (BCP) to continue to provide the best service possible and to provide methods for remediation following an incident or accident that interrupts services.
- Regional training programs will mirror the main campus training program and train for all hazards.

2. ROLES

2-1. Executive Director of Emergency Management (EDEM)

- Oversees the UAMS preparedness program and the effectiveness of training.
- Resolves any scheduling conflicts
- Advises the Training Director with updates to the AHP.
- Assures training program is compliant with the Joint Commission standards.
- Responsible for gaining approval of any large scale exercises to be conducted across the enterprise.
- Approves any expenditure of funds for training and travel from the Emergency Preparedness budget.
- Works with Vice Chancellors, Directors and Supervisors on allowing ancillary staff to participate in the Response Team effort.
- Approves all training plans and informs stakeholders of expected duration, start times and overall outcomes of upcoming training.
- Assures that training and exercises do not have a negative impact on UAMS' ability to provide ongoing services and care.

2-2. Emergency Preparedness Training Director (EPTD)

- Responsible for developing training program for preparedness.
- Creates and maintains training calendar that projects emergency preparedness training a minimum of three years out.
- Works with representatives from across the enterprise to develop specific training objectives for all levels of exercises and training.
- Develops and oversees exercises at all levels.
- Creates the standards for evaluation and maintains those standards.
- Assures evaluators and controllers understand the objectives and standards when conducting exercises.

- Leads all After Action Meetings (AAM), collects all information and creates After Action Reports (AAR) and Improvement Plans (IP), applies IP and AAR comments towards future training development.
- Maintains all AARs and IPs along with standards of evaluation to improve the training program.
- Conducts ICS training for those required by the Joint Commission in order to meet standards. Maintains training roster of all individuals and level of training achieved.
- Primary trainer for the Response Team and First Receivers on requirements outlined in OSHA 1910.120.
- Responsible for assuring that regional Emergency Preparedness Directors have effective training strategies.
- Assists regional directors in developing and improving training plans and individual annexes to the UAMS AHP.

2-3. Emergency Management Planner

- Assists Executive Director in resolving scheduling conflicts.
- Works with EPTD and Regional representatives on three year plans.
- Ensures that certification standards are recorded.

2-4. Emergency Preparedness Communications and Supply Manager

- Maintains inventory of training and response protective equipment.
- Organizes and maintains training materials.
- Assists regional coordinators with protective equipment and training materials needs.
- Works with UAMS Supply Chain for resupply as needed.
- Controls communications equipment.
- Assist EPTD with radio operations training.

2-5. Regional Coordinators

- Develops regional All Hazard training plan.
- Reports training status to EPTD.
- Meet quarterly with EPTD.
- Develops local training plan to ensure that goals of training plan are met.
- Maintains three year training plan.
- Works with individual clinics in the region to assure hazard specific training is completed.

2-6. UAMS employees

- Receive emergency preparedness awareness training when first hired. This is currently done through Compass.
- Those requiring ICS training will be briefed by the EPTD or the Executive Director on roles and responsibilities in the ICS structure and will be required to complete ICS-100 and 200 on the FEMA website (fema.gov).
- Will be familiar with the UAMS Emergency Quick Reference Guide.
- Participate in drills and exercises as required.

2-7. The Response Team will be

- Comprised of members that are not primarily care providers but are members of the UAMS team.
- Individuals will not be on call when not at UAMS performing their duties but while on shift will be expected to respond when called upon.
- Supervisors must approve participation and that approval provides consent for team members to attend quarterly one to two hour training and participating in responses and drills as needed.
- Each response team member will complete all required training:
 - Hospital Incident Command System (2 hours online).
 - Incident Command System (2 hours online).
 - Metro Region First Receivers Decontamination Course (4 hours online, 4 hours in person).
 - Chemical, Biological, Radiological, and Nuclear Hazards Awareness (2 hours in person).
 - Annual Refresher Training (2-4 hours).
- Responsible for assisting the first receivers primarily in the Emergency Department (ED) when dealing with patients who require decontamination or in the event of a mass casualty situation.
- Free up the nurses and doctors to perform the job of providing care to patients, minimizing effects on staffing in the ED.

2-8. Service lines

- Develop Emergency Operations Plans (EOPs).
- Develop Business Continuity Plans (BCPs).
- EOPS and BCPs will become a large part of the foundation for training objectives when executing larger scope table top exercises and serve as guides for the Incident Commander and staff when beginning remediation after an event.
- Directors of service lines can request for certain areas within that line to be the focus of an exercise.

- Service line directors are also responsible for the development and maintenance of all applicable EOPs and BCP's for that line.
- EOPs and BCPs will be updated with lessons learned following training events in line with the post training event improvement plan.

3. EXERCISES AND EVALUATIONS

3-1. The exercise process is a constant rotation from developing a set of goals based off of plans and processes already in place and how effective those plans and processes were the last time an exercise tested those plans and processes.



Figure 1 Exercise Cycle

3-2. Implementation of the All Hazards Plan creates several areas that have newer plans and processes that need to be evaluated and improved. These will be exercised using

- Small and large scale drills. Advantages of drills are
 - Easy to teach skills and reinforce skills.
 - Take little time.
 - Extremely flexible.
- Small and large scale exercises. Advantages of exercises are
 - Multiple skills tested at one time.
 - Flexible to accommodate number of players.
 - Interoperability of service lines.
- Table top exercises. Advantages of a table top are
 - Ability to work a complex problem without interrupting services.
 - Involves those responsible for making decisions at upper levels.
 - Creating and testing hypothetical plans.

3-3. Planning exercises and drills

- Determine scope.
- Review any After Action Reports and Improvement Plans.
- Inputs and expected or desired outcomes.
- Evaluate the effectiveness of plans and processes.

Inputs and the expected or desired outcomes are also used in the development of the evaluation criteria provided to the observers and controllers.

3-4. Conduct of an exercise has three distinct parts that must take place, regardless of type of exercise.

- Preparing for exercise play
 - Inform observers and controllers of evaluation criteria.
 - Messaging to alert that there will be an exercise.
 - Any final coordination and rehearsals are complete.
- Managing exercise play
 - Safety is foremost.
 - Provide injects as needed.
 - De-conflict any issues.
- Exercise wrap up
 - Conduct exercise summary (hot wash).
 - Collect observer controller notes.
 - Ensure any players concerns are addressed.

3-5. Evaluate the effectiveness of plans and processes.

- Conduct localized After Action Review.
- Compile lessons learned.
- Provide feedback to players and planners.

3-6. Improvement Planning

- Develop After Action Report.
- Update BCP.
- Provide Executive Director of Emergency Management with all documentation.

3-7. Evaluations are exercises that are conducted by outside agencies to ensure that UAMS can provide a service that they have agreed to provide. The major evaluation in the emergency preparedness arena is the bi-annual evaluation of the ED's ability to receive a radiologically contaminated patient from an accident or incident at Arkansas Nuclear One. This evaluation is conducted by FEMA on behalf of the Department of Energy and the Department of Homeland Security.

3-8. Flowchart of training request process

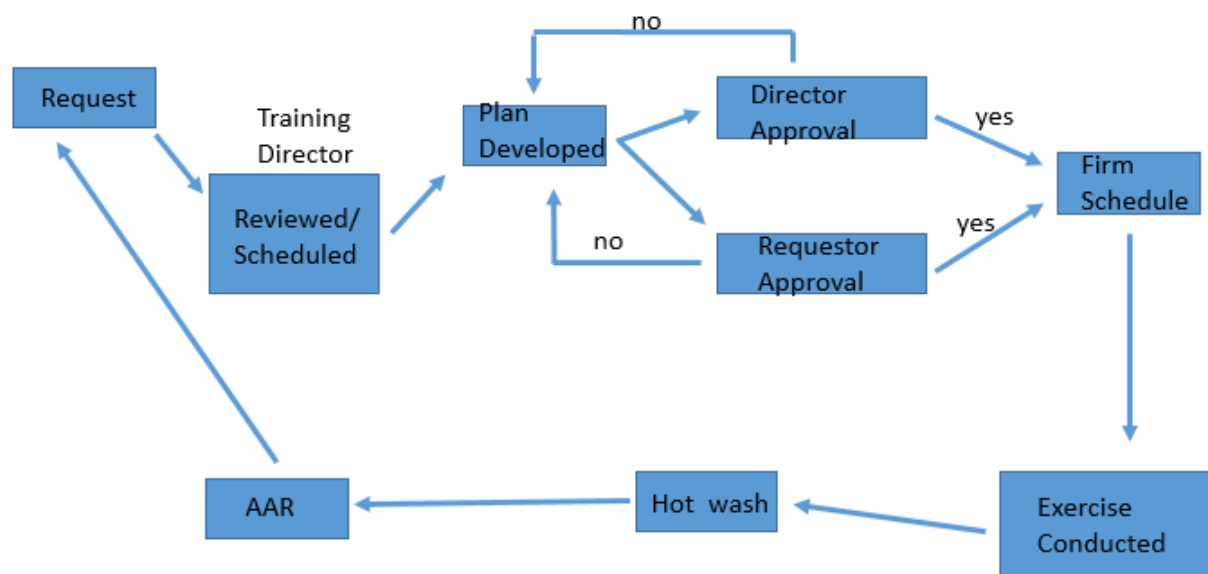


Figure 2 Request Process

3-9. Exercise Observer / Controllers (O/C) are critical to the success of any exercise or drill. The criteria for selection of who is tasked to be an O/C is almost as important. Individuals selected as O/C's should be

- Knowledgeable in the tasks being evaluated.
- Flexible and adaptive.
- Experienced in service line.
- Honest and fair.

O/C's will be briefed on the following as part of exercise execution.

- Desired end state.
- Task(s) to be evaluated.
- Criteria for evaluation.
- Any injects required based off of task performance.

All information will be collected from the O/C's by the exercise director for use in

- Hot wash.
- Compiled for the After Action Review.
- Kept as part of the documentation of exercise and may be reviewed for next training cycle(s).

3-10. Evaluation criteria development for tasks and drills is important for determining the effectiveness of training. Key items to be identified for criteria development are

- The task to be observed.
- What steps must be completed for task to be accomplished.
- Order of steps for task completion.
- Any critical steps that must be done or task cannot be completed effectively.
- Any safety or efficiency concerns that affect task performance.

3-11. Other variants for conducting training.

- Train the Trainer
 - Able to train several individuals from different service lines to train others.
 - Works well with new processes or skills across the enterprise.
 - Small audience required.
 - Not best choice for clinic specific tasks.
- Seminars
 - Works with large audiences.
 - Usually for informational purposes.
 - Briefing format with little input from attendees.
 - Best choice for initial overview training.

- Workshops
 - Works best with mid-sized groups.
 - Usually focuses on a skill or program.
 - Blends seminar with train the trainer.
 - Designed to develop products.
 - Business Continuity Plans
 - Standard Operating Procedures
 - Other emergency and disaster plans

APPENDIX 1 QUESTIONNAIRE FOR EXERCISE/DRILL DEVELOPMENT

Below are some of the questions to ask when requesting training. These questions will assist the Training Director in developing a product that meets the requestor's needs.

1. What is the scope of your request? Do you want to train at an individual, group, clinical, service line or multiple service line level?
2. Which plan(s) or process(es) do you want to exercise?
3. How do you want this training conducted? Class on a skill, table top exercise, drill, exercise or other?
4. Where do you want this training to take place?
5. When do you want this training to occur? Is it a specific shift, all shifts, or at a shift change?
6. Why is this training being requested? To reinforce a plan, test lessons learned from previous training, develop a better plan, or there is currently no plan.
7. What impact will this training have on ability to provide services?

APPENDIX 2 EXAMPLE OF AN AFTER ACTION REPORT AND IMPROVEMENT PLAN

(Power/Network Failure)

After-Action Report/Improvement Plan

10/07/2020

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with ASPR's National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

INCIDENT/EVENT OVERVIEW

Event Name

Event Dates

Scope

Mission Area(s)

Healthcare
Preparedness
Capabilities

Objectives

Threat or Hazard

Scenario

Sponsor

Participating
Organizations

Point of Contact

ANALYSIS OF PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
		P			
				M	
			S		
			S		
			S		
			S		
Ratings Definitions: <ul style="list-style-type: none"> Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s). 					

Table 1. Summary of Healthcare Preparedness Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Capability:

Goal of Capability: The Information Sharing capability refers to the exchange of information among federal, state, local, territorial and tribal governmental agencies and their key partners

Objective:

Objective 1:

Objective2:.

Strengths

Strength 1:

.

Strength 2:

Areas for Improvement

Area for Improvement 1:

Area for Improvement 2:

Area for Improvement 3:

Capability:

Goal of Capability:

Objective:

Objective 1:

Objective2:

Strengths

Strength 1:

.

Areas for Improvement

Area for Improvement 1:

Area for Improvement 2:

Capability:

Goal of Capability:

Objective:

Objective 1:

Objective2:

Objective3:

Strengths

Strength 1:

Strength 2: .

Areas for Improvement

Area for Improvement 1:

Area for Improvement 2:

Area for Improvement 3: .

Area for Improvement 4: .

Capability:

Goal of Capability:

Objective:

Objective 1:

Objective2:

Objective3:

Strengths

Strength 1:

Strength 2:

Areas for Improvement

Area for Improvement 1:

Area for Improvement 2:

Area for Improvement 3:

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for UAMS as a result of a real world event involving a utility failure.

- ☐ UAMS accepts responsibility for assuring that the improvement plan issues identified will be integrated into an exercise in the next budget period.

Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Department	Completion Date
Core Capability: Information Sharing				

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: INCIDENT PARTICIPANTS

Participating Organizations			
Coalition Member Type	# in Coalition	# Participating	% Participation
Federal Government			
City, State, & Local Government			
Non-government Coalition Members and Partners			
UAMS			

Additional Information/Comments

APPENDIX 3 EXAMPLE OF OBSERVER/CONTROLLER EVALUATION SHEET

EXERCISE EVALUATION GUIDE

Exercise Name: [Insert Exercise Name]

Exercise Date: [Insert Exercise Date]

Organization/Jurisdiction: [Insert Organization or Jurisdiction]

Venue: [Insert Venue Name]

Prevention
Exercise Objective: [Insert exercise objective]
Core Capability: Operational Coordination
Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.
Organizational Capability Target 1: [Insert customized target based on plans and assessments]
Critical Task: [Insert task from frameworks, plans, or Standard Operating Procedures (SOPs)]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Source(s): [Insert name of plan, policy, procedure, or reference]
Organizational Capability Target 2: [Insert customized target based on plans and assessments]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Source(s): [Insert name of plan, policy, procedure, or reference]
Organizational Capability Target 3: [Insert customized target based on plans and assessments]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Critical Task: [Insert task from frameworks, plans, or SOPs]
Source(s): [Insert name of plan, policy, procedure, or reference]

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
[Insert Organizational Capability Target 1 from page 1]	<ul style="list-style-type: none"> [Insert Organizational Capability Target 1 Critical Tasks from page 1] 	[Observation notes and explanation of rating]	[Target rating]
[Insert Organizational Capability Target 2 from page 1]	<ul style="list-style-type: none"> [Insert Organizational Capability Target 2 Critical Tasks from page 1] 	[Observation notes and explanation of rating]	[Target rating]
[Insert Organizational Capability Target 3 from page 1]	<ul style="list-style-type: none"> [Insert Organizational Capability Target 3 Critical Tasks from page 1] 	[Observation notes and explanation of rating]	[Target rating]

Final Core Capability Rating: [Enter Total Rating here]

Evaluator Information
Evaluator Name:
Evaluator Email:
Evaluator Phone:

Ratings Key
P: Performed without challenges
S: Performed with some challenges
M: Performed with major challenges
U: Unable to be performed

Ratings Definitions

Performed without Challenges (P)	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Performed with Some Challenges (S)	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges (M)	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Unable to be Performed (U)	The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

APPENDIX 4 TYPICAL TIMELINES FOR EMERGENCY MANAGEMENT PROGRAM MANDATED TRAINING AND EVALUATIONS

Exercises and drills are schedule as needed per service line or accreditation requirements. Exercises will be schedule throughout the year for ease of resource management. The chart below represents large exercises.

Event	Type	When
Active Shooter	Exercise	April
Adduction	Drill	October-November
Decontamination	Exercise	September (Bi- Annually)
Weather Alert	Table Top	January
Mass Casualty	Table Top/Exercise	B-Annual
Highly Infectious Disease	Table Top/Drill/Exercise	Bi-Annual
Evacuation	Table Top	Bi-Annual
Cyber Security	Table Top	July

APPENDIX 5 FEEDBACK REQUEST FORM

In order to continuously improve the Emergency Preparedness Training Program, feedback on how an exercise or training was conducted is extremely important. Honest feedback will help everyone to continue to move toward a more prepared state of readiness.

1. What training event does this reference?
2. Did the training meet the goals and objectives that were provided at the beginning of the process?
3. Was the request process and development process easy to navigate?
4. What could be done to improve the process?
5. What was the best part of the training?
6. What needed the most improvement in the training offered?
7. Any other comments?

APPENDIX 6 INTERNAL AFTER ACTION REVIEW EXAMPLE

Here is an example of an internal AAR, this is different from the report and is useful for guiding improvements in plans and also as a review prior to training or exercising on skills that have already been trained.

What was supposed to happen? Capture what the actual intent of training was for that event.

What did happen? Capture the variations of the event from what was originally supposed to happen.

What didn't go well? This is for areas that could be improved or challenges that arose during training.

What went well? Provide positive feedback on how things went and what areas were seen as performed with minimal challenges.

What can be done next time that will help improve the process? If something didn't go well, what is a way to overcome the issue or challenge? This could include changes in process or future training ideas.

GLOSSARY

AAM- After Action Meeting – A meeting held after an exercise to review observations and discuss any information needed to develop an After Action Report. Usually conducted the week after a training event.

AAR – After Action Report – Report that includes strengths and weaknesses found during an exercise, usually compiled by the training director and is filed as record of training by director and is also provided to the requestor of the event. Also includes improvement plans. Compiled from notes collected during the after action meeting.

AAR – After Action Review – Conducted immediately following training event by the participants. Can be led by training director, training requestor, observer/controller or a participant.

Accident – An event that happens by chance or without deliberate cause.

BCP – Business Continuity Plan – Helps to prepare the University departments/divisions to maintain mission critical operations after any emergency or disaster.

EOP – Emergency Operations Plan – Provides guidelines for service lines, teams, and individuals on how to react in differing types of emergency settings to include natural and man-made disasters.

EMS – Emergency Medical Services – Those that work as paramedics, drivers, and medics and provide treatment to stabilize and transport those needing medical assistance to a care providing facility.

First Receivers – Care providers that are the first to receive patients, OSHA considers ED treatment staff to be first receivers. In many cases EMS are also classified as first receivers.

Hazardous material – A material that represents a threat to health or safety of an individual, animal or the environment.

HAZWOPER – Hazardous Waste Operations and Emergency Response – The common name for Code of Federal Regulations 1910.120 that is Occupational Safety and Health Administration guidance for working as a clean-up worker on a hazardous materials site or as a first responder to an accident or incident involving hazardous materials.

HSEEP – Homeland Security Exercise and Evaluation Program – A program designed to assist emergency managers and emergency preparedness specialists in designing and executing training plans. Can be tied to acceptance and eligibility of grant funding.

ICS – Incident Command System – Nationally mandated system for creating a structured staff to respond to emergencies. Is scalable and address multiple functions and levels. Joint Commission requires training in ICS for staff and leaders.

Incident – An intentionally caused event usually with the intent of causing harm.

IP- Improvement Plan – Developed as part of the After Action Report. Captures recommendations to remediate weaknesses and shortfalls found during training. Can be used to further develop BCP's and future training ideas.

OSHA – Occupational Safety and Health Administration - Federal agency in charge of workplace safety and compliance.

Response Team – For the purposes of UAMS, a small group of non-clinical employees who are trained to assist Emergency Management when dealing with incidents that involve hazardous materials including chemical, biological and radiological accidents/incidents.

UAMS Enterprise – This is the whole of UAMS, includes all clinics across the state of Arkansas, academics, and all the services that assist UAMS in meeting strategic goals and mission statement.