
ESAR-VHP Guidelines Glossary of Terms

Advance Practice Nurse (APN): A Registered Nurse who has completed additional coursework and clinical practice requirements leading to recognition as a Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), or Certified Nurse Midwife (CNM).

Agency: A division of government with a specific function offering a particular kind of assistance. In ICS, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance).

Agency Representative: A person assigned by a primary, assisting, or cooperating Federal, State, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

All-Hazard: Covering all possible hazards whether natural, accidental, negligent, or intentional.

All-Hazards Preparedness: Preparedness for domestic terrorist attacks, major disasters, and other emergencies.

Authentication: Pertaining to the process by which information on the health volunteer is checked against a credible source in order to establish information legitimacy.

Authority: The power to control, judge or prohibit the actions of others based on statutory, regulatory, or delegated right.

Bioterrorism (BT): The use of a biological agent in a terrorist incident; the intentional use of microorganism or toxins derived from living organisms to produce death or disease in humans, animals, or plants.

Certify: Officially authorized and recognized by a formal authority.

Certification: The process by which a governmental or non-governmental agency or association evaluates and recognizes an individual, institution, or educational program as meeting predetermined standards. Once so recognized is said to be “certified.” Certification programs are generally non-governmental and do not exclude the uncertified from practice as do licensure programs.

Chain of Command: A series of command, control, executive, or management positions in hierarchical order of authority.

Check-In: The process through which resources first report to an incident. Check-in locations include the incident command post, Resources Unit, incident base, camps, staging areas, or directly on the site.

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Communicable Disease: An illness due to a specific infectious agent or to toxic products that arises through transmission of that agent or its products from an infected person or animal to a susceptible host. (Contrast with infectious disease).

Communications: The system by which the message is communicated.

Contingency Plan: Targets a specific issue or event that arises during the course of disaster operations and presents alternative actions to respond to the situation.

Cooperating Agency: An agency supplying assistance other than direct operational or support functions or resources to the incident management effort.

Coordinate: To advance systematically an analysis and exchange of information among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

Counterterrorism: The full range of activities directed against terrorism, including preventive, deterrent, response and crisis management efforts.

Credential: An element of the individual's qualifications. These include education, training, work experience, or hospital affiliation.

Credentialing: The recognition of professional or technical competence. The credentialing process may include registration, certification, licensure, professional association membership, or the award of a degree in the field. Certification and licensure affect the supply of health personnel by controlling entry into practice and influence the stability of the labor force by affecting geographic distribution, mobility, and retention of workers. Credentialing also determines the quality of personnel by providing standards for evaluating competence and by defining the scope of functions and how personnel may be used.

Database: An organized collection of information stored in electronic form.

Decontamination: The process of making people, objects, or areas safe by absorbing, destroying, neutralizing, making harmless, or removing chemical, biological, or radiological material.

Disaster, major (federal): "Major disaster" means any natural catastrophe (including any hurricane, tornado, storm, high water, wind driven water, tidal wave, tsunami, earthquake,

volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under this [Stafford] Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby. (From: Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended by Public Law 106-390, October 30, 2000, Sec. 102).

Dispatch: The ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another.

Doctor of Osteopathy (DO): A licensed physician who is a graduate from an accredited school of osteopathic medicine.

Drills: Small-scale, internally conducted, activities aimed at providing a more “hands-on” teaching environment to familiarize staff with actual procedures necessary for emergency operations. They may be stopped and restarted in order to clarify a point, provide instruction, allow for observations from the evaluator and evaluatee, or to permit the evaluatee a second chance to perform a procedure or activity. *Also see Exercise.*

ESAR-VHP System: Emergency System for Advance Registration of Volunteer Health Professionals; a system designed to assist medical professionals in volunteering for disasters by providing verifiable, up-to-date information regarding the health volunteer’s identity and licensing, credentialing, privileging and certification to hospitals and other medical facilities that request their services.

Emergency: Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property.

Emergency (federal): Any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States (From: Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended by Public Law 106-390, October 30, 2000, Sec. 102).

Emergency Management: A systematic program of activities that governments and their partners undertake before, during, and after a disaster to save lives, prevent injury, and to protect property and the natural environment.

The Emergency Management Association Compact (EMAC): An interstate mutual aid agreement that allows States to assist one another in responding to all kinds of natural and man-made disasters.

Emergency Operations Centers (EOC): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes

place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the general public.

Emergency Response Provider: Includes Federal, State, local, and tribal emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. See Section 2 (6), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002). Also known as **Emergency Responder**.

Emergency Medical Technician (EMT-B): A practitioner credentialed by a State to function as an EMT by a State Emergency Medical Services (EMS) system.

Epidemic: The occurrence in a community or region of cases of an illness (or outbreak) with a frequency clearly in excess of normal expectancy.

Exercises: Large-scale enactments of emergency situations to test the response system and plan. They are usually developed and evaluated by an external agency. An exercise is a test of knowledge and is not to be interrupted except for safety concerns or for a true emergency situation.

Federal: Of or pertaining to the Federal Government of the United States of America.

Firewall: A network configuration, usually both hardware and software, that forms a fortress between networked computers within an organization and those outside the organization.

First Responder: Those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers.

Hazard: A source of potential harm from past, current, or future exposures.

Health Volunteer: medical or healthcare professional who renders aid or performs health services, voluntarily, without pay or remuneration.

Health Volunteer Record: The complete set of information maintained on the health volunteer by the ESAR-VHP System. Each health volunteer's record must be accessible by the System's authorized administrator and typically contains the health volunteer's registry information, credential information, pre-qualification information.

HEICS: Hospital Emergency Incident Command System is an emergency management system that employs a logical management structure, defined responsibilities; clear reporting channels and a common nomenclature to help unify hospitals with other emergency responders.

High-Hazard Areas: Geographic locations that for planning purposes have been determined through historical experience and vulnerability analysis to be likely to experience the effects of a specific hazard (e.g., hurricane, earthquake, hazardous materials accident, etc.) resulting in vast property damage and loss of life.

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities and provides medical, nursing, and related services for ill and injured patients 24 hours per day, seven days per week. For licensing purposes, each State has its own definition of a hospital.

Incident Command System (ICS): The direction and control scheme used by first responders and other agencies to manage emergencies.

Incident: An occurrence or event, natural or human-caused that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Command Post (ICP): The field location at which the primary tactical-level and on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has

overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Incident Management: Referring to the totality of activities to be aware of, prevent, prepare for respond to, and recover from incidents. This term is emphasized in the National Response Plan and replaces the terms: Emergency Management, Disaster Management, Crisis Management, and Consequence Management.

Incident Objectives: Statements of guidance and direction necessary for selecting appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

Incident Planning Management: All pre-emptive action taken to assure an organization or group possesses the ability to prevent, prepare, respond to, and recover from an incident. *Also see Incident Management.*

Indemnity: Protection from, or compensation for, damage, loss, or injury.

In-House: Assets or expertise specifically owned, possessed, directed, and/or controlled by the responding entity.

Initial Action: The actions taken by those responders first to arrive at an incident site.

Interstate: Between or among two or more States.

Intrastate: Within one State.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

Licensure: Affirmation by a duly constituted body, usually a State, that a individual has met certain prescribed qualifications and is therefore recognized under the laws of the State a licensed professional.

Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Logistics: Providing resources and other services to support incident management.

Major Disaster: *See Disaster, Major.*

Medical Doctor (MD): A licensed physician who is a graduate of an accredited medical school and practices allopathic medicine.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

Metropolitan Medical Response System (MMRS): A program intended to increase cities' ability to respond to a terrorist attack by coordinating the efforts of local law enforcement, fire, hazmat, EMS, hospital, public health and other personnel.

Mobilization: The process and procedures used by all organizations--Federal, State, local, and tribal--for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

Multi-jurisdictional Incident: An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In ICS, these incidents will be managed under Unified Command.

Mutual-Aid Agreement: Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.

National: Of a nationwide character, including the Federal, State, local, and tribal aspects of governance and polity.

National Disaster Medical System (NDMS): A cooperative, asset-sharing partnership between the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Homeland Security, and the Department of Defense. NDMS provides resources for meeting the continuity of care and mental health services requirements of the Emergency Support Function 8 in the Federal Response Plan.

National Electronic Disease Surveillance System (NEDSS): A Centers for Disease Control and Prevention initiative promoting the use of data and information system standards to improve disease surveillance systems at federal, State and local levels.

National Incident Management System (NIMS): The single all-hazard incident management system required by Homeland Security Presidential Directive 5 that will govern the management of the National Response Plan. The National Incident Management System will replace the National Inter-Agency Incident Management System.

Nongovernmental Organization (NGO): An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government, but may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross.

Outbreak: The occurrence of a number of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

Personnel Accountability: The ability to account for the location and welfare of incident personnel. It is accomplished when supervisors ensure that ICS principles and processes are functional and that personnel are working within established incident management Guidelines.

Paramedic (EMT-P): A practitioner credentialed by a State to function at the advanced life support (ALS) level in the State Emergency Medical Services (EMS) system.

Physician Assistant (PA): A medically trained professional who can provide many of the health care services traditionally performed by a physician, such as taking medical histories and doing physical examinations, making diagnoses, prescribing and administering therapies.

Planning Meeting: A meeting held as needed prior to and throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. For larger incidents, the planning meeting is a major element in the development of the Incident Action Plan (IAP).

Preparedness: Refers to the existence of plans, procedures, policies, training, and equipment necessary at the Federal, State, and local levels to maximize the ability to prevent, respond to, and recover from major events. “Readiness” is used interchangeably with “Preparedness.” (HSPD-8).

Preparedness Organizations: The groups and for a that provide interagency coordination for domestic incident management activities in a non-emergency context. Preparedness organizations can include all agencies with a role in incident management, for prevention, preparedness, response, or recovery activities. They represent a wide variety of committees, planning groups, and other organizations that meet and coordinate to ensure the proper level of planning, training, equipping, and other preparedness requirements within a jurisdiction or area.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence

operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Privacy: Refers to the maintenance of confidentiality with respect to health volunteers' information contained in an ESAR-VHP System database.

Private Sector: Organizations and entities that are not part of any governmental structure. It includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry, and private voluntary organizations (PVO). **Processes:** Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination.

Privileges: Verified scope of practice as termed by the organization in which the clinician practices.

Public Health: Organized efforts of society to protect, promote, and restore people's health. It is the combination of science, skills, and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions. The programs, services and institutions involved emphasize the prevention of disease and the health needs of the population as a whole. Public health activities change with variations in technology and social values but the goals remain the same: to reduce the amount of disease, premature death, and disease-produced discomfort and disability in the population. Public health is thus a social institution, a discipline and a practice.

Public Health Emergency: Occurrence or imminent threat of exposure to an extremely dangerous condition or a highly infectious or toxic agent, including a communicable disease, that poses in imminent threat of substantial harm to the population, or any portion thereof. In general, a public health emergency is one that requires a population-based approach. Examples of public health emergencies may include a natural outbreak of an infectious disease, i.e., influenza, Hantavirus, meningitis, salmonella, etc., intentionally caused biological threats such as smallpox, anthrax, and some accidents involving hazardous materials that threaten the health of the population. Public health emergencies can also be or evolve into medical emergencies. Likewise, medical emergencies can develop to an extent that they affect the population's health, and by definition, become public health emergencies. Response to public health emergencies will be led by the Department of Health with assistance by local and State emergency management.

Public Health Information Network (PHIN): Standards providing the basis for information technology projects for CDC-funded programs including NEDSS, HAN, and others.

Public Health Professionals: Persons educated in public health or a related discipline who are employed to improve health of populations. These professionals perform three core functions,

assessment, policy development, and assurance, as they relate to the prevention and control of disease and disability, and the promotion of physical and mental health of populations on an international, national, State, or municipal level.

Quarantine: Precautionary physical separation of persons who have or may have been exposed to a threatening communicable disease or a potentially threatening communicable disease and who do not show signs or symptoms of a threatening communicable disease, from non-quarantined persons, to protect against the transmission of the disease to non-quarantined persons.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Recovery Plan: A plan developed by a State, local, or tribal jurisdiction with assistance from responding Federal agencies to restore the affected area.

Registered Nurse (RN): An individual who provides nursing services after completing a course of study that results in a baccalaureate degree and who has been legally authorized or registered to practice as an RN and use the RN designation after passing examination by a State board of nurse examiners or similar State authority.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Resource Management: Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special Federal, State, local, and tribal teams, as well as resource mobilization protocols.

Response: Activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, protect property, and meet basic human needs as well as executing the plan and resources created to preserve life, protect property and provide services.

Risk: A measure of the harm to human health that results from being exposed; uncertainty that surrounds future events and outcomes.

Risk Assessment: A process that involves determining the likelihood that a specific adverse health effect will occur in an individual or population, following exposure to a hazardous agent.

Risk Communication: Exchange of information concerning the existence, nature, form, severity or acceptability of health or environmental risks. Effective risk communication involves determining the types of information that interested and affected parties need and want, and presenting this information to them in a useful and meaningful way.

Server: A computer or software application that provides services to other computers connected via a network.

Strategic National Stockpile (SNS): A national cache of drugs, vaccines, and supplies that can be deployed to areas struck by disasters, including bioterrorism.

Special Populations: People who might be more sensitive or susceptible to exposure to hazardous substances because of factors such as age, occupation, sex, or behaviors (for example, cigarette smoking); populations with special needs for translations, special services or alternative channels of communication (such as the deaf); populations with distinct cultural or community needs. Children, pregnant women, and older people are often considered special populations.

Sponsoring Entity: The entity requesting the use of health volunteers. This group would assume liability for the health volunteer. This liability may be offset by separate agreement, State or federal protection.

Spontaneous Volunteer: Volunteer who arrives to provide services in response to an incident without being solicited for help or being specifically requested by a sponsoring agency involved in the emergency response.

Staging Area: Location established where resources can be placed while awaiting a tactical assignment.

Stakeholder: An individual, group, or organization that may be affected by or otherwise interested in a decision.

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States.

Strategic: Strategic elements of incident management are characterized by continuous long-term, high-level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities; the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

Strategy: The general direction selected to accomplish incident objectives set by the IC.

Surge Capacity: The accommodation by the health system to a transient sudden rise in demand for health care following an incident with real or perceived adverse health effects. As neither the risk of surge nor the size of surge can be estimated, neither can surge capacity be estimated. The proper approach to surge is surge management planning rather than surge capacity planning.

System Administrator: Is a position responsible for operation and maintenance of the ESAR-VHP System.

System Architecture: Relating to the high level network approaches available to organize a system and achieve functionality; relating to the high level network approaches available for an ESAR-VHP System to achieve functionality.

System Content: A term relating to the primary and secondary information elements necessary for any organized system to meet its primary purpose and any secondary needs; relating to the primary and secondary information elements necessary to meet the primary purpose and secondary needs of the ESAR-VHP System.

System Director: is a position responsible for overseeing, directing, or assisting in guiding the overall activities of the ESAR-VHP System, including coordinating System use in an emergency activation.

System Design: A term relating to the three characteristics of ESAR-VHP System, specifically System Functions, System Content, and System Architecture.

System Part: A term relating to one of three essential functions of an ESAR-VHP System. These parts are registration, pre-qualification, and verification.

Terrorism: The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Testing Period: The period during which the ESAR-VHP Guidelines, Standards, and Definitions will be formally reevaluated in cooperation with the ten States involved in the pilot testing. This period will extend from January 2005 to June 2005.

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities.

Tribal: Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Type: A classification of resources in the ICS that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size; power; capacity; or, in the case of incident management teams, experience and qualifications.

Unity of Command: The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective.

Verification: The act of confirming truth or authority.

Volunteer: A medical or healthcare professional who renders aid or performs health services, voluntarily, without pay or remuneration. *Also see **Health Volunteer**.*

Weapon of Mass Destruction (WMD): A WMD is any device, material, or substance used with intent to cause death or serious injury to persons or significant damage to property.

ESAR-VHP Guideline Acronyms

ABMS: American Board of Medical Specialties

ACGME: Accreditation Council for Graduate Medical Education

AHA: American Hospital Association

AMA: American Medical Association

ANA: American Nurses Association

ARC: American Red Cross

ASTHO: Association of State and Territorial Health Officials

BT: Bioterrorism

CDC: Centers for Disease Control and Prevention. Division of DHHS

CEU: Continuing Education Unit

CME: Continuing Medical Education

DHHS: Department of Health and Human Services (US)

DHS: Department of Homeland Security

DMAT: Disaster Medical Assistance Team

DO: Doctor of Osteopathy

ECS: Emergency Credentialing System

EMAC: Emergency Management Assistance Compact

EMS: Emergency Medical Services

EMT: Emergency Medical Technician

EOC: Emergency Operations Centers

ESAR-VHP: Emergency System for Advance Registration of Volunteer Health Professionals

FEMA: Federal Emergency Management Agency (US). Division of DHS

HAN: Health Alert Network

HEICS: Hospital Emergency Incident Command System

DHHS: Department of Health and Human Services (US)

HIPAA: Health Insurance Portability and Accountability Act

HRSA: Health Resources and Services Administration. Division of DHHS

JCAHO: Joint Commission on Accreditation of Healthcare Organizations

LPN: Licensed Practical Nurse

MD: Medical Doctor

MMRS: Metropolitan Medical Response System

MRC: Medical Reserve Corps

NBHPP: National Bioterrorism Hospital Preparedness Program

NDMS: National Disaster Medical System

NEMA: National Emergency Management Association

NGO: Nongovernmental Organization

NIMS: National Incident Management System

NPDB: National Practitioner Data Bank

NPS: National Pharmaceutical Stockpile

OPHP: Office Public Health Preparedness

PA: Physician Assistant

PHERA: Public Health Emergency Response Act

PHIN: Public Health Information Network

RN: Registered Nurse

SNS: Strategic National Stockpile

WEAVR: Wisconsin Emergency Assistance Volunteer Registry

WMD: Weapon of Mass Destruction

¹ National Incident Management Resource Typing System, pp 121-124.

² HHS Office of Emergency Preparedness, Final Report, April 2001: Developing Objectives, Content, and Competencies for the Training of Emergency Medical Technicians, Emergency Physicians, and Emergency Nurses to Care for Casualties Resulting from Nuclear, Biological, or Chemical (NBC) Incidents.

<http://www.phppo.cdc.gov/owpp/docs/library/2001/ACEP%20NBC%20Report.pdf>

³ USPS State abbreviations. http://www.usps.com/ncsc/lookups/usps_abbreviations.html