



Pandemic Influenza Continuity of Operations Annex Template

Federal Emergency Management Agency

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FEMA

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TEMPLATE INSTRUCTIONS

This template provides guidance to assist organizations in developing a Pandemic Influenza Continuity of Operations plan or, if the organization already has a continuity plan, a Pandemic Influenza Annex. General guidance and sample information is provided for reference and organizations are encouraged to tailor Pandemic Influenza Continuity plans to meet specific organizational needs and requirements. The template contains all elements of a viable continuity plan and allows organizations to insert information as deemed appropriate.

Sample text has been provided throughout this template. Guidance and instructions are *italicized* to aid in their identification. Once an organization's information (name, acronym, short title, reference documents, etc.) is entered into the body of the template, please delete the *italicized* instructions. Continue to modify the document to ensure that it fulfills the organization's needs and legal requirements and maintain it on a regular basis.

An electronic version of this template may be downloaded from the Federal Emergency Management Agency (FEMA) National Continuity Programs (NCP) Directorate website at: <http://www.fema.gov/about/org/ncp/coop/templates.shtm>

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Introduction

The introduction should briefly address continuity planning in general and the need for specialized planning which will enable the organization to effectively respond to an influenza pandemic.

(Sample Text)

Organizations across the Nation perform essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural. Since the threat to an organization's continuity of operations is great during a pandemic outbreak; it is important for organizations, in particular **[insert organization name]**, to have a Pandemic Influenza Continuity of Operations plan (or annex) in place to ensure it can carry out its essential functions and services. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective Continuity of Operations plan can assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

The Federal Implementation Plan for the National Strategy for Pandemic Influenza acknowledges that an influenza pandemic will require specialized planning. To address this, FEMA's National Continuity Programs Directorate, has developed this template to assist organizations in incorporating pandemic influenza considerations into continuity planning. In addition, FEMA has developed the Determined Accord Continuity Pandemic Influenza Tabletop Exercise, which affords an organization the opportunity to identify strengths and weaknesses in its current continuity planning for pandemic influenza.

Purpose

The purpose statement should address the uniqueness of the Pandemic Influenza Continuity of Operations plan (or annex) by addressing the key elements of a viable continuity of operations plan while employing strategies to mitigate the specific threat posed by pandemic influenza.

(Sample Text)

This plan / annex provides guidance to **[insert organization name]** and may serve as the plan for maintaining essential functions and services during an influenza pandemic. This guidance/annex neither replaces nor supersedes any current, approved **[insert organization name]** continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance/annex stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. Influenza may not, in itself, require a traditional continuity response, such as partial or full relocation of the organization's essential functions, although this response may be concurrently necessary due to other circumstances.

Concept of Operations

The Concept of Operations section should outline the procedures for monitoring an approaching pandemic, distributing informational materials to employees, enacting pre-pandemic mitigation strategies, as well as the decision-making process leading to implementation of the full Pandemic Influenza Continuity of Operations plan (or annex) practices. The concept of operations section should also include those essential functions or services of the organization which will be continued and a description of how they will be carried out during the pandemic outbreak.

The concept of operations section should state the organization's mission for continuity during a pandemic.

Use realistic examples to illustrate various plan activation scenarios which can guide decisions on when to initiate the plan and how long to keep it in effect. Include scenarios for the return to normal operations.

(Sample Text)

The **[insert organization name]** will monitor the severity of the pandemic and establish continuity activation protocols or triggers to address the unique nature of the pandemic threat. **[List the organization's procedures for monitoring an approaching pandemic and activation triggers here.]** The Pandemic Influenza Continuity plan will be implemented as needed to support the continued performance of essential functions.

The concept of operations is supported by four components, consisting of: (1) Programs, Plans and Procedures, (2) Risk Management, (3) Budgeting and Acquisitions, and (4) Continuity Plan Operational Phases and Implementation. The four components and the relationship to the overall concept of operations during an approaching or active pandemic are described in following sections.

A. Programs, Plans and Procedures

Organizations should develop and maintain continuity plans and procedures that, when implemented, support the continued performance of essential functions under all circumstances. **[Add information about the organization's programs, plans and procedures and the relationship to continuity during a pandemic here.]**

B. Risk Management

Risk Management is the process of identifying, assessing, and prioritizing the potential negative effects of uncertain events (risks) and applying resources to monitor, control, or minimize those negative effects. A risk management program supports the continuity program by identifying risks to the continued performance of essential functions and suggesting strategies to mitigate those risks. **[Add information about the organization's risk management process and the relationship to continuity during a pandemic here.]**

C. Budgeting and Acquisitions

To support the continuity program, it is necessary to align and allocate the budgetary resources. Through the budgeting and planning process, leaders can ensure critical resources are available to

support essential functions before, during and after a continuity event. **[Add information about the organization’s budgeting and acquisitions process and the relationship to continuity during a pandemic here.]**

D. Continuity Plan Operational Phases and Implementation

An organization’s leadership should be prepared to review an emergency or disaster as it unfolds, make decisions about how to react to it at each stage, and then take action to implement those decisions that are deemed the best course of action. The organization should integrate implementation procedures and criteria into continuity plans. The organization’s continuity plan should address the four phases of: (1) readiness and preparedness, (2) activation and relocation, (3) continuity of operations, and (4) reconstitution. **[Insert organizational implementation actions for continuity during a pandemic for each of the four phases: (1) readiness and preparedness for a pandemic influenza; (2) Activation of continuity plans for a pandemic influenza; (3) continuity of operations during a pandemic influenza; and (4) Reconstitution after a pandemic influenza.]**

Pandemic Planning Assumptions

*The Assumptions section should address the **overarching** planning assumptions that were used in developing the organization's Pandemic Influenza Continuity of Operations plan such as those provided in the National Strategy for Pandemic Influenza Implementation Plan. It should also identify any specific planning assumptions identified by the organization's State and/or local jurisdiction.*

A. National Strategy for Influenza Implementation Assumptions

(Sample text)

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak. Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Of those who become ill with influenza, 50 percent will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience (Table 1). Planning should include the more severe scenario. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach **40 percent** during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.

- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
- The stages of the pandemic should occur sequentially, though, they may overlap or occur so rapidly as to appear to be occurring simultaneously or being skipped.

B. Organizational Assumptions

(Sample Text)

- Organizations will be provided with guidance and/or direction by federal, state, territorial, tribal and/or local governments regarding current influenza pandemic status in its area.
- Organizations will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities.
- ***[Insert organizational assumptions here.]***

Elements of a Viable Continuity Capability

The Elements of a Viable Continuity Capability section should address the 10 traditional elements of continuity within the context of a pandemic influenza outbreak. If this document is an annex to an existing plan, reference the applicable sections of the core document and highlight any differences in responding to a pandemic outbreak when compared to responses to other hazards, such as tornados, hurricanes, floods, and fires. Drawing parallels to responses, as applicable, may also be helpful.

(Sample text is included for all 10 elements)

A. Essential Functions

Given the expected duration and potential multiple waves of pandemic outbreaks, organizations must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations which support essential functions. **[insert organization name]** has identified essential functions and services needed to sustain its mission and operations during a pandemic. **[List the organization’s Essential Functions here or reference the document name, section, and page number/annex of the organization’s continuity plan or other document which contains the Essential Functions.]**

B. Orders of Succession

Since influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, **[insert organization name]** has identified orders of succession that are at least three deep per position while considering dispersing successors to various geographically separated locations, as appropriate. **[Integrate the organization’s Orders of Succession here (sample table provided below) or reference the document name, section, and page number/annex of the organization’s continuity plan or other document which contains the Orders of Succession.]**

SAMPLE

The following sample table may be used to show the orders of succession.

Position	Designated Successors
	1.
	2.
	3.
	4.

C. Delegations of Authority

At the height of a pandemic wave, absenteeism may be significant, as such, **[insert organization name]** has established delegations of authority that are at least three deep to take into account the expected rate of absenteeism and regional nature of the outbreak to help assure continuity of operations over an extended time period. **[Enter the organization’s Delegations of Authority for the senior leadership and ERG members (as appropriate) here or reference the document name, section, and page number/annex of the organization’s continuity plan or other document which contains the Delegations of Authority.]**

D. Continuity Facilities

The traditional use of continuity facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, developing safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. **[List preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic.]** Plans have also been established to relocate to an alternate facility, if applicable. **[Include information about the organization’s Continuity Facilities here or reference the document name, section, and page number/annex of the organization’s continuity plan or other document which contains the Continuity Facilities information.]**

E. Continuity Communications

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. **[insert organization name]** has identified communication systems needed to perform essential functions. **[Enter information about the organization’s continuity communications plan for pandemic influenza here (sample table provided below) or reference the document name, section, and page number/annex of the organization’s continuity plan or other document which contains the communications plan information.]**

SAMPLE

The following sample table may be used to track modes of continuity communication systems that support an organization’s essential functions.

Communication System	Support to Essential Function	Current Provider	Specification	Alternate Provider	Special Notes

F. Vital Records Management

[insert organization name] shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. **[insert organization name]** has identified systems, databases, and files that are needed to ensure essential functions remain operational. **[Incorporate information about the organization’s vital records program for pandemic influenza here (sample table provided below) or reference the document name, section, and page number/annex of the organization’s continuity plan or other document which contains the vital records program for pandemic influenza information.]**

SAMPLE

The following sample table may be used to list an organization’s vital files, records, and databases.

Vital File, Record, or Database	Support to Essential Function	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Continuity Facility	Hand Carried to Continuity Facility	Multiple Storage Location(s) Y/N	Maintenance Frequency

For additional information on vital records management, see Annex I of FCD 1 or CGC 1.

G. Human Capital

Although a pandemic influenza outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization’s human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. **[insert organization name]** has established guidelines to protect the entire employee population and their families, with additional guidance for key personnel, ERG members, and other essential personnel, should a pandemic influenza outbreak occur. **[Include information about the organization’s human capital program for pandemic influenza here.]**

H. Test, Training, and Exercise (TT&E) Program

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. The organization conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. The organization conducts continuity exercises to examine the impacts of pandemic influenza on performing essential functions, and to familiarize personnel with their responsibilities. The organization has identified resources and trained continuity personnel who are needed to perform essential functions. **[Add information about the organization's continuity test, training, and exercise program relative to pandemic influenza here.]**

I. Devolution of Control and Direction

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. **[insert organization name]** has established plans and procedures for devolution, which identifies how it will transfer operations, if pandemic influenza renders leadership and essential staff incapable or unavailable to perform their essential functions. **[Place information about the organization's devolution of control and direction plan relative to pandemic influenza here.]**

J. Reconstitution Operations

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. The **[insert organization name]** has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan should consider the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process. **[Place information about the organization's reconstitution operations relative to pandemic influenza here.]**

Conclusion

The Conclusion section should revisit the need to address the specialized planning required to respond to an influenza pandemic and summarize the overall purpose of the Pandemic Influenza Continuity plan.

(Sample text)

Maintaining **[insert organization name]** essential functions and services in the event of pandemic influenza requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, an influenza pandemic may not directly affect the physical infrastructure of the

organization. As such, a traditional “continuity activation” may not be required during a pandemic influenza outbreak. However, a pandemic outbreak threatens an organization’s human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the **[insert organization name]** continuity plan addresses the threat of a pandemic influenza outbreak. Continuity plans for maintaining essential functions and services in a pandemic influenza should include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel, ERG members, and other essential personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

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Appendix 1: World Health Organization Phases

The World Health Organizations (WHO) developed an alert system to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic. Organizations are encouraged to monitor the WHO phases and establish continuity “triggers” as deemed appropriate.

The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained. However, the pandemic phases have been re-defined (Table 1). In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods.

Table 1. World Health Organization Pandemic Influenza Phases

Phase 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post-Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible New Wave	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
Post-Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

The WHO phases of pandemic alert

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information

with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

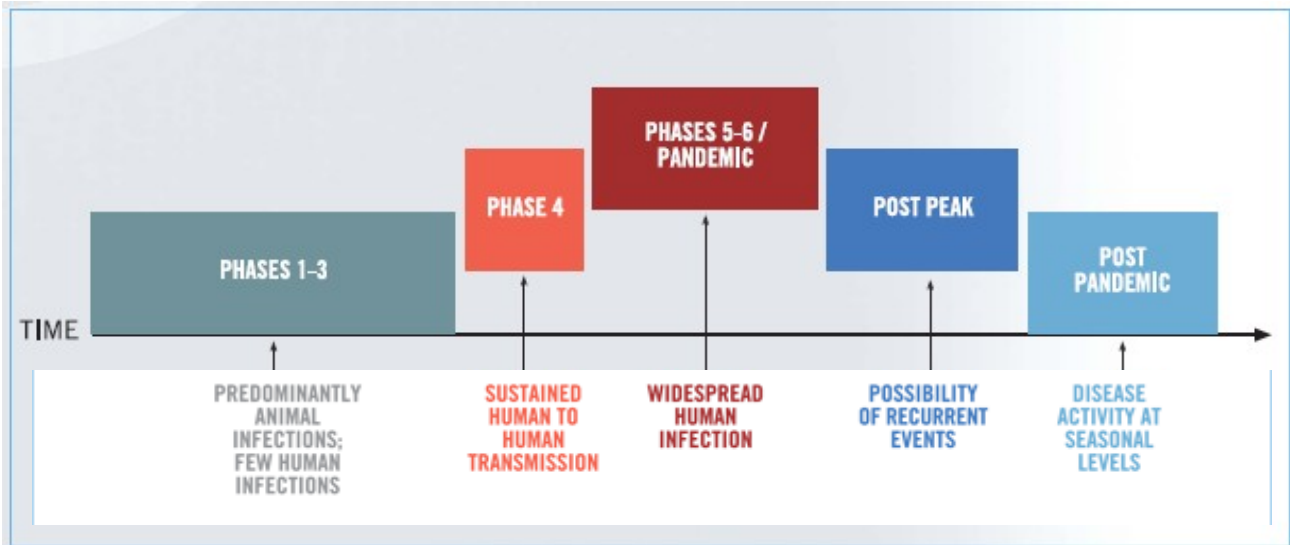


Figure 1. World Health Organization Pandemic Influenza Phases

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Appendix 2: References

- 1) Federal Continuity Directive 1 (FCD 1), February 2008.
- 2) Continuity Guidance Circular 1 (CGC 1), January 2009.
- 3) Pandemic Influenza Meta-checklist, August 2008.
- 3) National Security Presidential Directive 51/Homeland Security Presidential Directive 20, National Continuity Policy, May 9, 2007.
- 4) National Infrastructure Protection Plan, January 2009.
- 5) National Strategy for Pandemic Influenza, November 1, 2005.
- 6) National Strategy for Pandemic Influenza Implementation Plan, May 2006.

(Please include reference documents relevant to your organization in this section. They may be the organization's rules and regulations; local ordinances; local, state, or federal laws or statutes, or similar documents.)

Appendix 3: Glossary

Activation – Once a continuity plan has been implemented, whether in whole or in part, it is considered “activated.”

All-hazards – The spectrum of all types of hazards including accidents, technological events, natural disasters, terrorist attacks, warfare, and chemical, biological including pandemic influenza, radiological, nuclear, or explosive events.

Alternate facilities – Locations, other than the primary facility, used to carry out essential functions, particularly in a continuity event. “Alternate facilities” refers to not only other locations, but also nontraditional options such as working at home (“teleworking”), telecommuting, and mobile-office concepts.

Business process analysis (BPA) – A method of examining, identifying, and mapping the functional processes, workflows, activities, personnel expertise, systems, data, and facilities inherent in the execution of a function or requirement.

Catastrophic emergency – Any incident, regardless of location, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the U.S. population, infrastructure, environment, economy, or government functions.

Communications – Voice, video, and data capabilities that enable the leadership and staff to conduct the mission essential functions of the organization. Robust communications help ensure that the leadership receives coordinated, integrated policy and operational advice and recommendations and will provide the ability for governments and the private sector to communicate internally and with other entities (including with other Federal agencies, State, local, territorial, and tribal governments, and the private sector) as necessary to perform their Essential Functions.

Continuity – An uninterrupted ability to provide services and support, while maintaining organizational viability, before, during, and after an event.

Continuity capability – The ability of an organization to continue to perform its essential functions, using Continuity of Operations (COOP) and Continuity of Government (COG) programs and continuity requirements that have been integrated into the organization’s daily operations, with the primary goal of ensuring the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions (NEFs) under all conditions. Building upon a foundation of continuity planning and continuity program management, the pillars of a continuity capability are leadership, staff, communications, and facilities.

Continuity of Operations (COOP) – An effort within individual agencies to ensure they can continue to perform their Mission Essential Functions (MEFs) and Primary Mission Essential Functions (PMEFs) during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.

Continuity personnel – Those personnel, both senior and core, who provide the leadership advice, recommendations, and functional support necessary to continue essential operations.

Continuity program management cycle – An ongoing, cyclical model of planning, training, evaluating, and implementing corrective actions for continuity capabilities.

Corrective Action Program (CAP) – An organized method to document and track improvement actions for a program. The CAP System is a web-based tool that enables Federal, State, and local emergency response and homeland security officials to develop, prioritize, track, and analyze corrective actions following exercises or real world incidents. Users may enter data from a finalized After Action Report/Improvement plan, track the progress of corrective action implementation, and analyze and report on trends in improvement plans.

Critical Infrastructure and Key Resources (CI/KR)– An interdependent network of vital physical and information facilities, networks, and assets, including the telecommunications, energy, financial services, water, and transportation sectors, that private business and the Government rely upon (including for the defense and national security of the United States). Critical infrastructures are those systems and assets so vital to the Nation that their incapacity or destruction would have a debilitating impact on national security (including national economic security) and/or national public health or safety.

Delegation of authority – Identification, by position, of the authorities for making policy determinations and decisions at HQ, field levels, and all other organizational locations. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

Devolution – The capability to transfer statutory authority and responsibility for essential functions from an agency’s primary operating staff and facilities to other agency employees and facilities, and to sustain that operational capability for an extended period.

Drive-away kit – A kit prepared by, and for, an individual who expects to deploy to an alternate location during an emergency. The kit contains items needed to minimally satisfy an individual’s personal and professional needs during deployment.

Emergency operating records – Records that support the execution of an agency’s essential functions.

Emergency Relocation Group (ERG) – Pre-designated staff who move to an alternate facility to continue essential functions in the event that their normal work locations are threatened or have been incapacitated by an incident.

ERG member – A person who has been assigned responsibility to report to an alternate facility, as required to perform agency essential functions or other tasks related to continuity operations.

Emergency Support Function (ESF) – From the National Response Plan (NRP), a grouping of government and certain private sector capabilities into an organizational structure to provide support, resources, and services. The NRP groups functions as follows:

ESF #1 Transportation

ESF #2 Communications

ESF #3 Public Works and Engineering

ESF #4 Firefighting

ESF #5 Emergency Management

ESF #6 Mass Care, Housing, and Human Services

ESF #7 Resource Support

ESF #8 Public Health and Medical Services

ESF #9 Urban Search and Rescue

ESF #10 Oil and Hazardous Materials Response

ESF #11 Agriculture and Natural Resources

ESF #12 Energy

ESF #13 Public Safety and Security

ESF #14 Long-Term Community Recovery and Mitigation

ESF #15 External Affairs

Enduring Constitutional Government (ECG) – A cooperative effort among the executive, legislative, and judicial branches of the Federal Government, coordinated by the President, as a matter of comity with respect to the legislative and judicial branches and with proper respect for the constitutional separation of powers among the branches.

The ECG effort is intended to preserve the constitutional framework under which the Nation is governed and the capability of all three branches of Government, during a catastrophic emergency, to execute their constitutional responsibilities and to provide for orderly successions, appropriate transitions of leadership, interoperability, and support of NEFs.

Essential functions – The critical activities performed by organizations, especially after a disruption of normal activities. There are three categories of essential functions: NEFs, PMEFs, and MEFs.

Executive departments and agencies – Executive departments enumerated in 5 U.S.C. 101, along with DHS, independent establishments as defined by 5 U.S.C. § 104(1), Government corporations as defined by 5U.S.C. § 103(1), and the United States Postal Service.

Facilities – Locations where an organization’s leadership and staff operate. Leadership and staff may be co-located in one facility or dispersed across many locations and connected by communications systems. Facilities must be able to provide staff with survivable protection and must enable continued and endurable operations.

Federal Continuity Directive (FCD) – A document developed and promulgated by DHS, in coordination with the CAG and in consultation with the CPCC, which directs executive branch departments and agencies to carry out identified continuity planning requirements and assessment criteria.

Federal Executive Associations (FEAs) – A forum, modeled after but independent of the Federal Executive Boards, for communication and collaboration among Federal agencies outside of Washington, DC, utilized to help coordinate the field activities of Federal departments and agencies in localized sections of the Nation.

Federal Executive Boards (FEBs) – A forum, established by Presidential Directive in 1961, for communication and collaboration among Federal agencies outside of Washington, DC, utilized to help coordinate the field activities of Federal departments and agencies primarily in our Nation’s larger cities. With approximately 88% of all Federal employees working outside of the National

Capital Region, the national network of 28 FEBs serves as a cornerstone for strategic partnerships in Government.

FEMA Operations Center (FOC) – A continuously operating entity of DHS, which is responsible for monitoring emergency operations and promulgating notification of changes to COGCON status.

Full-scale exercise – A full-scale exercise is a multi-agency, multi-jurisdictional, multidiscipline exercise involving functional (e.g., joint field office, emergency operations centers) and "boots on the ground" response (e.g., continuity staff relocating to their alternate sites to conduct scenario driven essential functions).

Functional exercise – A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operations centers, joint field office). A functional exercise does not involve any "boots on the ground" (i.e., first responders or emergency officials responding to an incident in real time).

Government functions – Government functions include both the collective functions of the heads of agencies as defined by statute, regulations, presidential direction, or other legal authority, and the functions of the legislative and judicial branches.

Homeland Security Exercise and Evaluation Program (HSEEP) – A capabilities based and performance-based program that furnishes standardized policies, doctrines, and terminologies for the design, development, performance, and evaluation of homeland security exercises. The National Exercise Program (NEP) uses the HSEEP as a common methodology for exercises. The HSEEP also provides tools and resources to facilitate the management of self-sustaining homeland security exercise programs.

Hot Site – An alternate facility that already has in place the computer, telecommunications, other information technology, environmental infrastructure, and personnel required to recover critical business functions or information systems.

Interagency Board (IAB) – A working group established by the NCC to review and recommend validation of potential PMEFS submitted by agencies for submission to the NCC for final approval.

Interoperability – "Interoperability" has two meanings: (1) The ability of systems, personnel, or agencies to provide services to and accept services from other systems, personnel, or agencies, and to use the services so exchanged so that these organizations can operate together effectively; (2) A condition that is realized among electronic communications operating systems or grids and/or among individual electronic communications devices, when those systems and/or devices allow the direct, seamless, and satisfactory exchange of information and services between the users of those systems and devices.

Interoperable communications – Communications that provide the capability to perform essential functions, in conjunction with other agencies, under all conditions.

Leadership – The senior decision makers who have been elected (e.g., the President, State governors) or designated (e.g., Cabinet Secretaries, chief executive officers) to head a branch of Government or other organization.

Memorandum of Agreement/Memorandum of Understanding (MOA/MOU) – Written agreements between departments/agencies that require specific goods or services to be furnished or tasks to be accomplished by one agency in support of the other.

Mission Essential Functions (MEFs) – The limited set of agency-level Government functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities.

Multi-Year Strategy and Program Management Plan (MYSPMP) – A process that ensures the maintenance and continued viability of continuity plans.

National Communications System (NCS) – A system governed by Executive Order 12472 and comprised of the telecommunications assets of 24 Departments and Agencies. DHS serves as the Executive Agent for the NCS, which is responsible for assisting the President, the National Security Council, the Director of OSTP, and the Director of OMB in (1) the exercise of telecommunications functions and their associated responsibilities and (2) the coordination of planning for providing the Federal Government, under all circumstances (including crises and emergencies, attacks, and recovery and reconstitution from those events), with the requisite national security and emergency preparedness communications resources.

National Continuity Policy – It is the policy of the United States to maintain a comprehensive and effective continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions. (NSPD 51/HSPD 20, National Continuity Policy)

National Essential Functions (NEFs) – The eight functions the President and the Nation’s leadership will focus on to lead and sustain the Nation during a catastrophic emergency; NEFs, therefore, must be supported by COOP and COG capabilities.

National Exercise Program (NEP) – The NEP is the Nation’s overarching exercise program formulated by the National Security Council / Homeland Security Council (NSC/HSC), and executed by the Federal Interagency. All interagency partners have adopted HSEEP as the methodology for all exercises that will be conducted as part of the NEP.

National Incident Management System (NIMS) – HSPD-5 directed the Secretary of Homeland Security to develop and administer a NIMS to integrate effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS will enable responders at all levels to work together more effectively to manage domestic incidents no matter what their cause, size, or complexity. The benefits of the NIMS include a unified approach to incident management, standardized command and management structures, and an emphasis on preparedness, mutual aid, and resource management.

National Infrastructure Coordinating Center (NICC) – A DHS entity, which operates 24 hours a day, seven days a week, to maintain operational and situational awareness of the Nation’s critical infrastructure and key resources and to provide a process and mechanism for coordination and information sharing with government and industry partners.

National Infrastructure Protection Plan (NIPP) – Pursuant to HSPD-7, the NIPP provides a coordinated approach to critical infrastructure and key resources (CI/KR) protection roles and responsibilities for Federal, State, local, tribal, and private sector security partners. The NIPP sets national priorities, goals, and requirements for effective distribution of funding and resources which will help ensure that our government, economy, and public services continue in the event of a terrorist attack or other disaster. The plan is based on the following:

- Strong public-private partnerships which will foster relationships and facilitate coordination within and across CI/KR sectors.
- Robust multi-directional information sharing which will enhance the ability to assess risks, make prudent security investments, and take protective action.
- Risk management framework establishing processes for combining consequence, vulnerability, and threat information to produce a comprehensive, systematic, and rational assessment of national or sector risk.

National Operations Center (NOC) – A DHS entity, which operates 24 hours a day, seven days a week, which is the primary national level hub for domestic situational awareness, common operational picture, information fusion, information sharing, communications, and coordination pertaining to the prevention of terrorist attacks and domestic incident management. The NOC is responsible for collecting and fusing information from Federal, State, territorial, tribal, local, and private sector agencies. Information on domestic incident management is shared with Emergency Operations Centers at all levels through the Homeland Security Information Network.

Normal operations – Generally and collectively, “normal operations” refer to the broad functions undertaken by an organization when it is assigned responsibility for a given functional area; these functions include day to day tasks, planning and execution of tasks.

National Response Framework (NRF) – A guide for conducting comprehensive, national, all-hazards incident management. The NRF incorporates public and private sector participation at all levels, from Federal agencies to the State and community level, and also emphasizes the importance of personal preparedness by individuals and their families.

Occupant Emergency Plan (OEP) – A short-term emergency response program that establishes procedures for safeguarding lives and property.

Orders of succession – Provisions for the assumption of senior agency offices during an emergency in the event that any of those officials are unavailable to execute their legal duties.

Plan – A proposed or intended method of getting from one set of circumstances to another. A plan is often used to move from the present situation towards the achievement of one or more objectives or goals.

Program – A group of related initiatives managed in a coordinated way, so as to obtain a level of control and benefits that would not be possible from the individual management of the initiatives. Programs may include elements of related work outside the scope of the discrete initiatives in the program.

Primary Mission Essential Functions (PMEFs) – Those department and agency Mission Essential Functions, validated by the NCC, which must be performed in order to support the performance of NEFs before, during, and in the aftermath of an emergency. PMEFs need to be continuous or resumed within 12 hours after an event and maintained for up to 30 days or until normal operations can be resumed.

Readiness Reporting System (RRS) – Department of Homeland Security program to collect and manage continuity capability data and assessments of executive branch departments and agencies and their status to perform their Priority Mission Essential Functions (PMEFs) in support of the National Essential Functions (NEFs). The RRS will be used to conduct assessments and track

capabilities at all times under all conditions, to include natural disasters, manmade incidents, terrorism, and war.

Reconstitution – The process by which surviving and/or replacement agency personnel resume normal agency operations from the original or replacement primary operating facility.

Recovery – The implementation of prioritized actions required to return an organization’s processes and support functions to operational stability following an interruption or disaster.

Rights and interests records – Records that are necessary to protect the legal and financial rights of both the Federal Government and the persons who are affected by its actions.

Risk analysis – The process by which risks are identified and evaluated.

Risk assessment – The identification and assessment of hazards.

Risk management – The process of identifying, controlling, and minimizing the impact of events whose consequences are or may be unknown, or events that are themselves fraught with uncertainty.

Survivable communications – The establishment and maintenance of an assured end-to-end communications path during all phases of an all hazard event.

Tabletop Exercise (TTX) – A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting.

Telecommuting locations – Those locations equipped with computers and telephones that enable employees to work at home or at a location closer to their home than their main office.

Telework – The ability to work at a location other than the official duty station to perform work or emergency duties. This may include, but is not limited to, using portable computers, personal computers, high-speed telecommunications links, and mobile communications devices.

Test, Training, and Exercise (TT&E) – Measures to ensure that an agency’s continuity plan is capable of supporting the continued execution of the agency’s essential functions throughout the duration of a continuity event.

Virtual offices – An environment where employees are not co-located and rely exclusively on information technologies to interact and conduct their work across distance from multiple geographic locations.

Vital records – Electronic and hardcopy documents, references, and records to support essential functions during a continuity event. The two basic categories of vital records are (1) emergency operating records and (2) rights and interests records.

Warm Site – An alternate facility that is equipped with some computer, telecommunications, other information technology, and environmental infrastructure, which is capable of providing backup after additional personnel, equipment, supplies, software, or customization are provided.

Weapons of mass destruction (WMDs) – Weapons that are capable of killing a lot of people and/or causing a high-order magnitude of destruction, or weapons that are capable of being used in such a way as to cause mass casualties or create large-scale destruction. WMDs are generally considered to be nuclear, biological, chemical, and radiological devices, but WMDs can also be high-explosive devices.

Work-at-home – When employees carry out their work duties at their residence rather than their official duty station.