



## Public Input No. 13-NFPA 3000-2021 [ Chapter 1 ]

### Chapter 1 Administration

#### 1.1 Scope.

The scope of this standard is limited to the necessary functions and actions related to preparedness, response, and recovery from an active shooter/hostile event response (ASHER).

#### 1.2 Purpose.

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

##### 1.2.1

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

#### 1.3 Equivalency.

Nothing in this standard is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, resistance, effectiveness, durability, and safety over those prescribed by this standard.

##### 1.3.1

Technical documentation shall be submitted to the AHJ to demonstrate equivalency.

#### 1.4\* Application.

This standard applies to any community, AHJ, facility, or member of any organization that prepares for, responds to, or assists in recovery from active shooter/hostile events (ASHE).

##### 1.4.1\*

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

##### 1.4.2\*

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

## Statement of Problem and Substantiation for Public Input

Additional points for consideration.

## Submitter Information Verification

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**Submittal Date:** Wed Sep 29 15:11:46 EDT 2021

**Committee:** ACT-AAA

## Committee Statement

**Resolution:** No revisions were proposed by the submitter. More detailed information from the submitter regarding their recommended changes is necessary.



## Public Input No. 75-NFPA 3000-2021 [ Chapter 3 ]

### Chapter 3 Definitions

#### 3.1 General.

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

#### 3.2 NFPA Official Definitions.

##### 3.2.1\* Approved.

Acceptable to the authority having jurisdiction.

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

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

##### 3.2.3\* Listed.

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

##### 3.2.4 Shall.

Indicates a mandatory requirement.

##### 3.2.5 Should.

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

##### 3.2.6 Standard.

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

#### 3.3 General Definitions.

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

Persons requiring special accommodations because of health, social, economic, or language challenges. [1600, 2019]

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

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

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

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

### **3.3.4 Active Shooter/Hostile Event (ASHE).**

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

### **3.3.5 Active Shooter/Hostile Event Response (ASHER).**

A response to an ASHE incident.

### **3.3.6 Active Shooter/Hostile Event Response (ASHER) Program.**

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

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

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

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

Areas of operations that are directly related to the management of the incident but are outside the secured incident perimeter.

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

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

### **3.3.10\* Building Sides.**

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

#### **3.3.10.1 Side A (Alpha).**

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

#### **3.3.10.2 Side B (Bravo).**

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

#### **3.3.10.3 Side C (Charlie).**

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

#### **3.3.10.4 Side D (Delta).**

Side D, also known as Side Delta, is the adjacent side of the building or structure clockwise from Side C.

### **3.3.11 Casualty.**

A victim who is physically injured or killed as a result of the incident. (*See also 3.3.65, Victim.*)

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

A temporary location used for the gathering, threat-based care, subsequent medical care, and evacuation of nearby casualties.

### **3.3.13 Clear.**

A term used to describe the status of an environment determined by law enforcement to have no active threat based on an initial assessment and might or might not be controlled by law enforcement.

**3.3.14** Communications Center.

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

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

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

**3.3.16** Competence.

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

**3.3.17\*** Complex Coordinated Attack.

Synchronized attacks conducted by one or more independent teams occurring at multiple locations sequentially or in close succession using multiple attackers and employing one or more weapon systems.

**3.3.18** Concealment.

Hidden from observation. Anything that prevents direct observation from the threat.

**3.3.19** Consensus Standard.

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

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

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

**3.3.21** Containment.

A law enforcement term that connotes the establishment of a perimeter to control and isolate movement.

**3.3.22\*** Control Zones.

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

**3.3.23** Coordination.

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

**3.3.24** Cover.

Anything capable of physically protecting an individual from the threat(s), such as ballistic rounds and shrapnel.

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

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

**3.3.26** Evaluate.

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

**3.3.27** Extraction Team/Litter Bearers.

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

**3.3.28** Family Assistance Center.

See 3.3.35, Incident Assistance Center (IAC).

Fire As A Weapon (FaaW) -- Fire as a weapon is the use of smoke and/or fire sometimes used with other attack vectors which confound incident response and requires an integrated multidisciplinary effort for incident stabilization.

**3.3.29** Force Protection.

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

**3.3.30\*** Functional Task Force (FTF).

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

**3.3.31** Fusion Center.

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

**3.3.32\*** Hazardous Device.

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

**3.3.33** Health Care Receiving Facilities.

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

**3.3.34** Hospital.

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

**3.3.35\*** Incident Assistance Center (IAC).

A physical or virtual center where victims, family members, and loved ones can seek referrals and services for mental health counseling, health care, and child care; legal, travel, creditor, employee, and financial planning assistance; information on insurance benefits, IRS and tax policies, social security and disability; and other victim services established after the immediate recovery operations have taken place. The IAC is typically established following the closure of the notification center.

**3.3.36** Incident Command Post.

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

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

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

**3.3.38** Incident Commander (IC).

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

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

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

**3.3.40\*** Individual First Aid Kit (IFAK).

A component of the responder's personal protective equipment (PPE).

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

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

**3.3.42** Joint Information System (JIS).

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

**3.3.43\*** Loading Zone.

One or more geographic locations where transport vehicles are available to load victims.

**3.3.44** Logistics.

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

**3.3.45\*** Mutual Aid.

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

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

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

**3.3.47\*** Notification Center.

A secure facility in a centralized location that provides information about injured, missing, unaccounted for, or deceased persons and initial services for victims, family members, and designated points of contact. The notification center also helps displaced survivors, including children, to re-establish contact or be reunited with their family and friends after a period of separation. The notification center is not intended for the general public, media, or unaffiliated individuals.

**3.3.48** Patient.

A victim receiving medical evaluation and treatment, which can include physical and mental health services.

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

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

**3.3.50** Plan.

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

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

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

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

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

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

A verbal plan, written plan, or combination of both that is updated throughout the incident and reflects the overall incident strategy, tactics, risk management, and member safety requirements approved by the incident commander. [1600, 2019]

**3.3.51** Premises Security System.

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

**3.3.52\*** Public Access Trauma Kits.

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

**3.3.53** Public Information Officer (PIO).

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

**3.3.54** Recovery.

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

**3.3.55** Recovery Coordinator.

A person designated for incorporating recovery and mitigation considerations into the early decision-making processes. The recovery coordinator monitors the impacts and results of such decisions and evaluates the need for additional assistance and resources to enhance resiliency.

**3.3.56** Risk Assessment.

The process of identifying threats and hazards to life, property, operations, the environment, and entities, and the analysis of probabilities, vulnerabilities, and impacts. [1600, 2019]

**3.3.57** Scenario.

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

**3.3.58\*** Secured.

A location that is determined to have no continuing threat and is controlled by law enforcement.

**3.3.59** Specialized Teams.

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

**3.3.60\*** Threat-Based Care.

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

**3.3.61** Treatment Area.

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

**3.3.62** Triage.

A continuous process of determining the priority of casualty based upon the severity of their condition and resources available.

### **3.3.63 Unified Command.**

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

### **3.3.64\* Unified Command Post.**

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

### **3.3.65\* Victim.**

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

### **3.3.66\* Victim Advocate.**

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

### **3.3.67\* Victim Navigator.**

Serves as the point of contact for victims and families impacted by ASHE incidents.

### **3.3.68 Warm Zone Response Models.**

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

#### **3.3.68.1\* Rescue Task Force (RTF).**

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

#### **3.3.68.2 Protected Island Operations.**

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

#### **3.3.68.3 Protected Corridor Operations.**

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

#### **3.3.68.4 Law Enforcement/Armed Security Rescue.**

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

### **3.3.69 Witness.**

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

### **3.3.70 Witness Interview/Debrief Area.**

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

### **3.3.71\* Zones.**

Dynamic locations during an incident.

#### **3.3.71.1\* Hot Zone.**

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

**3.3.71.2\*** Warm Zone.

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

**3.3.71.3\*** Cold Zone.

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

**Statement of Problem and Substantiation for Public Input**

The term fire as a weapon is used in the document and never defined.

**Submitter Information Verification**

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**Submittal Date:** Wed Nov 10 16:05:58 EST 2021

**Committee:** ACT-AAA

**Committee Statement**

**Resolution:** [FR-19-NFPA 3000-2022](#)

**Statement:** "Fire As A Weapon (FAAW)" was added to Chapter 3 to provide clarity on the terminology used in NFPA 3000.



## Public Input No. 1-NFPA 3000-2021 [ Section No. 3.3.11 ]

### 3.3.11 Casualty.

A victim who is physically injured- ~~or~~ , incapacitated, or killed as a result of the incident. (See also 3.3.65, *Victim*.)

## Statement of Problem and Substantiation for Public Input

Due to the varying nature of these types of incidents, incapacitation covers those that may have been exposed to a substance or material but do not qualify as injured or killed. This is often the same terminology used in hazardous material mitigation.

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**Submittal Date:** Sun May 09 18:32:01 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-20-NFPA 3000-2022

**Statement:** The word "physically" was deleted to broaden the definition of "casualty" to include psychological injuries. The term incapacitated is already included in the definition of injury.



## Public Input No. 2-NFPA 3000-2021 [ Section No. 3.3.48 ]

### 3.3.48 Patient.

A victim receiving medical evaluation and/or treatment, which can include physical and mental health services.

### Statement of Problem and Substantiation for Public Input

Victims of these events may be receive evaluation and not treatment.

### Submitter Information Verification

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**Submittal Date:** Sun May 09 18:33:43 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-21-NFPA 3000-2022](#)

**Statement:** An editorial revision was made to change the "and" to "or."



## Public Input No. 14-NFPA 3000-2021 [ New Section after 3.3.50 ]

### TITLE OF NEW CONTENT

Consider adding the following:

#### 3.3.50.3 Comprehensive Preparedness Guide 101 (CPG 101)

The FEMA Comprehensive Preparedness Guide (CPG) 101 provides guidance for developing emergency operations plans. It promotes a common understanding of the fundamentals of risk-informed planning and decision making to help planners examine a hazard or threat and produce integrated, coordinated, and synchronized plans. The goal of CPG 101 is to assist in making the planning process routine across all phases of emergency management and for all homeland security mission areas. This Guide helps planners at all levels of government in their efforts to develop and maintain viable, all-hazards, all-threats emergency plans.

#### 3.3.50.4 Special Events Plan

Planning for the potential risks and hazards associated with significant public events is critical to public safety and the success of any such event.

### Statement of Problem and Substantiation for Public Input

Including this additional information would provide further the need and understanding for an Active Shooter/Hostile Event as it relates to planning needs.

### Submitter Information Verification

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**Submittal Date:** Wed Sep 29 15:18:16 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-22-NFPA 3000-2022

**Statement:** Revisions were made for accuracy and clarity. The citation/reference formatting was updated to be more user friendly and to provide continuity of style throughout the standard.

CPG 101 was added to Section D.2 as an informational reference because NFPA's Manual of Style prohibits the listing of reference sources as definitions. [PI-14]



## Public Input No. 11-NFPA 3000-2021 [ New Section after 3.3.59 ]

### TECC

Defined: A course that teaches EMS practitioners and other prehospital providers how to respond to and care for patients in a civilian tactical environment. This course must be consistent with the current guidelines established by the Committee on TECC and should meet all of the National Tactical Emergency Medical Support Competency Domains.

### Additional Proposed Changes

<u>File Name</u>	<u>Description</u>	<u>Approved</u>
TECC_Competencies.pdf	TECC Competencies	
TECC_Guidelines_-_JUNE_2015_update.pdf	TECC Guidelines June 2015	

### Statement of Problem and Substantiation for Public Input

Some education standard for the training should be put down. Too many one off trainings that don't stick to the guidelines from the official TECC committee. TECC should be the minimum standard for tactical medics and rescue task forces. If the military embraces it the civilian world should to.

### Submitter Information Verification

**Submitter Full Name:** Bruce Evans  
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**Submittal Date:** Tue Aug 24 11:34:47 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** The proposed language does not define the term "TECC" and it attempts to add a requirement to a definition which is not permitted by NFPA's Manual of Style.



## Public Input No. 39-NFPA 3000-2021 [ Section No. 3.3.65 ]

### 3.3.65\* Victim.

Person(s), including responders, who are directly or proximately harmed by the incident as the result of a criminal offense. *For purposes of federal and state assistance and compensation, direct victims of a crime are identified as those who were immediately and directly impacted and indirect victims are defined as loved ones of direct victims, including non-traditional families, those with family-like relationships, and those who spend time caring emotionally or physically for a direct victim.*

## Statement of Problem and Substantiation for Public Input

Justification for addition: This is one of the most critical decisions/distinctions that needs to be made early in the response. Lifelong assistance for victims that can be available after a crime is only available if victims can prove they are victims and that the incident was a crime. The criminal nature of the incident can be defined early in the response by the lead law enforcement agency, lead prosecutor and the lead victim services agency. This determines who gets access to certain services and will reduce chaos at the IAC in terms of who is eligible for access and services.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 50-NFPA 3000-2021 [Section No. 20.2.3.5 [Excluding any Sub-Sections]]</u>	
<u>Public Input No. 64-NFPA 3000-2021 [Section No. A.20.3.2]</u>	

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-23-NFPA 3000-2022

**Statement:** The definition of "victim" was expanded and clarified to include both "direct" and "indirect" victims.



## Public Input No. 9-NFPA 3000-2021 [ New Section after 3.3.68 ]

### TITLE OF NEW CONTENT

Type your content here ...Imbedded Tactical Medic. A suggestion to stratify the response. Much like NFPA 1710 and 1720 Rural, suburban, urban. As a rural provider we have one ambulance and three law officers. A school shooting and tactical medic working through the victims verses the limited personnel to pull victims to a casualty collection point that has no people to stop the bleeding. Civilians will be prompts in a small community to throw people in pick up trucks. The after actions at Virginia. tech showed a tactical medic saving two in the absence of resources to move people to a CCP. In an urban system that could flood an incident with ambulances like Aurora or south Florida the current system of pulling to a CCP can work but in a resource poor event best to have a tactical medic following the LEO wedge stopping to do basic hemorrhage control or airway efforts.

Would also propose this is a person trained with tactical movement and with safety gear and TECC training.

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### Statement of Problem and Substantiation for Public Input

There is a varying tactics for rural, suburban, and urban environments. This proposal would be for stratifying the response. CCP's in an urban setting, maybe a hybrid of both an embedded tactical medic and Rescue task forces, verses a rural setting with an embedded tactical medic waiting for other resources to get there before there would be sufficient people in a CCP to care for and transport the victims without an unsecured perimeter because the very few law enforcement officers have gone to the shooter. The public who could get into the warm zone would take a person from the CCP if no one was there and haul them to the closest hospital like the Vegas scenario. Due to limited resources in some locations this requires a change in tactics and care administered to the patient where they are found

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**Committee:** ACT-AAA

### Committee Statement

**Resolution:** The recommended terminology is not used in the standard, so it cannot be included in the Chapter 3 definitions per the Manual of Style.



## Public Input No. 69-NFPA 3000-2021 [ New Section after 5.1.1.2 ]

### 5.1.1.3

This chapter applies to those who are responsible for an emergency response and all hazards assessment for interior and exterior threats to public buildings.

### Statement of Problem and Substantiation for Public Input

The SAF-END committee task group on educational and daycare have made and been granted a request for research foundation support to evaluate the primary risks and appropriate responses to the highest priority threats. In response the research foundation is supporting and running a workshop to address how to balance life safety and security challenges in K-12 spaces. As this is an active workshop during the submittal timeframe this is a placeholder to address the outcomes of this workshop.

### Submitter Information Verification

**Submitter Full Name:** Matthew Mertens  
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**Submittal Date:** Tue Nov 09 16:24:11 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** The results from the FPRF Workshop on Life Safety and Security Challenges in the K-12 Space and related report(s) from SAF-END were not yet published or available at the time ACT-AAA held their first draft meeting for NFPA 3000. ACT-AAA plans to review the material when it becomes available and develop any necessary revisions to NFPA 3000.



## Public Input No. 15-NFPA 3000-2021 [ Section No. 5.2.2.1 ]

### 5.2.2.1

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

- (1) Public gatherings
- (2) Places and events of national or local significance
- (3) The target of credible threats
- (4) Campuses and facilities of elementary, secondary education, and tertiary education
- (5) Government facilities

### Statement of Problem and Substantiation for Public Input

Additional points for consideration.

### Submitter Information Verification

**Submitter Full Name:** Tim Settles  
**Organization:** Ashtabula Co. EMA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 29 15:41:50 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-29-NFPA 3000-2022](#)

**Statement:** "Post-secondary campuses" and "government facilities" were added as examples to A.5.2.2.



## Public Input No. 16-NFPA 3000-2021 [ Section No. 6.4.2 ]

### 6.4.2\*

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

- (1) Personal safety
- (2) Response consistency
- (3) Guide response actions
- (4) Decision making
- (5) Coordination and interoperability with other agencies and organizations
- (6) Unified incident management
- (7) Authentication Credentials

### Statement of Problem and Substantiation for Public Input

Additional points for consideration.

### Submitter Information Verification

**Submitter Full Name:** Tim Settles  
**Organization:** Ashtabula Co. EMA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 29 15:56:38 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-16-NFPA 3000-2022](#)

**Statement:** "Authentication of credentials" was added to the list of required components of SOPs for an ASHER program.



## Public Input No. 17-NFPA 3000-2021 [ Section No. 6.7.2 ]

### 6.7.2\*

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

- (1) Unified strategic objectives
- (2) Unified tactical considerations
- (3) Interoperability among resources
- (4) Resource needs
- (5) Dispatching and notification procedures
- (6) Public safety telecommunicator pre-arrival instructions
- (7) Staging management to avoid over-convergence
- (8) Predetermined mutual aid requests
- (9) First Responder Credentialing to manage access control
- (10) Emergency operation center activation guideline
- (11) Civilian action response and reaction plan
- (12) Personnel recall
- (13) Incident stabilization
- (14) Information sharing
- (15) Considerations for those with access and functional needs
- (16) Family or loved ones notification
- (17) Victim and survivor assistance
- (18) Public information and media management
- (19) The transition to recovery
- (20) Incident assistance center

### Statement of Problem and Substantiation for Public Input

Additional points for consideration.

### Submitter Information Verification

**Submitter Full Name:** Tim Settles  
**Organization:** Ashtabula Co. EMA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 29 15:59:51 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-75-NFPA 3000-2022

**Statement:** 6.7.2(9) [new]: Responder credentials were added to the list of required guidelines and procedures. Responder credentials are important to ensuring that only authorized personnel access the scene and areas therein commensurate to their job function.

A.6.7.2(10) [now A.6.7.2(11)]: Changes were made for consistency with A.9.3.1(5).



## Public Input No. 24-NFPA 3000-2021 [ New Section after 9.2.1 ]

3)\*

Access and functional needs for occupants, including people with disabilities, to evacuate, relocate, or secure in place.

### Statement of Problem and Substantiation for Public Input

“Access and functional needs” is a term coined by the Federal Emergency Management Agency to be inclusive of disability-related needs as well as other conditions such as, the inability to speak English, that can impede a person’s ability to function in an emergency. Experienced planners should be familiar with this term.

References to “accommodations” and “modification in policies, practices, and procedures” are terms borrowed from the Americans with Disabilities Act (ADA) regulations. Although self-explanatory, a person who wants more information on these obligations under the ADA can simply search [www.ADA.gov](http://www.ADA.gov) or the internet for them.

The recommendation to include any specific accommodations in the EAP is fundamental to successful planning for people with access and functional needs. The absence of such documentation could indicate an incomplete plan.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 22-NFPA 3000-2021 [New Section after A.9.2.1(3)]</a>	
<a href="#">Public Input No. 25-NFPA 3000-2021 [Section No. A.9.2.1(2)]</a>	

### Submitter Information Verification

**Submitter Full Name:** Marsha Mazz  
**Organization:** United Spinal Association  
**Affiliation:** Representing the DARAC Advisory Committee  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Thu Oct 21 14:37:25 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-30-NFPA 3000-2022](#)

**Statement:** A.9.2.1(2) was revised to emphasize the importance of including the consideration of access and functional needs. Mobility and access and functional needs, including temporary and permanent, are already discussed in 9.2.2 and A.9.2.2.



## Public Input No. 20-NFPA 3000-2021 [ Section No. 9.2.1 ]

### 9.2.1

Facility preparedness shall consider the following attributes:

- (1) The number of occupants
- (2) \* The ability of the occupants, including people with disabilities, to evacuate, relocate, or secure in place
- (3) \* Internal staff response and assistance to include threat recognition and threat reaction procedures and training
- (4) External notification systems
- (5) The number, location, and contents of public access trauma kits
- (6) \* Building construction type and protective features
- (7) \* Physical security
- (8) \* Facility internal notification and signaling systems
- (9) Signage
- (10) Emergency communications equipment
- (11) Surrounding areas and possible relocation resources
- (12) A system to support the AHJ's efforts to conduct notification of family and loved ones

## Statement of Problem and Substantiation for Public Input

The intent of this change is to ensure that the needs of individuals with disabilities are not overlooked when plans are developed and maintained. Planning for the safe evacuation of such individuals, whether assisted or unassisted, can require specialized information and skills.

Reference is made to the ADA definition "disability" to remind planners of their responsibilities under the federal law and its very broad application.

A reminder is included regarding the "permanent" or "temporary" nature of disability. If no occupants with permanent disabilities are identified, planners still need to prepare for the evacuation of a person with a temporary disability that may not be known until an event occurs.

References to invisible disabilities reminds the planner of their obligation to invite participation by all occupants in the planning stage so that they have the opportunity to disclose their disability-related needs.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 22-NFPA 3000-2021 [New Section after A.9.2.1(3)]</a>	
<a href="#">Public Input No. 25-NFPA 3000-2021 [Section No. A.9.2.1(2)]</a>	

## Submitter Information Verification

**Submitter Full Name:** Marsha Mazz

**Organization:** United Spinal Association

**Affiliation:** Representing the DARAC Advisory Committee  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Oct 20 13:53:40 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-30-NFPA 3000-2022](#)

**Statement:** A.9.2.1(2) was revised to emphasize the importance of including the consideration of access and functional needs. Mobility and access and functional needs, including temporary and permanent, are already discussed in 9.2.2 and A.9.2.2.



## Public Input No. 29-NFPA 3000-2021 [ Section No. 9.3.1 ]

### 9.3.1\*

EAPs for ASHE incidents shall include guidelines and procedures to maximize life safety and include the following criteria, at a minimum:

- (1) \* Facility assessment to support preparedness, protective actions, and communications
- (2) Communications plan
- (3) Alert and warning plans
- (4) Personal emergency preparedness training for protective and medical actions for individuals to take before, during, and after an ASHE incident
- (5) Appropriate multi-option procedures that include evacuation, relocation, ~~and~~ secure-in-place, lockdown and barricade, and active resistance procedures.

### Statement of Problem and Substantiation for Public Input

This allows consistency in multi-option procedures and allows all options to be identified.

### Submitter Information Verification

**Submitter Full Name:** Cheryl Jonson  
**Organization:** Xavier University  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Tue Nov 02 14:47:20 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-41-NFPA 3000-2022

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words "securable," "securing," and "unsecuring" were removed for clarity and alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 30-NFPA 3000-2021 [ Section No. 9.3.2 ]

### 9.3.2

The plan for ASHE incidents shall include the location and identification of lockable or securable spaces and rooms (spaces and rooms that can be secured by creating barricades from environmental objects), as well as the locations of exits that lead directly to the outside or to a stairwell.

## Statement of Problem and Substantiation for Public Input

This clarifies what is meant by securable spaces.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 32-NFPA 3000-2021 [New Section after A.9.3.1(1)]</u>	

## Submitter Information Verification

**Submitter Full Name:** Cheryl Jonson  
**Organization:** Xavier University  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Tue Nov 02 14:50:26 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-41-NFPA 3000-2022

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words "securable," "securing," and "unsecuring" were removed for clarity and alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 31-NFPA 3000-2021 [ Section No. 9.3.3 [Excluding any Sub-Sections] ]

The plan for ASHE incidents shall include procedures for locking or securing ~~of doors-~~ doors (using available environmental objects to form a barricade) from inside ~~of~~ the designated areas.

### Statement of Problem and Substantiation for Public Input

This highlights there are more ways than a lock to secure a door.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 28-NFPA 3000-2021 [Section No. A.9.2.1(3)]</u>	

### Submitter Information Verification

**Submitter Full Name:** Cheryl Jonson  
**Organization:** Xavier University  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Tue Nov 02 14:53:30 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-41-NFPA 3000-2022

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words "securable," "securing," and "unsecuring" were removed for clarity and alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 18-NFPA 3000-2021 [ Section No. 11.2.2 ]

### 11.2.2

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

- (1) Effectively being able to communicate with all of their dispatched responding units/personnel
- (2) Rollover plans for 911 and emergency calls to other emergency communication centers
- (3) The ability for backup/rollover agencies to share information with partner agencies
- (4) Interoperable radio communications between emergency communications centers
- (5) Ensuring effective staffing, including emergency call in for staffing
- (6) Ensuring effective processing of peak emergency call volume
- (7) Using common terminology for a multi-agency response.

### Statement of Problem and Substantiation for Public Input

Additional points for consideration.

### Submitter Information Verification

**Submitter Full Name:** Tim Settles  
**Organization:** Ashtabula Co. EMA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 29 16:09:18 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-9-NFPA 3000-2022](#)

**Statement:** An additional item was added for clarity and consistency within the document.



## Public Input No. 74-NFPA 3000-2021 [ Section No. 12.1.3 ]

### 12.1.3 Competencies and Tasks.

#### 12.1.3.1\*

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

- (1) Unified command structure
- (2) Tasks
  - (3) Hot Zone Tasks - the committee should define these based upon consensus
  - (4) Warm Zone Tasks - the committee should define these based upon consensus
  - (5) Cold Zone Tasks - the committee should define these based upon consensus
  - (6) Associated Off-site Operations- the committee should define these based upon consensus
- (7) Competencies for Law Enforcement Personnel when operating at an ASHE incident
- (8) The committee should define these competencies based upon consensus \_

#### 12.1.3.2

–

Law enforcement officers shall receive training to meet applicable governmental regulations according to federal, state, and local standards.

#### 12.1.3.3\*

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

## Statement of Problem and Substantiation for Public Input

The problem is that Fire/EMS have competencies and tasks established in the standard and law enforcement does not. The law enforcement section should mirror Fire/EMS efforts due to the need for integration in 3 out of 4 warm zone models.

## Submitter Information Verification

**Submitter Full Name:** Michael Marino  
**Organization:** Prince Georges County Fire  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Nov 10 15:44:53 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** Competency requirements are adopted in accordance with local and state authorities.



### Public Input No. 72-NFPA 3000-2021 [ Section No. 12.1.3.3 ]

#### 12.1.3.3\*

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

## Statement of Problem and Substantiation for Public Input

Law enforcement must be trained, rather than just have knowledge of, threat based medical care to treat victims from ASHER. This can either be done after the threat has been mitigated or concurrently while other officers are dealing with the threat. Due to the time sensitive nature of preventable death injuries and the basic nature of the medical interventions required, it is reasonable to expect law enforcement professionals who already have access to victims to provide point of wounding care.

## Submitter Information Verification

**Submitter Full Name:** Michael Marino  
**Organization:** Prince Georges County Fire  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Nov 10 15:34:58 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** EMS providers are expected to have a higher level of medical training than law enforcement officers. A certified or licensed medical provider would have the recommended training, but it is not required for law enforcement officers unless mandated by the AHJ.



## Public Input No. 3-NFPA 3000-2021 [ Section No. 13.2.1 ]

### 13.2.1

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

### Statement of Problem and Substantiation for Public Input

A working knowledge emphasizes that those involved in the incidents must not only "have knowledge" of the system in place but also be able (by standard) to function within the system.

### Submitter Information Verification

**Submitter Full Name:** Brian Doering  
**Organization:** Cincinnati Fire Department  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Sun May 09 18:34:20 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** Adding the word "working" would not provide any additional information or clarity to the existing requirement. 13.2.2 already addresses the need to have a working knowledge of the material.



## Public Input No. 4-NFPA 3000-2021 [ Section No. 13.3.1.1 ]

### 13.3.1.1\*

Personnel shall not operate in the hot zone without the proper training, PPE, and equipment to address the hazards that they could encounter.

### Statement of Problem and Substantiation for Public Input

PPE/BPE must be required to operate within the hot zone. This may have been an oversight.

### Submitter Information Verification

**Submitter Full Name:** Brian Doering  
**Organization:** Cincinnati Fire Department  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Sun May 09 18:35:02 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-33-NFPA 3000-2022](#)

**Statement:** A revision was made to clarify that PPE/BPE is required to operate within the hot zone.



## Public Input No. 71-NFPA 3000-2021 [ New Section after 13.4.5.2 ]

### New Chapter after Chapter 13.

Add a new chapter on minimum competencies for providers who are responsible for assessment of mental/behavioral health needs and/or provision of mental/behavioral health treatment. Not all licensed providers are qualified to assess and treat trauma-related pathology. The American Psychological Association has an excellent guide for minimum suggested trauma competencies for providers treating trauma-related pathology: <https://www.apa.org/ed/resources/trauma-competencies-training.pdf>

### Statement of Problem and Substantiation for Public Input

Competencies for mental health providers

### Submitter Information Verification

**Submitter Full Name:** Natasha Bailen

**Organization:** [ Not Specified ]

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Wed Nov 10 14:08:44 EST 2021

**Committee:** ACT-AAA

### Committee Statement

**Resolution:** Competencies and training for emotional care providers are addressed in Chapter 20. Treatment of trauma-related pathology is contraindicated at this stage of an ASHE response.



## Public Input No. 5-NFPA 3000-2021 [ Section No. 14.2.3 ]

### 14.2.3\*

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

- (1) Hot zone. PPE shall include but is not limited to BPE, means of communication, and an identifying garment.
- (2) Warm zone. PPE shall include but is not limited to BPE, means of communication, and an identifying garment.
- (3) Cold zone. An identifying garment or visible identification and means of communication shall be required. Additional PPE ~~shall~~ may be required.

### Statement of Problem and Substantiation for Public Input

Possible oversight. PPE worn within the cold zone may be necessary but should not be required. This would also make the cold zone no longer "cold" and would also require media to don PPE.

### Submitter Information Verification

**Submitter Full Name:** Brian Doering  
**Organization:** Cincinnati Fire Department  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Sun May 09 18:35:51 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-34-NFPA 3000-2022](#)

**Statement:** A requirement was added for PPE to be worn within the cold zone and additional revisions were made for clarity.



## Public Input No. 6-NFPA 3000-2021 [ Section No. 14.4 ]

### 14.4\* Identifying Markings.

PPE and BPE worn externally shall be identified with the agency and/or responder role clearly identifiable on front and rear .

### Statement of Problem and Substantiation for Public Input

This standard is imperative during movement within hot zones. This was part of numerous AAR's and assists law enforcement during these operations. This has also become accepted practice for apparatus. Front & rear identification also becomes relevant when in "stacked" formations when one side may not be visible.

### Submitter Information Verification

**Submitter Full Name:** Brian Doering  
**Organization:** Cincinnati Fire Department  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Sun May 09 18:37:14 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-35-NFPA 3000-2022](#)

**Statement:** A revision was made to clarify that identifying markings on PPE/BPE should be visible on both the front and rear.



## Public Input No. 40-NFPA 3000-2021 [ New Section after 15.1.1.1 ]

### 15.1.1.1.1

All non-traditional response agencies that will be involved in the Notification Center and IAC should be trained in ICS & NIMS.

### Statement of Problem and Substantiation for Public Input

- Victim serving agencies do not typically work within the ICS framework and therefore tend to unknowingly work outside of the established structure causing challenges with duplication of services and chaotic messaging for victims. Training in ICS ensures they understand the framework and the reporting and leadership structures.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 46-NFPA 3000-2021 [Section No. 20.1.1.2.2]</u>	
<u>Public Input No. 60-NFPA 3000-2021 [New Section after A.15.1.1.1]</u>	

### Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
**Organization:** ICF Inc  
**Affiliation:** ICPTTA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Mon Nov 08 14:49:19 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-36-NFPA 3000-2022

**Statement:** The requirement for personnel to be trained in the incident management system (IMS) was added to Chapter 15. This will prevent personnel from working outside of the established structure resulting in challenges with duplication of services and chaotic messaging for victims. Training in IMS ensures that responding personnel understand the framework, reporting, and leadership structures of the response.



## Public Input No. 35-NFPA 3000-2021 [ Section No. 16.3 ]

### 16.3\* Public Education.

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

- (1) Different hazards (violence, fire as weapon, explosive, weapons of mass destruction, future threats)
- (2) The potential impacts of a hazard
- (3) Preparedness information, including the following:
  - (4) \* Multi-option Survival strategies and actions
  - (5) \* Interventions aimed at preventable causes of death due to trauma
  - (6) Recommended equipment as determined by the AHJ
- (7) \* Information needed to develop a preparedness plan
- (8) Identification and communication of site/location emergency action plans
- (9) Identification of ASHE incidents warning signs and how to report them
- (10) What to expect from interactions with emergency communication centers and first responders

## Statement of Problem and Substantiation for Public Input

Clarify the type of survival strategies and actions in 16.3(3)(a).

## Submitter Information Verification

**Submitter Full Name:** Melissa Moon

**Organization:** Northern Kentucky University

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Wed Nov 03 10:25:57 EDT 2021

**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-10-NFPA 3000-2022

**Statement:** Additional language was added to the type of survival strategies and actions in 16.3(3)(a) to clarify a multi-option strategy.



## Public Input No. 43-NFPA 3000-2021 [ New Section after 17.4.3.1 ]

### 17.4.3.1.1

All public messaging should include information about predictable and common reactions to an ASHE incident.

## Statement of Problem and Substantiation for Public Input

- When given to those who were directly impacted and the public, the information assists in reducing the “worried well” who will flood health and behavioral health services believing they are demonstrating trauma reactions, when they are often presenting with predictable reactions to stressful incidents that will dissipate over time without therapeutic intervention.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 44-NFPA 3000-2021 [New Section after A.17.4.1]</u>	

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
**Organization:** ICF Inc  
**Affiliation:** ICPTTA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Mon Nov 08 15:09:26 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-12-NFPA 3000-2022

**Statement:** A requirement was added to include information about predictable and common reactions to an ASHE incident in public messaging. When given to those who were directly impacted and the public, the information assists in reducing the “worried well” who will flood physical and behavioral health services believing they are demonstrating trauma reactions. Often they are presenting with predictable reactions to stressful incidents that will dissipate over time without therapeutic intervention.



## Public Input No. 19-NFPA 3000-2021 [ Section No. 18.2.1.1 ]

### 18.2.1.1\*

Continuity plans shall identify and document the following:

- (1) Stakeholders that need to be notified
- (2) Processes that must be maintained
- (3) Roles and responsibilities of the individuals implementing the continuity strategies
- (4) Procedures for activating the plan, including the authority for plan activation
- (5) Devolution
- (6) Orders of Succession
- (7) Delegation of Authority
- (8) Reconstitution
- (9) Critical and time-sensitive technology, application systems, and information
- (10) Security of information
- (11) Alternative work sites
- (12) Workaround procedures
- (13) Vital records
- (14) Contact lists
- (15) Required personnel
- (16) Vendors and contractors supporting continuity
- (17) Resources for continued operations
- (18) Mutual aid or partnership agreements
- (19) Activities to return critical and time-sensitive processes to the original state

[1600:6.9.1.2]

## Statement of Problem and Substantiation for Public Input

Additional points for consideration.

## Submitter Information Verification

**Submitter Full Name:** Tim Settles  
**Organization:** Ashtabula Co. EMA  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed Sep 29 16:29:12 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-11-NFPA 3000-2022](#)

**Statement:** Annex A material was added to 18.2.1.1(4) to include four procedures relevant to activating continuity plans.



## Public Input No. 7-NFPA 3000-2021 [ Section No. 19.2.3 ]

### 19.2.3

Health care receiving facilities shall plan for a surge of spontaneous arrivals from both medical transport (EMS) as well as those arriving by self-transport .

### Statement of Problem and Substantiation for Public Input

Current surge contingency operations do not normally include the unanticipated arrival of personal vehicles with injured persons require care at an entrance to a receiving facility. This has been commented on by several existing AAR's most notably Las Vegas. This is also becoming a problem in urban response areas and will continue to happen due to proximity to hospitals in inner cities.

### Submitter Information Verification

**Submitter Full Name:** Brian Doering

**Organization:** Cincinnati Fire Department

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Sun May 09 18:38:29 EDT 2021

**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-52-NFPA 3000-2022](#)

**Statement:** Mass casualty events, including ASHER events, often involve a large number of victims being transported by non-traditional means. Hospitals must prepare not only for the surge of patients, but also the vehicles that will be arriving to their facility.



## Public Input No. 8-NFPA 3000-2021 [ Section No. 19.2.4 ]

### 19.2.4

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

### Statement of Problem and Substantiation for Public Input

This wording within the standard addresses facilities not having trained and prepared personnel on staff that can respond and mitigate these events. This does not necessarily need to be additional staff but rather those that are trained and aware of the SOP's that are needed to mitigate the surge situations and overcrowding of ER facilities.

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**Submittal Date:** Sun May 09 18:39:32 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-54-NFPA 3000-2022

**Statement:** Health care facilities' mass casualty plans include recall of staff and obtaining additional supplies but, in large-scale incidents, these plans may not be sufficient. Annex A material has been added to address personnel and supply issues common in mass casualty incidents.



## Public Input No. 45-NFPA 3000-2021 [ Section No. 20.1.1.1.1 ]

### 20.1.1.1.1\*

Planning for the transition from response through each recovery stage to steady-state, to include activation and coordination of all needed services for victims, shall be included in ASHER program preparedness and operational plans.

## Statement of Problem and Substantiation for Public Input

The most common point of disorganization in recovery on the ground is the activation of victim serving agencies. There is often a disconnect between Incident Command and the responding agencies resulting in agencies activating and organizing outside of the official ICS structure. This can result in chaos on the ground, duplication of services and ineffective lines of communication

## Submitter Information Verification

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**Submittal Date:** Mon Nov 08 15:17:20 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-73-NFPA 3000-2022](#)

**Statement:** A.20.1.1.1: An additional federal resource was added for information on victim care.

20.1.1.1.1: Language was added to address the most common point of disorganization in recovery on the ground: the activation of victim-serving agencies. There is often a disconnect between incident command and the responding agencies, which can lead to agencies activating and organizing outside of the official ICS structure. This can result in chaos on the ground, duplication of services, and ineffective lines of communication.

20.1.1.2.2: Revisions were made to emphasize the importance of understanding the established incident management system (IMS). The recovery coordinator assigned to oversee the incident notification and assistance locations must be able to work effectively within the established structure of leadership and operations.

20.2.1: The designation of a recovery coordinator (RC) prior to coordination efforts will greatly increase effective organization and response.

20.2.3/20.2.3.1: Reorganized to establish a leadership structure for recovery to increase the efficacy and efficiency of the delivery of victim services. This will also ensure that all victim services will be incorporated under the established incident management system (IMS) structure from the start of the incident.

20.2.3.5(6) [now 20.2.7.1(10)]: Revised to require that the definition of "victims" of an

incident must be decided prior to determining what the impact will be on those victims. The legal determination of victim will determine who will have access to the IAC, and state and federal victim assistance and compensation. This will have to be messaged to the public so that it is clear who is and is not eligible for victim services.

Additional revisions were made for continuity, clarity, readability, reduction of redundancy, and compliance with NFPA's Manual of Style requirements.



## Public Input No. 46-NFPA 3000-2021 [ Section No. 20.1.1.2.2 ]

### 20.1.1.2.2

The AHJ shall designate a person or team who is trained and proficient in Incident Command System operations to oversee the establishment of an initial notification center, incident assistance center, and associated activities.

## Statement of Problem and Substantiation for Public Input

The person or team overseeing the victim service locations needs to be proficient in ICS in order to work within the established structure of leadership and operations. When this doesn't happen, multiple operations develop that are not appropriately linked to each other and the victim experience is often very chaotic and unhelpful.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 40-NFPA 3000-2021 [New Section after 15.1.1.1]</u>	
<u>Public Input No. 48-NFPA 3000-2021 [New Section after 20.2.3.4.1]</u>	

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**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-73-NFPA 3000-2022

**Statement:** A.20.1.1.1: An additional federal resource was added for information on victim care.

20.1.1.1.1: Language was added to address the most common point of disorganization in recovery on the ground: the activation of victim-serving agencies. There is often a disconnect between incident command and the responding agencies, which can lead to agencies activating and organizing outside of the official ICS structure. This can result in chaos on the ground, duplication of services, and ineffective lines of communication.

20.1.1.2.2: Revisions were made to emphasize the importance of understanding the established incident management system (IMS). The recovery coordinator assigned to oversee the incident notification and assistance locations must be able to work effectively within the established structure of leadership and operations.

20.2.1: The designation of a recovery coordinator (RC) prior to coordination efforts will greatly increase effective organization and response.

20.2.3/20.2.3.1: Reorganized to establish a leadership structure for recovery to increase the efficacy and efficiency of the delivery of victim services. This will also ensure that all victim services will be incorporated under the established incident management system (IMS) structure from the start of the incident.

20.2.3.5(6) [now 20.2.7.1(10)]: Revised to require that the definition of “victims” of an incident must be decided prior to determining what the impact will be on those victims. The legal determination of victim will determine who will have access to the IAC, and state and federal victim assistance and compensation. This will have to be messaged to the public so that it is clear who is and is not eligible for victim services.

Additional revisions were made for continuity, clarity, readability, reduction of redundancy, and compliance with NFPA's Manual of Style requirements.



## Public Input No. 49-NFPA 3000-2021 [ Section No. 20.2.3 [Excluding any Sub-Sections] ]

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

### Statement of Problem and Substantiation for Public Input

Having an identified Recovery Coordinator to activate and organize primary victim agencies will all for smooth initiation of victim serving activities, and will identify the lead liaison to Incident Command. With agency personnel changing fairly routinely over time, there is no guarantee of who an agency will send to initiate their activities. Someone with no experience of the plan or of response in general may be deployed. A designation of an RC will make this transition into services as smooth as possible.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 48-NFPA 3000-2021 [New Section after 20.2.3.4.1]</u>	

### Submitter Information Verification

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**Submittal Date:** Mon Nov 08 15:31:44 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-73-NFPA 3000-2022

**Statement:** A.20.1.1.1: An additional federal resource was added for information on victim care.

20.1.1.1.1: Language was added to address the most common point of disorganization in recovery on the ground: the activation of victim-serving agencies. There is often a disconnect between incident command and the responding agencies, which can lead to agencies activating and organizing outside of the official ICS structure. This can result in chaos on the ground, duplication of services, and ineffective lines of communication.

20.1.1.2.2: Revisions were made to emphasize the importance of understanding the established incident management system (IMS). The recovery coordinator assigned to oversee the incident notification and assistance locations must be able to work effectively within the established structure of leadership and operations.

20.2.1: The designation of a recovery coordinator (RC) prior to coordination efforts will greatly increase effective organization and response.

20.2.3/20.2.3.1: Reorganized to establish a leadership structure for recovery to increase the efficacy and efficiency of the delivery of victim services. This will also ensure that all victim services will be incorporated under the established incident management system (IMS) structure from the start of the incident.

20.2.3.5(6) [now 20.2.7.1(10)]: Revised to require that the definition of “victims” of an incident must be decided prior to determining what the impact will be on those victims. The legal determination of victim will determine who will have access to the IAC, and state and federal victim assistance and compensation. This will have to be messaged to the public so that it is clear who is and is not eligible for victim services.

Additional revisions were made for continuity, clarity, readability, reduction of redundancy, and compliance with NFPA's Manual of Style requirements.



## Public Input No. 48-NFPA 3000-2021 [ New Section after 20.2.3.4.1 ]

### Moved section

Section 20.2.3.1.1\* should be moved to proceed section 20.2.3\*

## Statement of Problem and Substantiation for Public Input

- The designation of a Recovery Coordinator (RC) prior to coordination efforts will greatly increase effective organization and response. Once the sections are reordered, the leadership structure for recovery will be established and allow service delivery to be more effective. It will also ensure that all victim services will be incorporated from the start under the ICS structure.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 46-NFPA 3000-2021 [Section No. 20.1.1.2.2]</u>	
<u>Public Input No. 49-NFPA 3000-2021 [Section No. 20.2.3 [Excluding any Sub-Sections]]</u>	

## Submitter Information Verification

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**Submittal Date:** Mon Nov 08 15:26:29 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-73-NFPA 3000-2022

**Statement:** A.20.1.1.1: An additional federal resource was added for information on victim care.

20.1.1.1.1: Language was added to address the most common point of disorganization in recovery on the ground: the activation of victim-serving agencies. There is often a disconnect between incident command and the responding agencies, which can lead to agencies activating and organizing outside of the official ICS structure. This can result in chaos on the ground, duplication of services, and ineffective lines of communication.

20.1.1.2.2: Revisions were made to emphasize the importance of understanding the established incident management system (IMS). The recovery coordinator assigned to oversee the incident notification and assistance locations must be able to work effectively within the established structure of leadership and operations.

20.2.1: The designation of a recovery coordinator (RC) prior to coordination efforts will greatly increase effective organization and response.

20.2.3/20.2.3.1: Reorganized to establish a leadership structure for recovery to increase

the efficacy and efficiency of the delivery of victim services. This will also ensure that all victim services will be incorporated under the established incident management system (IMS) structure from the start of the incident.

20.2.3.5(6) [now 20.2.7.1(10)]: Revised to require that the definition of “victims” of an incident must be decided prior to determining what the impact will be on those victims. The legal determination of victim will determine who will have access to the IAC, and state and federal victim assistance and compensation. This will have to be messaged to the public so that it is clear who is and is not eligible for victim services.

Additional revisions were made for continuity, clarity, readability, reduction of redundancy, and compliance with NFPA's Manual of Style requirements.



## Public Input No. 50-NFPA 3000-2021 [ Section No. 20.2.3.5 [Excluding any Sub-Sections] ]

Preliminary damage assessment shall include the following:

- (1) Civilian and responder casualties
- (2) Bystander and witness effects
- (3) Infrastructure
- (4) Impacts to responding organizations
- (5) Geographical area closures
- (6) Business impact

(7).\*

Impact to victims

**Identification of who will be considered a legally identified victim of the incident**

**(8) Impact on victims and identification of immediate needs**

### Statement of Problem and Substantiation for Public Input

The operation will need to determine who will be considered victims of the incident prior to determining what the impact will be on those victims.

The legal determination of victim will determine who will have access to the IAC, and state and federal victim assistance and compensation. This will have to be messaged to the public so they know who should be coming for services and who is not eligible.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 39-NFPA 3000-2021 [Section No. 3.3.65]</u>	

### Submitter Information Verification

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**Submission Date:** Mon Nov 08 15:36:44 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-73-NFPA 3000-2022

**Statement:** A.20.1.1.1: An additional federal resource was added for information on victim care.

20.1.1.1.1: Language was added to address the most common point of disorganization in recovery on the ground: the activation of victim-serving agencies. There is often a disconnect between incident command and the responding agencies, which can lead to agencies activating and organizing outside of the official ICS structure. This can result in chaos on the ground, duplication of services, and ineffective lines of communication.

20.1.1.2.2: Revisions were made to emphasize the importance of understanding the established incident management system (IMS). The recovery coordinator assigned to oversee the incident notification and assistance locations must be able to work effectively within the established structure of leadership and operations.

20.2.1: The designation of a recovery coordinator (RC) prior to coordination efforts will greatly increase effective organization and response.

20.2.3/20.2.3.1: Reorganized to establish a leadership structure for recovery to increase the efficacy and efficiency of the delivery of victim services. This will also ensure that all victim services will be incorporated under the established incident management system (IMS) structure from the start of the incident.

20.2.3.5(6) [now 20.2.7.1(10)]: Revised to require that the definition of “victims” of an incident must be decided prior to determining what the impact will be on those victims. The legal determination of victim will determine who will have access to the IAC, and state and federal victim assistance and compensation. This will have to be messaged to the public so that it is clear who is and is not eligible for victim services.

Additional revisions were made for continuity, clarity, readability, reduction of redundancy, and compliance with NFPA's Manual of Style requirements.



## Public Input No. 51-NFPA 3000-2021 [ Section No. 20.3.2.1 ]

### 20.3.2.1\*

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

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

### Statement of Problem and Substantiation for Public Input

- (2) • This service is generally supportive of minor health related issues and needs to refer emergent needs to a healthcare facility. Clarity here will assist communities to appropriately plan.

### Submitter Information Verification

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**Submittal Date:** Mon Nov 08 15:41:27 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-47-NFPA 3000-2022](#)

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of "victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters" because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 68-NFPA 3000-2021 [ Section No. 20.3.2.1 ]

### 20.3.2.1\*

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

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

### Statement of Problem and Substantiation for Public Input

(5)\* This service should include only guidance and linkage to needed legal assistance, but not provide it within the context of the response. Clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

### Submitter Information Verification

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**Submittal Date:** Tue Nov 09 13:36:52 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-47-NFPA 3000-2022

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of "victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters" because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 52-NFPA 3000-2021 [ Section No. 20.3.3.7.5 ]

### 20.3.3.7.5

A volunteer management system shall have plans, policies, and procedures for the safe and appropriate use ~~of licensed or credentialed emotional support or therapy animals~~ trained facility dogs following guidance from the FBI Victim Services Division.

### Statement of Problem and Substantiation for Public Input

- Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations.
- Facility dogs are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals.
- Therapy dogs are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response.
- Emotional support animals are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident.

Clear guidance will allow for less time to be spend by leadership on refusal of entry.

### Submitter Information Verification

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**Submittal Date:** Mon Nov 08 15:44:07 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-47-NFPA 3000-2022](#)

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of

"victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters" because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 54-NFPA 3000-2021 [ Section No. 20.4.2.2.1 ]

### 20.4.2.2.1

This training shall include the emotional and psychological needs by providing mental health support, ~~counseling~~, screening, and ~~treatment~~ referral .

### Statement of Problem and Substantiation for Public Input

- Counseling and treatment are not evidence-supported interventions during early recovery.
- Screening for the purposes of possible referral for future treatment is appropriate.
- Focus of early recovery should be solely on immediate needs to avoid conflicting with existing community programming.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 53-NFPA 3000-2021 [Section No. 20.4.2.3]</u>	

### Submitter Information Verification

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**Submittal Date:** Mon Nov 08 15:55:07 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-74-NFPA 3000-2022

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 53-NFPA 3000-2021 [ Section No. 20.4.2.3 ]

### 20.4.2.3

Continued victim assistance shall require coordination to assure the immediate emotional and mental health needs are adequately assessed and served by facilitating timely notification and reunification and providing ongoing screening, ~~counseling~~, support and treatment referral .

### Statement of Problem and Substantiation for Public Input

- Counseling and treatment are not evidence-supported interventions during early recovery.
- Screening for the purposes of possible referral for future treatment is appropriate.
- Focus of early recovery should be solely on immediate needs to avoid conflicting with existing community programming.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 54-NFPA 3000-2021 [Section No. 20.4.2.2.1]</u>	

### Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
**Organization:** ICF Inc  
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**City:**  
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**Submittal Date:** Mon Nov 08 15:47:26 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-74-NFPA 3000-2022

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were

added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 55-NFPA 3000-2021 [ Section No. 20.4.2.4 ]

### 20.4.2.4\*

Medical and mental health surveillance shall include evaluating, documenting, recordkeeping, and engagement of the physical and mental needs of ~~first responders~~, victims, families, bystanders, and other community members.

## Statement of Problem and Substantiation for Public Input

First Responders are the focus of 20.4.3. This section should focus on victims, witnesses and bystanders.

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes

**Organization:** ICF Inc

**Street Address:**

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**Submittal Date:** Mon Nov 08 15:57:45 EST 2021

**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-74-NFPA 3000-2022](#)

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 56-NFPA 3000-2021 [ Section No. 20.4.3.1 ]

### 20.4.3.1\*

Mental health restoration services shall include the following:

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

## Statement of Problem and Substantiation for Public Input

All removed categories are better listed in 20.4.2. This section should speak only to responders.

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Mon Nov 08 16:00:04 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-74-NFPA 3000-2022](#)

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is

considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 57-NFPA 3000-2021 [ Section No. 20.4.3.2 ]

### 20.4.3.2.2<sup>\*</sup> - 8

The AHJ in collaboration with local behavioral health entities, community providers, and health care facilities shall coordinate the activities and services necessary to address the behavioral health needs of persons impacted by the incident.

### 20.4.3.2.4 - 9

Coordination shall include representatives and/or other resources to assist local mental health and/or joint alcohol, drug addiction, and behavioral health services in the provision of support services and treatment of victims.

## Statement of Problem and Substantiation for Public Input

These sections speak to those impacted and not specifically first responders. More appropriate to move to identified sections.

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Mon Nov 08 16:02:38 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-74-NFPA 3000-2022](#)

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 58-NFPA 3000-2021 [ New Section after 20.4.3.2.1 ]

### 20.4.3.2

Coordination with first responder peer support and established services for responders and their loved ones shall include local behavioral health as appropriate to ensure consistent and comprehensive care for responders to the incident.

## Statement of Problem and Substantiation for Public Input

Existing peer support and department support for responders may not fully cover the needs during a large incident such as an AHSE incident. Coordinating with trained community supports can ensure comprehensive and adequate support.

## Submitter Information Verification

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**Submittal Date:** Mon Nov 08 16:04:39 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-74-NFPA 3000-2022](#)

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is

considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 78-NFPA 3000-2021 [ Section No. A.3.3.66 ]

### A.3.3.66 Victim Advocate.

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

### Statement of Problem and Substantiation for Public Input

Edit language used to describe "Victim Advocate" (A.3.3.66) and "Victim Navigator" (A.3.3.67) to remove references to "counseling." Victim service advocates, navigators, and liaisons can provide emotional support, but should not provide individual counseling/psychotherapy unless they are licensed to provide such services (e.g., if they hold a LPC, LCSW, LMHC, PsyD, etc.).

### Submitter Information Verification

**Submitter Full Name:** Natasha Bailen

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**Submittal Date:** Wed Nov 10 19:52:34 EST 2021

**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-25-NFPA 3000-2022](#)

**Statement:** The reference to the provision of "counseling" was removed because a victim advocate is not a licensed clinician and should not be providing counseling.



## Public Input No. 79-NFPA 3000-2021 [ Section No. A.3.3.67 ]

### A.3.3.67 Victim Navigator. [🔗](#)

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

### Statement of Problem and Substantiation for Public Input

Edit language used to describe "Victim Advocate" (A.3.3.66) and "Victim Navigator" (A.3.3.67) to remove references to "counseling." Victim service advocates, navigators, and liaisons can provide emotional support, but should not provide individual counseling/psychotherapy unless they are licensed to provide such services (e.g., if they hold a LPC, LCSW, LMHC, PsyD, etc.).

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**Submitter Full Name:** Natasha Bailen  
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**Submittal Date:** Wed Nov 10 19:53:09 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-24-NFPA 3000-2022](#)

**Statement:** References to the provision of "counseling" were removed because a victim navigator is not a licensed clinician and should not be providing counseling, developing treatment plans, or following the progress of a treatment plan.



## Public Input No. 34-NFPA 3000-2021 [ Section No. A.6.7.2(10) ]

### A.6.7.2(10)

This can include but is not limited to wound care, critical actions (~~run, hide, fight/avoid, deny, defend, etc.~~), ~~lockdown procedures~~, multi-option approaches involving fleeing the scene, locking down and barricading the area, and active resistance ), and pre-existing plans (meeting points, contact numbers, phone trees, etc.).

## Statement of Problem and Substantiation for Public Input

Change recommended for consistency in Section A.6.7.2(10)

## Submitter Information Verification

**Submitter Full Name:** Melissa Moon  
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**Submittal Date:** Wed Nov 03 09:31:41 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-75-NFPA 3000-2022

**Statement:** 6.7.2(9) [new]: Responder credentials were added to the list of required guidelines and procedures. Responder credentials are important to ensuring that only authorized personnel access the scene and areas therein commensurate to their job function.

A.6.7.2(10) [now A.6.7.2(11)]: Changes were made for consistency with A.9.3.1(5).



## Public Input No. 25-NFPA 3000-2021 [ Section No. A.9.2.1(2) ]

### A.9.2.1(2) [🔗](#)

The plan should consider the nature and character of ~~the~~ all occupants. ~~The~~ , including people with disabilities. Under the Americans with Disabilities Act (ADA), a disability is, in part, "a physical or mental impairment that substantially limits one of more major life activities." See 28 CFR 36.105 for further details. A disability can be permanent, or temporary, such as recovery from an injury. It is important to note that some disabilities are visible to others, while others are not. The capability of the occupants has a direct effect on the plan requirements of the building owner and manager. For example, school children (K–12) will need more faculty/staff guidance on the procedures and actions to take. Occupants in a business occupancy, however, are likely to act more independently based on the plan. Responses in a health care/supervised care occupancy would involve staff assistance to aid patients.

## Statement of Problem and Substantiation for Public Input

The intent of this change is to ensure that the needs of individuals with disabilities are not overlooked when plans are developed and maintained. Planning for the safe evacuation of such individuals, whether assisted or unassisted, can require specialized information and skills.

Reference is made to the ADA definition "disability" to remind planners of their responsibilities under the federal law and its very broad application.

A reminder is included regarding the "permanent" or "temporary" nature of disability. If no occupants with permanent disabilities are identified, planners still need to prepare for the evacuation of a person with a temporary disability that may not be known until an event occurs.

References to invisible disabilities reminds the planner of their obligation to invite participation by all occupants in the planning stage so that they have the opportunity to disclose their disability-related needs.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 20-NFPA 3000-2021 [Section No. 9.2.1]</a>	Annex to main section
<a href="#">Public Input No. 24-NFPA 3000-2021 [New Section after 9.2.1]</a>	Annex to main section

## Submitter Information Verification

**Submitter Full Name:** Marsha Mazz  
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**Zip:**  
**Submittal Date:** Thu Oct 21 15:00:52 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-30-NFPA 3000-2022](#)

**Statement:** A.9.2.1(2) was revised to emphasize the importance of including the consideration of access and functional needs. Mobility and access and functional needs, including temporary and permanent, are already discussed in 9.2.2 and A.9.2.2.



## Public Input No. 22-NFPA 3000-2021 [ New Section after A.9.2.1(3) ]

### A.9.2.1 (3)

This can include accommodations or modifications of policies, practices, or procedures that occupants may need to evacuate, relocate or secure in place in a safe and timely manner. Note that guests of a facility may not self-identify. Finally, any specific accommodations identified should be included within the Emergency Action Plan (EAP) to allow for proper communication and practice.

## Statement of Problem and Substantiation for Public Input

“Access and functional needs” is a term coined by the Federal Emergency Management Agency to be inclusive of disability-related needs as well as other conditions such as, the inability to speak English, that can impede a person’s ability to function in an emergency. Experienced planners should be familiar with this term.

References to “accommodations” and “modification in policies, practices, and procedures” are terms borrowed from the Americans with Disabilities Act (ADA) regulations. Although self-explanatory, a person who wants more information on these obligations under the ADA can simply search [www.ADA.gov](http://www.ADA.gov) or the internet for them.

The recommendation to include any specific accommodations in the EAP is fundamental to successful planning for people with access and functional needs. The absence of such documentation could indicate an incomplete plan.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 20-NFPA 3000-2021 [Section No. 9.2.1]</a>	Annex to main section
<a href="#">Public Input No. 24-NFPA 3000-2021 [New Section after 9.2.1]</a>	Annex to main section

## Submitter Information Verification

**Submitter Full Name:** Marsha Mazz  
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**Affiliation:** Representing the DARAC Advisory Committee  
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**State:**  
**Zip:**  
**Submittal Date:** Wed Oct 20 14:27:06 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-41-NFPA 3000-2022](#)

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words “securable,” “securing,” and “unsecuring” were removed for clarity and

alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 28-NFPA 3000-2021 [ Section No. A.9.2.1(3) ]

### A.9.2.1(3)

Facility training programs should consider multiple options for occupant preparedness actions. These expected actions should be determined based on risk assessment and resource availability and through the planning process with the AHJ. Examples include ~~lockdown~~ procedures, run/hide/fight, avoid/deny/defend fleeing the scene, locking down and barricading the area, active resistance , and so forth.

## Statement of Problem and Substantiation for Public Input

This provides concrete actions rather than program terminology.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 31-NFPA 3000-2021 [Section No. 9.3.3 [Excluding any Sub-Sections]]</u>	

## Submitter Information Verification

**Submitter Full Name:** Cheryl Jonson  
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**State:**  
**Zip:**  
**Submittal Date:** Tue Nov 02 14:41:44 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-41-NFPA 3000-2022

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words "securable," "securing," and "unsecuring" were removed for clarity and alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 32-NFPA 3000-2021 [ New Section after A.9.3.1(1) ]

### A.9.3.2

Environmental objects include items in the room (e.g., desks, chairs, cabinets, cords, planters).

Environmental objects do not include devices that do not meet the standards of NFPA 101 (e.g., secondary locking devices).

## Statement of Problem and Substantiation for Public Input

Defines environmental objects.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 30-NFPA 3000-2021 [Section No. 9.3.2]</u>	

## Submitter Information Verification

**Submitter Full Name:** Cheryl Jonson  
**Organization:** Xavier University  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Tue Nov 02 15:02:19 EDT 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-41-NFPA 3000-2022

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words "securable," "securing," and "unsecuring" were removed for clarity and alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 33-NFPA 3000-2021 [ New Section after A.9.4.2 ]

### A.9.3.5

The plan for ASHE incidents shall include procedures for active resistance in cases where securing in a space or room or evacuating is not possible.

### Statement of Problem and Substantiation for Public Input

An addition is needed that recognizes that securing in a room nor evacuating may be possible.

### Submitter Information Verification

**Submitter Full Name:** Cheryl Jonson  
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**Submittal Date:** Tue Nov 02 15:04:14 EDT 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-41-NFPA 3000-2022](#)

**Statement:** 9.3.1(5) was revised to include multi-option procedures [and a new A.9.3.1(5)], which can include evacuation (total or partial facility), relocation within the facility or to adjacent facilities, lockdown, remain-in-place, or active resistance.

The words "securable," "securing," and "unsecuring" were removed for clarity and alignment with NFPA 101 terminology. A new A.9.3.3.1 was added to provide additional information on physical security capabilities.

Additional editorial revisions were made for accuracy, clarity, and compliance with Manual of Style requirements.



## Public Input No. 60-NFPA 3000-2021 [ New Section after A.15.1.1.1 ]

### **A 15.1.1.1.1**

Minimum ICS training for non-traditional response agencies should include FEMA courses IS-100, IS-200, IS-700 and IS-800. Additional training titled *EOC Operations for Victim Service Professionals* found on the ICPTTA website. <https://icptta.com/training/eoc-operations-for-victim-service-professionals/>

### **Statement of Problem and Substantiation for Public Input**

Basic minimum training will equip non-traditional responders to be able to understand the operational structure and work within it.

### **Related Public Inputs for This Document**

<u>Related Input</u>	<u>Relationship</u>
<a href="#">Public Input No. 40-NFPA 3000-2021 [New Section after 15.1.1.1]</a>	

### **Submitter Information Verification**

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Tue Nov 09 12:49:30 EST 2021  
**Committee:** ACT-AAA

### **Committee Statement**

**Resolution:** [FR-40-NFPA 3000-2022](#)

**Statement:** The requirement for personnel to be trained in the incident management system (IMS) was added to Chapter 8. This will prevent personnel from working outside of the established structure resulting in challenges with duplication of services and chaotic messaging for victims. Training in IMS ensures that responding personnel understand the framework, reporting, and leadership structures of the response.



## Public Input No. 41-NFPA 3000-2021 [ New Section after A.15.2.4 ]

### A 15.2.4.1

Exercises need to bridge from incident stabilization through all stages of recovery.

### Statement of Problem and Substantiation for Public Input

The most challenging point in a response to a mass casualty incident is attempting to link the tactical/operational response that focused on life safety and incident stabilization with the victim serving components of the needed response. Having been involved in numerous mass violence responses, there is a large chasm between typical response and victim services. If drills give the groups on each side of the chasm to exercise what they do well, but don't assist in building the bridge between the two sides (bridging from one to the other), then there is a real possibility for a chaotic transition that will negatively impact victims.

### Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Mon Nov 08 14:55:48 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-43-NFPA 3000-2022

**Statement:** The training and exercise requirements were revised to be inclusive of all participating organizations and all phases of an ASHE response.



## Public Input No. 42-NFPA 3000-2021 [ New Section after A.15.2.4 ]

### **A 15.2.4.2**

Recommended Resource - The ICPTTA Exercise Guide includes scenarios, core capabilities and injects that specifically add victim service tasks to existing drills and exercises. Guide is in review with Office for Victims of Crime (DOJ) as of 11.8.21.

### **Statement of Problem and Substantiation for Public Input**

Jurisdictions have little experience with adding victim services tasks to exercises, especially if they have not experienced a mass casualty/violence incident. This guide is written in HSEEP format and identifies core capabilities and objectives that can easily be added to drills/exercises to extend them beyond incident stabilization and into victims services.

### **Submitter Information Verification**

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Mon Nov 08 15:02:33 EST 2021  
**Committee:** ACT-AAA

### **Committee Statement**

**Resolution:** FR-44-NFPA 3000-2022

**Statement:** Victim Services Exercise Guide & Scenario Templates from ICP TTA was added to A.15.4.2 as a recommended resource.



## Public Input No. 38-NFPA 3000-2021 [ Section No. A.16.3(3)(a) ]

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

Multi-option programs include options to flee the scene, to create a barricade between oneself and perpetrator (including locking the door and moving objects in front of doors and other points of entry), and to actively resist. An example of a survival strategy is “run, hide, fight.” The United States federal government recommends teaching the public to run, hide, and then fight. Another example is “avoid, deny, defend.”

### Statement of Problem and Substantiation for Public Input

Clarify Appendix A.16.3(3) to provide clear options in addition to listing two well-known programs.

### Submitter Information Verification

**Submitter Full Name:** Melissa Moon

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**Submittal Date:** Wed Nov 03 10:40:56 EDT 2021

**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-10-NFPA 3000-2022](#)

**Statement:** Additional language was added to the type of survival strategies and actions in 16.3(3)(a) to clarify a multi-option strategy.



## Public Input No. 44-NFPA 3000-2021 [ New Section after A.17.4.1 ]

### A 17.4.3.1.1

#### Resources to add:

SAMHSA Behavioral Health Disaster Response App;

Psychological First Aid (PFA) Field Operations Guide 2nd Ed (NCTSN & National Center for PTSD).

### Statement of Problem and Substantiation for Public Input

Both resources can be used to access information about predictable and common reactions to an ASHE incident. The SAMHSA app is free and information can be sent out to the public about downloading for information. Both the app and the FOG provide excellent information to include in messaging.

### Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 43-NFPA 3000-2021 [New Section after 17.4.3.1]</u>	

### Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Mon Nov 08 15:12:55 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-12-NFPA 3000-2022

**Statement:** A requirement was added to include information about predictable and common reactions to an ASHE incident in public messaging. When given to those who were directly impacted and the public, the information assists in reducing the “worried well” who will flood physical and behavioral health services believing they are demonstrating trauma reactions. Often they are presenting with predictable reactions to stressful incidents that will dissipate over time without therapeutic intervention.



## Public Input No. 59-NFPA 3000-2021 [ Section No. A.20.3 ]

### A.20.3

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

When transitioning from a notification center to an incident assistance center, it is best practices to close the notification center ~~on a Friday evening, maintain a staff over the weekend, and~~ at the end of a day, then immediately open the incident assistance center on the following Monday morning day so that there is no gap in access to information and services .

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

## Statement of Problem and Substantiation for Public Input

At the stage of this transition from notification to IAC, there should be no lapse in services as the incident is usually less than 48 hours in the past. Victims need consistency at this time.

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Mon Nov 08 16:07:32 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-47-NFPA 3000-2022](#)

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of "victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters"

because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 63-NFPA 3000-2021 [ Section No. A.20.3.1(9) ]

### A.20.3.1(9)

Victim advocacy, assistance, and services should include but not be limited to the following:

- (1) Temporary housing and infrastructure repairs
- (2) Area re-entry and belongings recovery
- (3) Personal property replacement
- (4) Transportation or vehicle replacement assistance
- (5) Replacement of job-related tools and specialized/protective clothing
- (6) Moving and storage assistance
- (7) Legal assistance
- (8) Insurance claims assistance
- (9) Employment-related assistance
- (10) Food replacement
- (11) Assistance to mitigate against the effects, including vicarious, of future events
- (12) Medical, dental, and mental health services
- (13) Information regarding additional near- and long-term victim services

**Each state has laws and regulations that govern what is covered by victim compensation funding and victim assistance services. Some federal agencies also provide support for victims. Each financial resource will cover specific and distinct needs. Assessment of established coverage will identify gaps in services and appropriate and additional available resources can be used to fill the gaps.**

## Statement of Problem and Substantiation for Public Input

Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by Victim Compensation and what they will need to find additional resources to cover.

## Submitter Information Verification

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**Submission Date:** Tue Nov 09 13:18:05 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-47-NFPA 3000-2022](#)

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of "victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters" because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 64-NFPA 3000-2021 [ Section No. A.20.3.2 ]

### A.20.3.2

An IAC is

: Although an IAC can be intended to serve a variety of victims

;

to include those who were not physically injured but may have been psychologically or vicariously traumatized (all direct and indirect victims).

and not just families.

victim advocacy and victim compensation services are only available to those who have been officially identified, typically by law enforcement, prosecutorial authorities or state VOCA programs, as a victim of the incident. It is best practice to limit access to the IAC to those who will qualify for services.

## Statement of Problem and Substantiation for Public Input

This is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of victim proposed for Chapter 3.

## Related Public Inputs for This Document

<u>Related Input</u>	<u>Relationship</u>
<u>Public Input No. 39-NFPA 3000-2021 [Section No. 3.3.65]</u>	

## Submitter Information Verification

**Submitter Full Name:** Tara Hughes  
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**Submittal Date:** Tue Nov 09 13:20:45 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** FR-47-NFPA 3000-2022

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they

will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of "victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters" because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 65-NFPA 3000-2021 [ Section No. A.20.3.2.1(10) ]

### A.20.3.2.1(10) [🔗](#)

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

### Statement of Problem and Substantiation for Public Input

Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

### Submitter Information Verification

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**Submittal Date:** Tue Nov 09 13:23:52 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-47-NFPA 3000-2022](#)

**Statement:** A.20.3: Language was revised to reflect current DOJ guidance/best practices for when a center is opened or closed.

A.20.3.1(9): Revised to include additional information on the laws and regulations governing funding for victim compensation for U.S. states and clarity to reduce duplication of services. Each state's laws are different and therefore cover different standard services etc. It is best for planners to know what is available in their state and determine what will routinely be covered by victim compensation funding and what they will need to find additional resources to cover.

A.20.3.2: Additional information was added to provide clarity on who an IAC is best prepared to serve. This revision is directly connected to the definition of who will be considered a victim of this particular incident, and connected to the refined definition of "victim" proposed for Chapter 3.

20.3.2.1(2): The term "healthcare" was changed to "health support and ongoing triage." The terminology "health support and ongoing triage" is generally more supportive of minor health-related issues and will more accurately represent the need to refer to a healthcare facility if needed. Clarity here will assist communities to appropriately plan.

20.3.2.1(5): "Assistance with legal matters" was changed to "guidance for legal matters"

because this service should include only guidance and linkage to needed legal assistance. Legal assistance should not be provided within the context of the response. This clarity will assist communities to identify legal guidance that will not ever benefit from the incident or the work that is done within identified response facilities/programs.

A.20.3.2.1(10): Revised to clarify that planning for annual memorial services might not be necessary during the early recovery stage in the ASHE response. Annual memorials are more appropriately discussed at a later time. This discussion of memorialization should focus on the present time and immediate needs of victims and loved ones.

20.3.3.7.5: Additional clarity regarding the type of dogs permitted for use in a response was added. Many individuals and teams will self-deploy and arrive with animals (mostly dogs) hoping to assist. Clear guidance in the plan about the type of training and purpose of the animals will assist with the task of refusing entry to service delivery locations. "Facility dogs" are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. "Therapy dogs" are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass violence response. "Emotional support animals" are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an ASHE incident. Clear guidance will allow for less time to be spend by leadership on refusal of entry.

A.20.3.3.79: FEMA Toolkit resource was replaced with references to FEMA E-0289, E-0489, IS-244 and IS-1020.

An editorial revision was made to correct the spelling of "permissible." Additional revisions were made for clarity and continuity.



## Public Input No. 66-NFPA 3000-2021 [ Section No. A.20.4.2.1 ]

### A.20.4.2.1

~~In some instances, a law enforcement officer has been~~ A victim advocate or Victim Navigator should be assigned to each affected family to serve as the single point of contact for victim service information and media requests. Victims and families should be notified as to their rights with the media, which should be publically posted as well.

For a sample victim liaison job description go to the OVC victim toolkit:  
[https://www.ovc.gov/pubs/mvt-toolkit/Sample\\_SampleVictimLiaisonJobDescription.pdf](https://www.ovc.gov/pubs/mvt-toolkit/Sample_SampleVictimLiaisonJobDescription.pdf).

### Statement of Problem and Substantiation for Public Input

- Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should be paired with a trained victim advocate.

### Submitter Information Verification

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**Submittal Date:** Tue Nov 09 13:26:43 EST 2021  
**Committee:** ACT-AAA

### Committee Statement

**Resolution:** [FR-74-NFPA 3000-2022](#)

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were

added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 62-NFPA 3000-2021 [ Section No. A.20.4.2.5 ]

### A.20.4.2.5

The IAC can transition to a CRC depending on the nature/scope of the event. CRC leaders should be aware that not all direct victims might want to participate.

The CRC can engage a holistic approach, which can include diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. It should be remembered that not all victims are religious or spiritual. The emotional and psychological needs of the community should be met by providing mental health support, counseling, screening, and treatment. The potential for increased risk of substance, physical, sexual, and emotional abuse should be addressed.

**It is best practice to have services at the CRC open on the first business day after the IAC closes in order to avoid gaps in service delivery for victims.**

## Statement of Problem and Substantiation for Public Input

The transition from the IAC to the CRC will happen once the immediate crisis is over, but there should be no lapse in services. Due to the crisis being over, typical business hours should be adhered to and the CRC should open on the first 6 business day after the IAC closes. This way victims have continuous access to services.

## Submitter Information Verification

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**Submittal Date:** Tue Nov 09 13:14:01 EST 2021  
**Committee:** ACT-AAA

## Committee Statement

**Resolution:** [FR-74-NFPA 3000-2022](#)

**Statement:** 20.4.2: Language was deleted from 20.4.3.1(2) below and added to 20.4.2. An editorial revision was made to add a missing asterisk tag to 20.4.2 to account for existing Annex A text.

A.20.4.2.1: The victim advocate/navigator is the more appropriate person for this duty compared to a law enforcement officer. Victim Advocates are trained for this role, are aware of existing resources and are familiar with maintaining appropriate boundaries with victims and families. Assigning law enforcement to this role has created long-term negative impacts for the officers as this is often beyond their training and experience. Officers can be assigned for security reasons, but should always be paired with a trained victim advocate.

20.4.2.2.1 & 20.4.2.3: The language was revised to reflect that counseling and treatment are not evidence-supported interventions during early recovery. Screening for

the purposes of possible referral for future treatment is appropriate and focus of early recovery should be solely on the immediate needs of impacted individuals to avoid conflict with any existing mental health services they are receiving. Resources were added to Annex A to provide additional information.

A.20.4.2.2.1: References to SAMHSA Behavioral Health Disaster Response App; and Psychological First Aid (PFA) Field Operations Guide were added

20.4.2.4: "First responders" were deleted from the list of victims because they are the focus of 20.4.3, where they are discussed in greater detail. The edited definition of who is considered a legal victim will also likely include first responders. 20.4.2.4 should focus on victims, witnesses and bystanders.

20.4.2.5: Revised to reflect the current DOJ guidance/best practices for when a center is opened or closed.

20.4.2.7/A.20.4.2.7: Revisions were made to emphasize best practices for long-term recovery needs. The new A.20.4.2.7 directs the reader to the new A.3.3.65 for additional information on the Vicarious Trauma Toolkit (VTT), a federal resource from the Office for Victims of Crime (OVC).

20.4.3.1: Language was moved to 20.4.2 from 20.4.3.1. Edited to include categories recommended be moved here.

A.20.4.3.2: NENA-INF-044.1-2021, Peer Support Team Development, Implementation, and Oversight, 2021 edition was added to Annex D for additional information on peer support.

20.4.6.2/A.20.4.6.2: 20.4.6.2 was revised and new annex A.20.4.6.2 was added to more accurately reflect the roles of the state victim assistance and compensation program administrators and the use of donated funds.



## Public Input No. 67-NFPA 3000-2021 [ Section No. C.5.14.3 ]

### C.5.14.3 Incident Assistance Center (IAC).

- (1) How was the IAC managed?
- (2) What resources were deployed to the IAC?
- (3) Who was involved in determining who would legally be considered a victim of the crime?
- (4) When was the determination made about who would be considered a victim?
- (5) How was the determination of who would be considered a victim communicated to the public?
- (6) How many individuals sought services and what services were provided?
- (7) What process was used to checking victims, families, and care providers in and out of the IAC?
- (8) At what point did the IAC close or transition to a resiliency center?
- (9) What plans, policies, and procedures were used to manage the IAC? What was their level of effectiveness and were there any lessons learned?

### Statement of Problem and Substantiation for Public Input

Legally identified victims of the crime will have access to specific services and financial resources that others who are impacted and/or a part of the community will not. Assisting at the outset with who will be able to access specific services at the IAC and the CRC will assist with registration, intake and refusal of access/services as needed. If there is confusion in the community, there will be a significant amount of time spent on site managing expectations and flow of those who want access.

### Submitter Information Verification

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**Committee:** ACT-AAA

### Committee Statement

**Resolution:** FR-55-NFPA 3000-2022

**Statement:** The list was revised to include language to assist in the determination of the legally identified victims of the crime who will have access to specific services and financial resources that others who are impacted and/or a part of the community will not. Assisting at the outset with who will be able to access specific services at the IAC and the CRC will assist with registration, intake and refusal of access/services as needed. If there is confusion in the community, there will be a significant amount of time spent on site managing expectations and flow of those who want access.