

NIH Policy Manual

1429 - NIH Institute and Center Emergency Management Programs

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Transmittal Notice

- 1. Explanation of Material Transmitted:** This Manual Chapter mandates the development, implementation, and maintenance of Emergency Management Programs for each NIH Institute and Center (IC). It provides guidance on the requirements associated with emergency program development, implementation, and maintenance. It also assigns roles and responsibilities, provides relevant references and definitions, and outlines the required elements of the IC Emergency Management Plan (EMP).
- 2. Filing Instructions:**

- **Insert:** This Manual Issuance 1429, dated 07/31/2019

PLEASE NOTE: For information on:

- Content of this chapter, contact the issuing office listed above.
- NIH Policy Manual, contact the Division of Management Support, OMA at 301-496- 4606, or enter this URL: <https://oma.od.nih.gov/DMS/Pages/Manual-Chapters.aspx>.

A. Purpose

The purpose of this Manual Chapter is to mandate and standardize policies for Emergency Management Programs for each NIH Institute and Center (IC) and Office of the Director (OD). While capabilities, procedures, and priorities will vary between the ICs, a common emergency management framework and structure will enhance overall emergency management performance.

Note: In this Manual Chapter, the term *IC* collectively refers to the NIH Institutes and Centers, and the Office of the Director (OD).

B. Scope

This policy is effective immediately and applies to all ICs. This chapter covers general guidance on the requirements associated with IC Emergency Management Programs including the development, implementation, roles, responsibilities, applicable references, and definitions.

Additionally, certain ICs may have responsibilities in support of the NIH-level incident management and continuity programs, which are covered in [Manual Chapter 1428 - NIH Emergency Management Program](#) in section *D. Roles and Responsibilities*. Requirements for ICs regarding the Occupant Emergency Management Program (OEMP) for NIH-occupied facilities are addressed in [Manual Chapter 1430 - NIH Occupant Emergency Management Program](#).

While policies contained in this Manual Chapter apply to all ICs, it is recognized that for some facilities, *emergency management policies* may be impacted by local jurisdictions, the Joint Commission, the U.S. General Services Administration (GSA), the Federal Protective Service, Department of Homeland Security (DHS) or the *primary tenants* within shared facilities, lessors, or other entities. Any policy which conflicts between this chapter and guidance from any of these entities must be documented and reported to the Division of Emergency Management (DEM), Office of Research Services (ORS).

C. Policy

The following requirements were developed in accordance with the Federal Emergency Management and Continuity Directives listed in section E *References* of this Manual Chapter.

1. Each IC will develop, implement, and maintain an IC Emergency Management Program that provides for the safety of all staff, patients, and visitors and the protection of IC facilities and operations.
2. Each IC Emergency Management Program will meet the standards and address all program elements set forth in this Manual Chapter.
3. Each IC will designate staff, facilities, and resources sufficient to satisfy the minimum requirements outlined in this Manual Chapter, as well as the individual needs of the IC.

D. Roles and Responsibilities

1. The Division of Emergency Management (DEM) will:
 - a. Provide technical guidance and expertise such as publishing and revising this Manual Chapter in order to ensure compliance with federal directives and regulations.
 - b. Provide a template and other written guidance for IC Emergency Management Plans (EMPs).

- c. Assess compliance with all relevant Emergency Management Program policies and regulations at least annually.
- d. Conduct reviews of each IC EMP every four years.
- e. Provide technical guidance to ICs during all phases of the emergency management cycle.
- f. Provide technical support and training for IC emergency management Test, Training, and Exercise (TT&E) programs.

1. Institutes and Centers (ICs) will:

- a. Designate primary staff, and alternates where appropriate, to fill the following required emergency management positions:

1. *IC Emergency Coordinator (IC-EC)* - The IC-EC has the overall responsibility for managing the IC Emergency Management Program. The IC Executive Officer or current IC-EC should report any changes in position to the DEM as soon as possible.
2. *Deputy IC-EC* - The Deputy IC-EC will assist and support the IC-EC as required.
3. *Emergency Management Organization (EMO)* - The composition and structure are at the IC's discretion; however, they should be sufficient to maintain their essential *functions*.
4. *IC Reconstitution Manager* - A primary and alternate will be designated to support reconstitution of the NIH.
5. *IC Continuity Manager (IC-CM)* - Primary and alternate to support Continuity of Operations (COOP). This position is only required if the IC has an NIH Essential Function.

- b. Develop the IC EMP consisting of the minimum elements listed in **Appendix 1** of this chapter; and the plan will be approved and signed by the IC Director or designee.
- c. Conduct a review of the IC EMP at least annually.
- d. Complete and document all TT&E requirements listed in **Appendix 1**.
- e. Participate in the NIH TT&E Program.
- f. Ensure all IC personnel are covered by an Occupant Emergency Plan (OEP).

E. References

1. [HSPD-5, Management of Domestic Incidents, February 28, 2003.](#)
2. [PPD-8, National Preparedness, March 30, 2011.](#)
3. PPD-40, *National Continuity Policy*, July 15, 2016.
4. [Homeland Security document, National Response Framework, Third Edition, June 2016.](#)
5. [Homeland Security document, National Incident Management System, Third Edition, October 2017.](#)

6. [FCD-1, Federal Continuity Directive 1: Federal Executive Branch National Continuity Program and Requirements, January 17, 2017.](#)
7. [NIH Delegations of Authority, General Administration #12, Emergency Readiness Programs and National Emergency Operations Plan, January 17, 2010.](#)
8. [Occupant Emergency Programs: An Interagency Security Committee Guide, March 2013.](#)
9. [NIH Manual Chapter 1428, NIH Emergency Management Program, 2018.](#)
10. [NIH Manual Chapter 1430, NIH Occupant Emergency Management Program, 2018.](#)
11. [NIH Manual Chapter 1744, NIH Vital Records Program, March 21, 2005.](#)

F. Glossary

1. **COOP** – Continuity of Operations
2. **DEM** – Division of Emergency Management
3. **EMF** – Emergency Management Facility
4. **EMO** – Emergency Management Organization
5. **EMP** – Emergency Management Plan
6. **ENS** – Emergency Notification System
7. **ERG** – Emergency Relocation Group
8. **ESA** – Essential Supporting Activity
9. **FPS** – Federal Protective Service
10. **GSA** – U.S. General Services Administration
11. **HHS** – Department of Health and Human Services
12. **IC** – Institute and Center
13. **IC-CM** – IC Continuity Manager
14. **IC-EC** – IC Emergency Coordinator
15. **MEF** – Mission Essential Function
16. **OD** – Office of the Director
17. **OEMP** – Occupant Emergency Management Program
18. **OEP** – Occupant Emergency Plan
19. **PMEF** – Primary Mission Essential Function
20. **TT&E** – Test, Training, and Exercise

G. Definitions

1. **Continuity of Operations (COOP):** An effort within the Executive Office of the President and individual Departments and Agencies to ensure that *essential functions* continue to be performed during disruptions of normal operations.
2. **Emergency:** A sudden, unexpected, or impending situation that requires prompt action to protect life, property, and the environment.
3. **Emergency Management Cycle:** The continuous process by which NIH prepares for, responds to, and recovers from threatened or actual emergencies or disasters, regardless of cause.
 - a. *Preparedness:* Activities conducted prior to an emergency in order to prevent their occurrence, protect against their consequences, or mitigate their damage.

- b. *Response*: Activities conducted to address the direct effects of an incident, including immediate actions to save lives, protect property, and mitigate damage.
 - c. *Recovery*: Short-term (recovery) and long-term (reconstitution) activities conducted to mitigate damage and restore normalcy to the organization or community.
4. **Emergency Management Facility (EMF)**: The pre-designated location(s) from which an IC will manage their response to an emergency. The term facility may apply to a room or set of rooms used to conduct IC emergency management operations.
 5. **Emergency Management Organization (EMO)**: The group of personnel within each IC responsible for coordinating emergency management functions and activities during the response, recovery, and reconstitution phases of an emergency. The EMO, formerly Crisis Response Team (CRT), also becomes operational during Continuity of Operations (COOP) Plan activations that affect the IC, or at the discretion of IC Leadership.
 6. **Emergency Management Program**: A group of related initiatives meant to protect communities by coordinating and integrating all activities necessary to build, sustain, and improve the capability to mitigate against, prepare for, respond to, and recover from threatened or actual natural disasters, acts of terrorism, or other man-made disasters.
 7. **Emergency Relocation Group (ERG)**: Staff assigned to continue performance of *essential functions* at an alternate location if their primary operating facilities are impacted or incapacitated by an incident.
 8. **Essential Functions**: A subset of government functions that are determined to be critical activities. These *essential functions* are then used to identify supporting tasks and resources that must be included in the organization's continuity planning process. In Federal Continuity Directive 1, the term *essential function* refers to any function an organization must continue in a continuity situation, whether the functions are Primary Mission Essential Functions (PMEF), Mission Essential Functions (MEF), or Essential Supporting Activities (ESA). Within the NIH, *essential functions* include 1) any Health and Human Services (HHS) PMEF, 2) any NIH MEF, 3) any interdependency of any other Federal department/agency PMEF/MEF, or 4) any NIH ESA.
 9. **Federal Protective Service (FPS)**: FPS is a federal law enforcement agency that provides integrated security and law enforcement services in support of federally owned and leased facilities and the people who occupy or visit them.
 10. **General Services Administration (GSA)**: GSA provides workplaces by constructing, managing, and preserving government buildings and by leasing and managing commercial real estate. GSA acquisition solutions offer private sector professional services, equipment, supplies, and IT to government organizations and the military. GSA also promotes management best practices and efficient government operations through the development of governmentwide policies.
 11. **Incident**: An occurrence, natural or man-made, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or resources. Incidents include situations that require small-scale responses as well as larger emergencies or disasters that may cause injuries or deaths, significant property damage, or harm to the environment.

12. **Institute and Center Continuity Manager (IC-CM):** The individual responsible for preparedness, planning, and continuity activities of an IC function that has been identified as an NIH Essential Function. The individual will serve as a member of the NIH Emergency Relocation Group.
13. **Institute and Center Emergency Coordinator (IC-EC):** The designated staff member responsible for managing the IC Emergency Management Program, leading the IC Emergency Management Organization (EMO), and coordinating the flow of information between NIH Emergency Operations Center and the IC EMO and staff.
14. **Institute and Center Emergency Management Plan (IC EMP):** A document that provides a structure for the EMO and describes how the IC will coordinate activities in response to emergencies that impact their personnel, facilities, or operations.
15. **Institute and Center Reconstitution Manager:** Personnel who support reconstitution efforts and who are thoroughly knowledgeable of all aspects of their respective IC. They serve as subject matter experts on IC reconstitution requirements and may be a part of the NIH Emergency Relocation Group.
16. **Joint Commission:** An independent, not-for-profit organization, The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
17. **Occupant:** Employees, contractors, visitors, and other individuals who work in or occupy an NIH-owned or Federal government leased building.
18. **Occupant Emergency Plan (OEP):** A document describing the actions occupants should take to ensure their safety during an emergency. These plans are intended to minimize the risk to personnel, property, and other assets within the building if an incident occurs inside or immediately surrounding the building by providing building-specific response procedures for occupants to follow.
19. **Primary Tenant:** In multi-tenant facilities, the Federal tenant which occupies the largest amount of rentable space in a Federal facility (identified by Bureau Code in OMB Circular No. A-11, Appendix C).
20. **Reconstitution:** The process by which surviving and/or replacement organization personnel resume normal operations.
21. **Test, Training, & Exercise (TT&E):** Activities designed to impart skills, improve operational capabilities, and ensure viability of existing plans.

Appendix 1: IC Emergency Management Plan (EMP) Outline

The IC-EC and members of the EMO will develop an IC EMP based on the template provided by DEM. The following is a summary of the minimum required components that will be incorporated into each IC EMP.

Note: Additional elements may be added as needed.

1. **Approval and Maintenance.** The EMP will be approved and signed by the IC Director, or designee and reviewed annually. A new approval and signature should be obtained for major revisions and changes in approval authority. Minor revisions or

updates should be recorded but may be made at any time without signature.

2. **Roles and responsibilities.** This section will describe the EMO structure and command and control mechanisms. An EMO roster will be included, reviewed quarterly, and updated as staff change.
3. **Activation Procedures.** This section will address when, why, how and by whom the EMP will be activated.
4. **Incident Management Procedures.** The EMP will describe an all-hazards approach to responding to and recovering from emergencies.
5. **Communication Procedures.** The plan should describe processes, means, and methods for quickly communicating with EMO members, IC leadership, and IC personnel during an emergency.
6. **IC Accountability and Assessment Procedures.** Addresses the minimum requirements specified in the [*NIH Personnel Accountability and Assessment Plan*](#).
7. **Test, Training and Exercise (TT&E) Program.** Outlines a plan for training personnel and a progressive approach to drills and exercises. This section will address the following minimum requirements:
 - a. An annual exercise of the IC EMP.
 - b. Annual training for EMO members.
 - c. An annual IC-wide accountability drill.
 - d. An annual notification drill for the EMO.
 - e. Semi-annual EMO meeting, outside of any exercises or actual emergencies.
 - f. Quarterly testing of the AlertNIH Emergency Notification System (ENS).
 - g. Quarterly testing of the Emergency Management Facility (EMF).
8. **Continuity Planning.** The EMP will describe a process for identifying potential NIH *essential functions*.
 - a. NIH Essential Functions are all IC organizational components and facilities that perform or support Department of Health and Human Services (HHS) Primary Mission Essential Functions (PMEF), NIH Mission Essential Functions (MEF), any interdependency of any other Federal department/agency PMEF/MEF, or NIH Essential Supporting Activities (ESA).
 - b. If an IC identifies an NIH Essential Function, the IC will:
 1. Ensure all functions are addressed in the *NIH Continuity of Operations (COOP) Plan*.
 2. Appoint a primary and alternate IC Continuity Manager (IC-CM) for each function, who is a Subject Matter Expert for their specific function. The IC-CM(s) will work with DEM to ensure all steps outlined in Reference 6 are met.
 3. Provide a formal appointment letter to DEM for each IC-CM.