



Pandemic Accord 2013

Continuity of Operations Pandemic Tabletop Exercise

Participant Guide

**Sponsored by: FEMA Region II, DHHS Region II,
Federal Executive Board New York City, Federal Executive Board Northern New Jersey,
Clearing House Association, Securities Industry and Financial Markets Association**



FEMA

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PANDEMIC ACCORD: Agenda

Activity	Time
<i>Registration</i>	8:00 am – 8:30 am
<i>Opening Statements</i>	8:30 am – 8:45 am
<i>Pandemic Briefing</i>	8:45 am – 9:15 am
<i>Major Event One</i>	9:15 am – 9:45 am
<i>Brief Back</i>	9:45 am – 10:00 am
<i>Break</i>	10:00 am – 10:15 am
<i>Major Event Two</i>	10:15 am – 10:45 am
<i>Brief Back</i>	10:45 am – 11:00 am
<i>Major Event Three</i>	11:00 am – 11:30 am
<i>Brief Back</i>	11:30 am – 11:45 am
<i>Summary Statements/ Hot Wash</i>	11:45 am – 12:00 pm
<i>Dismiss</i>	12:00 pm

PANDEMIC ACCORD EXERCISE SERIES OVERVIEW

The Federal Executive Boards (FEBs) in New York City and Northern New Jersey are sponsoring a two-year series of pandemic influenza continuity exercises. The FEBs will hold the exercises in partnership with the Federal Emergency Management Agency (FEMA) Region II, the Department of Health and Human Services (DHHS) Region II, the Securities Industry and Financial Markets Association (SIFMA), and the Clearing House Association. The series will include a tabletop exercise in 2013 and a full-scale exercise in 2014. The purpose of these events will be to increase readiness for a pandemic event between Federal Executive Departments and Agencies, US Courts, State, Tribal, local jurisdictions, and the private sector community.

According to the Centers for Disease Control and Prevention (CDC) an influenza pandemic occurs when a non-human (novel, [animal]) influenza virus gains the ability for efficient and sustained human-to-human transmission and then spreads globally. Due to the severity of the illness and the rate at which it spreads, an influenza pandemic can have devastating impacts on the human population. The most deadly pandemic in recorded history was the 1918 outbreak of the Spanish Flu, which resulted in an estimated 50 million deaths. The most recent influenza pandemic was the 2009 Swine Flu (H1N1), which lasted from April 2009 to August 2010. The amount of deaths that resulted in the pandemic is unknown, but experts estimate the number to be between 151,700 and 575,400.

Pandemic influenza is unique in that, unlike many other catastrophic events, it will not directly affect physical infrastructure. While a pandemic will not damage power lines, banks, or computer networks, it will ultimately threaten all critical infrastructures by its impact on an organization's human resources, causing a loss of essential personnel from the workplace for weeks or months (National Strategy for Pandemic Influenza Implementation Plan May 2006).

Economists, epidemiologists and other experts predict that the effects of a modern-day pandemic will be seen in every industry and government agency at local, regional, national and international levels. Typically a pandemic influenza will come in "waves," each wave lasting between six to eight weeks, with several months in between each. The CDC estimates that between 15 to 35% of the United States' population could be affected by pandemic influenza and that the economic impact could range between \$71.3 and \$166.5 billion (2006 estimates).

OBJECTIVES

The overall objectives for this series of exercise are to:

- Mitigate vulnerabilities during a pandemic influenza outbreak;
- Identify gaps or weaknesses in pandemic planning or in organization pandemic influenza continuity plans, policies, and procedures;
- Encourage public and private organizations to work together to create and test their pandemic influenza plans.

PHASES OF THE PANDEMIC ACCORD EXERCISE CYCLE

Year	Stage
2013	Stage 1: Tabletop Pandemic Influenza Exercise 2013 Stage 2: After Action Report
2014	Stage 3: Full Scale Pandemic Influenza Exercise Stage 4: After Action Report Stage 5: Corrective Action Report

EXERCISE GOALS AND OBJECTIVES

1. Foster partnerships between public and private sector
 - Review and analyze continuity communications with stakeholders, partner agencies and/or customers
 - Encourage collaboration of best practices and strategies amongst various organizations
2. Test an organization's ability to plan for and react to a pandemic influenza outbreak
 - Provide tools and resources for creation of pandemic influenza plan if not developed
 - Identify and prioritize essential functions
 - Test alert and notification for local, state, and national levels
 - Identify supply chain challenges
3. Evaluate and validate Continuity of Operations planning and processes for a pandemic
 - Pandemic influenza plan review
 - Activation of telework policy
 - Succession plan
 - Social distancing
 - HR policies regarding absenteeism
4. Identify special considerations and materials for protecting the health and safety of employees during a pandemic outbreak
 - Social distancing materials
 - Community interventions
 - Syndromic Surveillance
 - www.Flu.gov
 - www.cdc.gov

ELEMENTS OF A VIABLE CONTINUITY PLAN

Participants will have an opportunity to review the Ten Elements of a Viable Continuity Plan Capability, as per Federal Continuity Directive 1 (FCD 1), which provides direction for the development of Continuity Plans and Programs for the Federal Executive Branch of the United States Government, and Continuity Guidance Circular (CGC 1) which provides continuity guidance and suggestion to states, territories, tribal, and local governments as well as the private sector. Similar documents detailing continuity requirements or guidelines, such as the Federal Financial Institutions Examination Council Handbook (FFIEC), Business Continuity Management Standard (BS 25999) Business Continuity, International Standards Organization (ISO 22301) Business Continuity, and any number of non-Federal governmental requirements outline similar concepts as listed in the table below. Participants will assess how the elements currently apply or can be adapted into their agency's or organization's Continuity Plan.

Ten Elements of a Viable Continuity Plan Capability	
1. Essential Functions	6. Essential Records Management
2. Orders of Succession	7. Human Resources
3. Delegations of Authority	8. Test, Training, and Exercises
4. Continuity Facilities	9. Devolution of Control
5. Continuity Communications	10. Reconstitution

EXERCISE DISCUSSION GUIDELINES

Participant Instructions

During the Exercise

- Respond to the exercise events and information as if the emergency were real, unless otherwise directed by an exercise facilitator.
- Facilitators will give you information they are specifically directed to disseminate and help to guide group conversations by providing additional discussion points as necessary.
- If you do not understand the scope of the exercise or if you are uncertain about an organization's or agency's participation in an exercise, ask a facilitator.
- Be prepared to represent your table as a spokesperson to report to the plenary after each discussion period.
- Maintain notes on your discussion at the table. They will all be useful for production of the After Action Report.
- Parts of the scenario may seem implausible. Not all agencies will be affected equally by the situation as it is described. Note that every effort has been made by the exercise design team to balance realism with artificiality to create an effective learning environment. Remember, not all questions apply equally to each participant's agency/organization.
- Active participation is encouraged.
- Emphasis is placed on objectives, not the scenario.
- Offer inputs based on facts; avoid hearsay.
- Focus on solutions, not blame.
- Respect all ideas and comments.
- Help Facilitator by staying on topic and keeping comments to a reasonable length.
- Keep brief backs brief! Focus on key topics of discussion, similarities and differences between agencies/organizations, lessons learned, and best practices.

Exercise Rules

The following are the general rules that govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by exercise staff.
- All communications will remain within the confines of the exercise conference room, or to the conference call or VTC systems linking exercise sites.

Following the Exercise

- At the end of the exercise, participate in the Hot Wash.
- A group spokesperson will report on behalf of the table group; the ups, downs and most significant lessons learned from the exercise.

2013 Pandemic Accord Continuity of Operations Tabletop

- Complete the Participant Feedback Form. This form allows you to comment candidly on Continuity activities and effectiveness of the exercise. Please provide the completed form to a facilitator.

Exercise Hot Wash

Immediately following the completion of the exercise, facilitators will conduct a post exercise Hot Wash. The Hot Wash is an opportunity for participants to voice their opinions on the exercise and their own performance. Each table will discuss the top three lessons learned and the top three areas for improvement.

SCENARIO BACKGROUND

A cruise ship on a two-week trip around the Gulf of Mexico makes several stops at Ports of Call in Central America, Puerto Rico, and Key West before ending the journey in New York City. Two passengers, a father and daughter, fall ill with flu-like symptoms on the last few days of this trip. When the ship docks in New York City the family is transported to a local hospital. All other passengers disembark and head to their homes as planned. The Daughter dies within eight hours of arrival and the Father dies the next day. Both Mother and Son of the family have begun to show symptoms of the same illness. Additionally, three of their fellow passengers and two cruise ship staff members are also hospitalized in the New York area with similar symptoms. An initial Center for Disease Control report list five people sick and two dead in Key West; ten sick and five dead in Puerto Rico; and four dead and ten sick at one of the ship's Central American Ports of Call. The disease appears to be viral, airborne transmittable from human to human, and all victims appear to have similar symptoms.

In the week that follows, 410 people in the New York City metropolitan area are sick with symptoms matching those of the initial victims. Of those who have caught the virus, 11 have died. According to authorities, an expected attack rate of 20-25% is anticipated, that rate is the percentage of people who are infected with the disease of those who are exposed to it. Those who catch the disease and recover will typically spend three to five weeks between being ill and recovering depending on the severity of their illness and their general pre-infection health. An approximate two percent case fatality rate can be expected.

Similar outbreaks are being reported as occurring in Florida, the Caribbean, and Latin America and incidents of the virus have been reported in many of the states surrounding New York, as well as in Illinois, Georgia, and California. Officially labeled as the H3N2 virus, the media has dubbed this outbreak , the 'Cruise Flu'.

Pandemic Accord TTX Scenario Timeline

Background

October 18, 2013: The SS Accord leaves the Port of Miami on a two week cruise around the Gulf of Mexico.

October 28, 2013: two passengers seek treatment for unknown flu like illness shortly before the ship docks in the Port of New York.

November 1, 2013: Two passengers from the Accord are transported from the ship to a local hospital.

November 2, 2013: One passenger who had been transported to the hospital dies.

November 3, 2013: Second passenger who had been transported to the hospital dies. Two other family members are now ill.

November 5-8, 2013: five other passengers and or crew are hospitalized with similar symptoms. Health Department information indicates five people sick and two dead in Key West; ten sick and five dead in Puerto Rico; and four dead and ten sick at one of the ship's Central American Ports of Call. The disease appears to be viral, airborne transmittable from human to human, and all victims appear to have similar symptoms.

November 11, 2013: 410 people in the New York City metropolitan area are sick with symptoms matching those of the initial victims. Of those who have caught the virus, 17 have died. Similar outbreaks are occurring in Florida, the Caribbean, and Latin America and incidents of the virus have been reported in many of the states surrounding New York, as well as in Illinois, Georgia, and California.

Startex

November 18, 2013: 10,000 people are reported ill in the NYC region with 237 reported dead. Authorities believe the number of people ill from this virus could be three to four times higher.

January 18, 2014: 300,000 people are reported ill in the NYC region with up to another 300,000 not seeking treatment. Hospitals, clinics and doctor's offices are overwhelmed as more and more people are seeking treatment. Over 9,000 people reported to have died from this virus. Authorities report a vaccine could be 30 to 60 days away. Stockpiles of anti-virals are running low.

March 18, 2014: There has been a lull in infection rates. As many as one and a half million people in the metropolitan area may have contracted the disease, 25,000 people are reported to have died as a direct result.

Endex

STARTEX

Major Event #1

Exercise time: 9:15 AM

One month into the event: 10,000 people are reported ill in the NYC region with 237 reported dead. Authorities believe the number of people ill from this virus could be three to four times higher, as many people with more mild symptoms may not be aware that they have the virus and thus may not be seeking treatment. While the anticipated attack rate as an average seems to be holding steady, different segments of the population can see higher or lower statistical averages. As the disease has spread, the mortality rate appears to have gone up slightly from two to three percent as more of the population is infected. While the majority of those currently dying from the infection are the young or elderly and those with other significant health issues, all segments of society are at risk. A pandemic emergency has been declared. Health officials are urging those who are sick to remain home. News reports and social media are beginning to feed fear throughout the region. The US Treasury Department is inquiring about the resilience of the financial services sector to maintain critical functions.

Major Event #1 Discussion Period			
#	Message	Points of Discussion	Function Tested
1.1	Leadership is asking what measures your office is taking to prepare for a potential pandemic flu event.	<ul style="list-style-type: none"> • What are your organization’s essential functions? Can any of your essential functions be performed from home? If so, do the workers that perform those tasks all have telework agreements in place? • If telework is an option, have telework capabilities been tested? • Are there any functions that must be performed on your site? If so, what social distancing measures could you take to protect staff? • Are you better off staying at your normal operating site, or moving essential functions to an alternate or multiple alternate locations? • What if staff is unwilling to travel to the primary site because of fear? 	Essential Functions Human Resources

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		<ul style="list-style-type: none"> • Are there functions that would have to cease if absentee levels were too high? 	
1.2	<p>You have been advised to review the triggers or action points in your continuity/pandemic plan and the action required in response to those events.</p>	<ul style="list-style-type: none"> • What are the triggers or decision points that would initiate continuity operations? How do they differ during a pandemic event? • Who are the key decision makers in continuity or pandemic plan activation? • Do all staff, both continuity and non-continuity, know their roles and responsibilities during a continuity event? • Does your organization conduct regular continuity training? 	<p align="center">Continuity Plan Triggers</p>
1.3	<p>Several staff members report that they did not receive critical information to base decisions on or take required actions.</p>	<ul style="list-style-type: none"> • How do you plan on disseminating information regarding the activation of continuity operations to your employees while maintaining social distancing? • Who maintains the employee rosters in your organization? How often are they updated? Are there hardcopy backups for electronic rosters? • Would you send separate messages to continuity personnel and non-continuity personnel? Or would everyone initially receive the same guidance with follow up messages containing more specific information coming from direct supervisors? • Do you have backup communications processes, if you primary systems are down? • Are there partner or third party organizations that you rely on to maintain your organization's essential functions and/or customers that you should notify of continuity plan activation? How would you contact them? 	<p align="center">Continuity Plan Activation Continuity Communications</p>

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1.4	<p>Early in the outbreak, the children of several management staff, who attended the same school-sponsored event, have all now fallen ill. As a result, absenteeism among several levels of management is running higher than in the rest of the agency/organization.</p>	<ul style="list-style-type: none"> • Do you have orders of succession and delegations of authority in place at all level of management? • Are the orders of succession three positions deep and geographically dispersed when possible? Why would geographic dispersal be important during a pandemic? • Have successors been trained in their succession roles and responsibilities? • Have the delegations of authorities been reviewed by legal counsel? 	<p align="center">Orders of Succession Delegations of Authority</p>
1.5	<p>Even though a small percentage of those infected die from the virus, the media is inundated with worst case scenarios and many staff are fearful about coming in, even with social distancing measures.</p>	<ul style="list-style-type: none"> • What services are available for employees who are dealing with debilitating emotional issues or are under higher than normal stress? • What information would your organization send out to employees to combat misinformation and rumors? 	<p align="center">Human Resources Continuity Communications</p>
1.6	<p>The financial regulators (Securities and Exchange Commission, The Federal Reserve, The Federal Deposit Insurance Corporation and the Office of the Comptroller of the Currency). Are asking companies and industry group about the plans for the sector to maintain critical functions.</p>	<ul style="list-style-type: none"> • What outreach do you have to stay informed of the status of the financial sector? • How do you know if peer firms are making similar decisions to yours on continuity of operations? 	<p align="center">Communications</p>

Major Event #2

Exercise time: 10:15 AM

Two months into the event: 300,000 people are reported ill in the NYC region with up to another 300,000 not seeking treatment. Hospitals, clinics and doctor’s offices are overwhelmed as more and more people are seeking treatment. Over 9,000 people are reported to have died as a result of their illness from this virus. People are afraid to go to work or to leave their homes and many have been fleeing the area. Businesses report absenteeism rates around 50%, which reflects not only the number of individuals who are sick, but also those who choose not to come into work for fear of contracting the virus and those who must care for other family members or significant others. While the viral strain has been isolated, it could be 30-60 days before a vaccine can be produced and available for the public, and even then in limited numbers. As the virus spreads globally, stockpiles of anti-viral medications are running low. The news media is reporting on the extent of the local and national effects of the illness, to include not only the number of those infected, but also how public services like water and power are becoming degraded. Food and other items on store shelves are becoming scarce. Public transportation services have been significantly curtailed. The Governor has activated the National Guard to assist first responders in maintaining public safety. US Treasury and the regulators are increasingly concerned about the mass absenteeism and the ability of companies to maintain critical functions and processing windows.

Major Event #2 Discussion Period			
#	Message	Points of Discussion	Function Tested
2.1	Some non-continuity staff members have been asked to stay home while others have been asked to fill in for continuity personnel who are no longer able to work.	<ul style="list-style-type: none"> Do you have staff that are union employees? Can they be re-directed to different jobs? If you have no union employees have you considered how outside union issues may affect you? Is your union official involved in continuity planning? Are there contractual issues in reassigning personnel not previously designated as emergency staff or essential? Has your agency cross-trained or identified personnel that can function in other capacities 	Human Resources Orders of Succession

2013 Pandemic Accord Continuity of Operations Tabletop

		<p>within your agency or organization?</p> <ul style="list-style-type: none"> • Have you made plans to protect individuals that must come to work in order to perform their functions such as bank tellers, customer service staff or traders? 	
2.2	<p>Several managers have contacted you to ask what the leave policy is for staff members who are healthy but unable to work in order to care for family members, to include those who are sick or children who are home due to daycare or school closings.</p>	<ul style="list-style-type: none"> • Must staff take personal/sick leave to care for their dependents or is there a system in place for other paid leave to be utilized? • If staffers who are caring for others get sick in the process and run out of leave, what options do they have? Does annual leave or administrative leave apply to either situation? • Is it possible for employees to give unused sick leave to other employees who have depleted their sick leave banks? 	<p>Human Resources</p>
2.3	<p>A manager reports in with revised staffing levels for her department. Several staffers that she had thought were working from home are actually ill and unable to perform their job functions.</p>	<ul style="list-style-type: none"> • Does your organization have a means for accounting for which workers are teleworking from home versus which are ill or otherwise unable to work? • What are your organization's policies regarding asking employees for detailed information about their health condition? • Does your agency or organization have a mechanism or a plan for disseminating medications to staff members? 	<p>Human Resources Essential Functions</p>
2.4	<p>You receive word from three separate departments informing you that they lack the personnel necessary to conduct their department's essential</p>	<ul style="list-style-type: none"> • Are your essential functions prioritized? Can you shift resources from one department to another to accomplish your highest-rated functions? 	<p>Essential Functions</p>

2013 Pandemic Accord Continuity of Operations Tabletop

	<p>functions. Supplies are beginning to run low.</p>	<ul style="list-style-type: none"> • If your staffing shortages were too acute to continue all of your essential functions, what would be the last essential functions you would be willing to sacrifice? • How do customers, stakeholders, and/or partner organizations play into your decisions regarding essential functions? How would you communicate any service or mission adjustments? 	
<p>2.5</p>	<p>Absenteeism has reached critical levels and the ability to maintain key systems is in jeopardy. Shortages of supplies, coupled with disruptions to services are creating significant stumbling blocks to execution of essential functions.</p>	<ul style="list-style-type: none"> • As absenteeism reaches 50%, does your office have the ability to devolve any portion of its functions to another part of your organization that may be located outside of affected areas? • What planning considerations would have to be in place to prepare for devolution? • Are there processes in place to devolve responsibilities of essential functions to another office? 	<p align="center">Devolution of Operations (Transfer of Functions)</p>
<p>2.6</p>	<p>An Eco-Terrorist group appears to be behind a sudden wave of Cyber-attacks of convenience to make statements regarding how abuse of natural resources has resulted in this virus and will hopefully reduce the global population. The attacks have affected email servers and data storage systems.</p>	<ul style="list-style-type: none"> • Do you have an accounting of all of your essential records and systems? If yes, do you have a back-up system(s) for accessing those records, if your primary system fails? • Are you able to access essential records remotely from an alternate facility or from home, if teleworking? • Do you have classified or sensitive data? If so, do you have a way of accessing this information remotely from a secure location and through secure channels? 	<p align="center">Essential Records Continuity Communications</p>

2013 Pandemic Accord Continuity of Operations Tabletop

		<ul style="list-style-type: none"> • In the event that vital records were damaged, do you have processes in place to recover and restore those records? Do you have prearranged agreements with document and data recovery vendors? • In the event of real or suspected compromises of agency or organizational systems, are employees trained on how to report or handle them? • Are there mechanisms in place to verify the legitimacy of agency or organization wide communications? • What outreach do you have to assess the status and severity of cyber-attacks? 	
2.7	<p>The regulators and industry groups are holding meetings to assess the health of the financial sector.</p>	<ul style="list-style-type: none"> • What do you report to the regulators? Is it different than what you would report to customers and shareholders? • How are you assessing the status of third parties that you do business with that may not be regulated (e.g. market data providers)? 	

Major Event #3

Exercise time: 11:00 AM

Four months into the event: There has been a lull in infection rates. As many as one and a half million people in the metropolitan area may have contracted the disease, 25,000 people are reported to have died as a direct result. As people begin to recover, life in the metropolitan area slowly returns to normal. Vaccines and anti-viral medications are again available. Absenteeism is down to 20% but the toll of the disease leaves an average of five percent of employment positions unfilled from people leaving the area, removed for cause, or death. It could take months for the work force to stabilize as well as for public and private sector services to return to pre-infection efficiency. While those who have been ill and recovered from the ‘Cruise Flu’ will now be immune to it, there exists a possibility that a mutated version of the virus could emerge and start the infection cycle over again.

Major Event #3 Discussion Period			
#	Message	Points of Discussion	Function Tested
3.1	The decision has been made by senior leadership to return to normal operations at your primary facility.	<ul style="list-style-type: none"> Who would oversee the return to normal operations? Does your organization have a Reconstitution Manager/team? What steps should be taken to prepare your personnel to return to normal operations? If you were partially working from an alternate facility, what are the steps for vacating that space and reoccupying the primary facility? Will your staff return to normal operations in a phased approach or all at once? How would you reassure employees that it is safe to return? What if some employees still refuse to return to the primary site? 	Reconstitution
3.2	If your agency or organization devolved, Who would make the decision to take back responsibility for essential	<ul style="list-style-type: none"> Do checklists or decision matrices exist to assist in this process? Does the devolution plan spell out clearly how essential 	Devolution of Operations (Transfer of Functions)

2013 Pandemic Accord Continuity of Operations Tabletop

	<p>functions? How and to whom is the decision communicated?</p>	<p>functions are re-assumed?</p> <ul style="list-style-type: none"> • Are all essential function re-assumed at once, or is there a gradual handoff? • Does the devolution partner shadow your operations? If so, for how long? • Essential records have been produced/updated by your Devolution partner. How will they be integrated into systems at the primary office? 	
<p>3.3</p>	<p>Unfortunately, several key persons have died in the pandemic. The level of effort required from remaining staff is not sustainable, and new staff must be found as quickly as possible.</p>	<ul style="list-style-type: none"> • What processes are in place to address the death of an employee? Would someone from your organization be made available to assist the family of the deceased with benefit questions? • Are there plans and procedures in place that allow the organization to speed up the hiring process in emergency situations? How would these individuals receive training given the limited staff availability? 	<p align="center">Human Resources Reconstitution</p>
<p>3.4</p>	<p>You have received messages from staff members regarding aspects of the COOP/Pandemic Plan that did not operate as effectively as planned. Also, you have received many suggestions for procedures staff developed on the fly during the incident that worked effectively.</p>	<ul style="list-style-type: none"> • Do you have a process in place for collecting lessons learned, areas of improvement, and best practices to ensure the agency is ready in case of another continuity event? • Do you have a test, training, and exercise program that will allow your organization to test proposed changes to the Continuity Plan prior to the next Continuity activation? • How is this plan being communicated to staff, customers and regulators? 	<p align="center">Test, Training & Exercise <i>Corrective Action Program</i></p>

2013 Pandemic Accord Continuity of Operations Tabletop

3.5	Reports have started circulating in the media that the virus has mutated and those who have been vaccinated/infected and recovered, may not have any protection from being re-infected should another wave of the virus hit the area	<ul style="list-style-type: none">• How do you communicate new threats to your employees?• Is your alternate site, if you have one, ready to be reoccupied?• Have contracts for services and goods been reviewed or updated?• Is your Devolution partner ready to again accept responsibility for your essential functions?	All Elements of Continuity
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RELATED TRAININGS, COURSES, CERTIFICATIONS

FEMA Continuity of Operations (COOP) Program:

- <http://www.fema.gov/government/coop/index.shtm>

FEMA Training:

- EMI Independent Study (IS) Program:
<http://www.training.fema.gov/EMIWeb/IS/>
- Continuity Awareness (IS-546) 2 Hours:
<http://www.training.fema.gov/EMIWeb/IS/is546.asp>
- Introduction to Continuity (IS-547) 5 Hours:
<http://www.training.fema.gov/EMIWeb/IS/is547.asp>

FEMA Certifications

Effective 15 April 2011, the updated course requirements for Level I and Level II are listed below.

FEMA Professional Continuity Practitioner Certification

Continuity Excellence Series – Level I:

- IS 546.a: COOP Awareness Course
- IS 547.a: Introduction to COOP
- IS 242 or equivalent E/L/G course: Effective Communication
- E/L/G 548 or IS 548: COOP Manager's T-t-T Course or E/G/L 549: Continuity of Operations (COOP) Program Manager Course or MGT 331 University of Maryland Preparing the States Continuity Courses
- E/L/G 550: COOP Planner's T-t-T Workshop or IS 550 Continuity Planner's Workshop or L 552: Continuity of Operations for Tribal Government Course
- IS 100 or IS 100.b: Intro to Incident Command System (ICS) or ICS 100: Introduction to Incident Command System (ICS) or ICS 200 or IS 200.b: Incident Command System (ICS) for Single Resources and Initial Action Incidents
- IS 230 or equivalent E/L course: Principles of Emergency Management or IS 230.a: Fundamentals of Emergency Management
- IS 700.a: Intro to National Incident Management System (NIMS) or IS 700
- IS 800.b: A National Response Framework (NRF), An Introduction

- E 136 or IS 139: Exercise Development Course/Exercise Design Course/or COOP Exercise Design/Development T-t-T Course
- Complete attendance in continuity exercise Pandemic Influenza (PI) Determined Accord Workshop or IS 520: Introduction to Continuity of Operations Planning for Pandemic Influenzas and IS 522: Exercising Continuity Plans for Pandemic Course (both Independent Study courses are required) or Resilient Accord Cyber Security Workshop or Guardian Accord Terrorism Awareness Workshop
- ** NARA/CoSA Vital Records Training (optional, recommended)

FEMA Master Professional Continuity Practitioner Certificate

Continuity Excellence Series – Level II:

- Applicants must attain a Continuity Excellence Series – Level I, Professional Continuity Practitioner
- IS 130: Exercise Evaluation and Improvement Planning or E132 (limited to EMI Resident MEPP candidates) or G130: Exercise Evaluation
- IS 240 or equivalent E/L/G course: Leadership and Influence
- E/L/G or IS 551: Devolution Planning Workshop
- E/L 156 or IS 156: Building Design for Homeland Security T-t-T Course for Continuity of Operations or E/L 155: Building Design for Homeland Security
- E/L 262: Instructional Delivery for Subject Matter Experts or G265: Instructional Delivery Skills (formerly G261: Instructional Presentation Skills) or E 605: Instructional Delivery or E/L 141: Instructional Presentation & Evaluation Skills Course
- *** Instruct E/L/G or IS 548 COOP Manager’s T-t-T Course
- *** Facilitate E/L 550 or IS 550 COOP Planner’s T-t-T Workshop or E/L/G or IS 551: Devolution Planning Workshop or Determined Accord Pandemic Preparedness Workshop for Continuity Managers or Facilitate Resilient Accord or Guardian Accord or Reconstitution Planning Workshop
- *** Written Comprehensive Exam (150 questions) – Applicants are eligible to take the comprehensive exam once they have met all other Level II requirements

* Course credit is authorized for flexible instructional delivery, i.e. local resident instruction with students completing independent study (IS) exam.

** Previous versions of this course will be accepted.

*** All requirements for Level I and Level II must be completed prior to taking the Written Comprehensive Exam.

