

Systemwide Emergency Management Status Report

December 2010

Prepared by
UCOP Risk Services (OPRS)

I. Introduction

This FY09-10 annual report is based on self-assessments completed by each of the ten campuses, as well as campus and UCOP/ANR program executive summaries. Campus self-assessments are benchmarked against the *National Standard on Disaster/Emergency Management and Business Continuity Programs* (National Fire Protection Association [NFPA] Standard 1600; 2010 edition). This collaboratively developed standard has been universally endorsed by the American National Standards Institute (ANSI), the 9-11 Commission, US Congress, and the federal Department of Homeland Security. The Standard represents a “total program approach” to the challenge of integrating disaster and emergency management with business continuity planning. The University is one of only a few major higher education institutions nationwide that has voluntarily adopted this stringent standard, particularly on a systemwide basis.

In conjunction with the newly revised National Standard, OPRS in coordination with the UC Council of Emergency Managers, has adapted ‘The Joint Commission’ (formerly JCAHO) healthcare accreditation quantitative ‘scoring framework’ methodology to evaluate program performance. The Joint Commission is a recognized international leader in standardized performance measurement, and the active participation and advice of our medical center colleagues led us to adopt this approach. In order to effectively adapt this performance measurement system, OPRS developed a NFPA 1600 Standard benchmarking guide that defines specific measurable performance criteria for what constitutes varying levels (partial/substantial/complete) of conformance with each of the Standard’s seventy-one (71) programmatic criteria. This benchmarking guide is included in **Appendix I**. Adoption of this quantitative methodology has produced a systemwide performance measurement system that is more accurate, credible, objective, consistent, and therefore more informative and useful to both senior administration and campus program staff. OPRS strives to collaboratively support long-term demonstrable continual improvement in our emergency management programs.

The triennial update of the NFPA Standard (2010) significantly expanded the programmatic criteria. **Appendix II** shows a redlined summary outline of all the changes to the Standard. There are now twenty (20) basic program elements defined by seventy-one (71) corresponding programmatic criteria.

The Joint Commission (TJC) significantly expanded and increased both the emphasis and importance of its hospital emergency management program accreditation standards in 2009. TJC elevated emergency management as a separate chapter or area of emphasis, and is now equivalent to patient care, infection control, and medication management. The emergency management elements of performance were greatly expanded from thirty-two (32) to one hundred eleven (111) performance criteria distributed over twelve (12) basic program elements. A summary outline of the expanded TJC emergency management standard is included in **Appendix III**.

II. Systemwide Summary of Conformance with NFPA Emergency Management Standard

Table 1 summarizes the self-assessments for all ten Campuses. The numerical scores assigned to each programmatic criterion are defined as follows:

0 = Non-Conforming

1 = Partially Conforming

2 = Substantially Conforming

3 = Conforming

The outline below summarizes the degree of systemwide conformity with each of the National Standard's twenty (20) basic program elements based on each campus' self-assessments of the various criteria that define each corresponding program element.

1. *Program Management.*
Most (8/10) of the Campuses conform or substantially conform with six criteria.
2. *Program Coordinator/Manager.*
All (10) of the Campuses conform with one criterion.
3. *Compliance with University and State laws/requirements.*
All (10) of the Campuses conform or substantially conform with two criteria.
4. *Finance and Administration.*
Some (4/10) of the Campuses conform or substantially conform with six criteria.
5. *Planning Process and Plans.*
Most (6/10) of the Campuses substantially conform with five criteria.
6. *Hazard Vulnerability Assessment.*
Most (8/10) of the Campuses conform or substantially conform with five criteria.
7. *Incident Prevention and Hazard Mitigation.*
Most (7/10) of the Campuses conform or substantially conform with four criteria.
8. *Resource Management.*
Half (5/10) of the Campuses substantially conform with seven criteria.
9. *Mutual Aid/Assistance.*
Most (9/10) of the Campuses conform or substantially conform with two criteria.
10. *Communications and Warning.*
Most (9/10) of the Campuses conform or substantially conform with five criteria.
11. *Standard Operating Procedures (SOPs).*
Most (9/10) of the Campuses conform or substantially conform with six criteria.
12. *Emergency Response Plans.*
All (10) of the Campuses conform or substantially conform with three criteria.

13. *Employee Assistance and Support.*
Most (7/10) of the Campuses substantially conform with one criterion.
14. *Continuity and Recovery Plans.*
Some (3/10) of the Campuses conform or substantially conform with two criteria.
15. *Crisis Communications and Public Information.*
All (10) of the Campuses conform or substantially conform with three criteria.
16. *Incident Management.*
All (10) of the Campuses conform or substantially conform with three criteria.
17. *Emergency Operations Centers (EOCs).*
Most (9/10) of the Campuses conform or substantially conform with one criterion.
18. *Training and Education.*
Most (8/10) of the Campuses conform or substantially conform with four criteria.
19. *Program Evaluation and Exercises.*
All (10) of the Campuses conform or substantially conform with two criteria.
20. *Program Reviews and Corrective Action.*
Most (8/10) of the Campuses conform or substantially conform with three criteria.

**Table 1 - Summary of Campus Self-Assessments for Conformity with NFPA 1600 Standard
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NFPA 1600 Program Element	Berkeley	Davis	Irvine	Los Angeles	Merced	Riverside	San Diego	San Francisco	Santa Barbara	Santa Cruz
Program Management										
Leadership commitment and resources	1	3	2	2	2	2	3	2	3	3
Program review/support committee	0	3	2	1	2	3	3	3	3	2
Executive policy and enabling authority	2	2	2	2	3	3	3	3	3	3
Program scope/goals/objectives	1	3	2	3	2	1	3	3	3	3
Prioritized budget and schedule/milestones	1	3	2	1	2	1	3	2	2	3
Establish program performance objectives	1	2	2	2	1	2	3	3	2	3
Program Coordinator/Manager										
Designated/authorized personnel	3	3	3	3	3	3	3	3	3	3
Compliance with Laws/Requirements										
UC policies/requirements	2	3	3	3	3	3	3	3	3	3
SEMS/JCAHO requirements	2	3	3	2	3	2	3	2	2	2
Finance & Administration										
Develop financial/admin procedures	1	0	2	1	2	2	3	1	3	3
Framework uniquely linked to emergency ops	1	1	2	1	1	1	3	2	3	2
Authorizations/financial control measures	1	2	2	1	2	3	3	1	2	2
Capture financial data cost recovery/funding	2	2	2	1	1	2	3	1	2	3
Expedited fiscal decision-making procedures	1	1	2	1	2	1	3	1	3	3
Records management program	2	3	3	3	1	2	3	2	3	3
Planning Process & Plans										
Follow planning process to develop plans	2	1	1	1	2	1	1	1	2	2
All plans identify various requirements/roles	3	3	1	2	1	3	3	2	2	3
Use 'all-hazards' approach and HVA	3	3	2	3	2	3	3	3	2	3
Strategic planning defines vision/mission/goals	1	3	1	1	2	2	3	1	2	2
Crisis management planning addresses issues	2	1	2	1	2	3	1	1	2	3
Hazard Vulnerability Assessment										
Identify hazards and probabilities	3	3	2	3	3	3	3	3	2	3
Assess campus vulnerability all hazards	3	3	2	3	3	3	3	3	2	3
Analyze all types of threats/events	3	3	2	3	3	3	3	3	3	3
Conduct campus-wide impact analysis	2	1	1	3	1	3	2	2	2	0
Conduct Business Impact Analysis (BIA)	2	1	1	3	1	1	2	3	1	0
Incident Prevention & Hazard Mitigation										
Develop/implement prevention strategy	2	3	2	3	3	3	3	3	3	3
Develop/implement mitigation strategy	2	2	1	3	2	1	3	1	1	3
Base strategies on HVA/experience/costs	2	3	2	2	2	2	3	1	2	3
Interim and long-term mitigation actions	1	2	2	2	2	3	3	1	2	3
Resource Management										
Conduct needs assessment based on HVA	1	0	0	1	2	2	3	0	1	2
Needs assessment considers multiple factors	1	0	0	1	2	2	2	0	2	2
Establish resource management procedures	1	2	1	1	2	3	3	1	2	3
Identify operational support facilities	2	3	3	2	2	3	3	1	3	3
Establish resource management processes	1	2	1	2	2	2	3	1	2	2
Maintain current resource inventories	1	3	1	1	2	3	1	1	2	1
Manage donations/volunteers	1	1	2	0	2	3	3	1	2	3

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Mutual Aid/Assistance										
Establish agreements as needed	2	3	3	3	3	3	3	2	2	3
Reference agreements in program	1	3	3	3	3	3	3	3	2	3
Communications & Warning										
Determine needs based on required capabilities	2	3	3	3	2	3	3	2	3	2
Systems are reliable/redundant/interoperable	2	3	2	3	3	3	3	1	3	3
Alerting and warning protocol/procedures	2	3	3	3	3	3	3	2	3	3
Integrate systems into planning/operational use	3	3	3	3	3	3	3	2	3	3
Develop/maintain communications capabilities	2	3	1	3	3	3	3	2	3	3
Standard Operational Procedures (SOPs)										
Develop SOPs to support program/plans	2	3	1	2	3	2	3	2	2	1
Address EH&S/continuity/stabilization	2	3	2	2	3	2	3	1	2	2
Access controls/responder accountability	1	2	1	2	1	3	3	1	2	3
Situation status/damage/needs assessment	2	2	2	2	2	3	3	3	2	3
Coordinate EOC-ICP communications	3	3	2	3	3	3	3	3	2	3
Concurrent response/recovery/continuity	2	3	1	2	1	3	3	3	2	3
Emergency Response Plans										
EOP assigns operational responsibilities	3	3	3	3	3	3	3	3	3	3
EOP identifies protective actions	3	3	2	3	1	3	3	2	3	3
EOP includes various required elements	3	2	2	2	2	3	3	2	2	1
Employee Assistance & Support										
Develop flexible comprehensive campus strategy	1	3	2	2	1	3	3	1	2	3
Continuity & Recovery Plans										
Continuity Plans include required elements	2	2	2	3	1	1	1	3	1	0
Recovery Plan provides for restoration	2	1	1	2	1	2	1	2	1	2
Crisis Communications & Public Information										
Ability to respond to information requests	2	3	2	3	3	3	3	2	3	3
Establish emergency public info capability	2	3	3	2	3	3	3	2	2	2
Establish physical/virtual info center	3	2	2	3	3	3	3	2	2	2
Incident Management										
Use ICS/HICS to manage response/recovery	2	3	3	3	3	3	3	3	3	3
Establish procedures to coordinate all activities	2	3	1	2	3	3	3	2	2	3
Incident action planning/mgmt by objectives	3	3	3	3	3	3	3	3	3	2
Emergency Operations Centers (EOC)										
Establish primary and alternate EOCs	3	1	3	3	3	3	3	3	2	3
Training & Education										
Curriculum create awareness/enhance abilities	1	3	1	3	1	3	3	3	2	3
Identify frequency and scope of training	2	3	2	2	3	2	3	3	2	3
Train responders in SEMS/ICS/HICS	2	3	1	2	3	1	3	0	2	3
Implement public education program	1	2	2	3	1	2	3	3	2	3
Program Evaluation & Exercises										
Periodically test/exercise/evaluate capabilities	3	3	2	3	3	2	3	3	3	2
Design exercises evaluate program/deficiencies	3	3	2	3	3	2	3	2	3	3
Program Reviews & Corrective Action										
Conduct regular management reviews	2	3	1	2	1	3	3	2	3	3
Base reviews on AARs/lessons learned	2	3	2	2	2	3	3	2	3	3
Corrective action process/program	2	2	2	2	1	3	3	3	2	2

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III. Program Executive Summaries

The following emergency management program executive summaries describe the overall status of campus and medical center preparedness as well as the UCOP and ANR programs. Each location was requested to include information on significant programmatic progress, accomplishments, and developments over the last year; identification of program elements needing improvement; and major programmatic development goals or corrective actions planned for the coming year.

Berkeley

The Office of Emergency Preparedness (OEP) continues to work with the UC Police Department and senior campus management to update and improve the UCB Emergency Management program. Major areas of focus included revising the Emergency Operations Plan and Emergency Operations Center (EOC) procedures, and continued development and conduct of training specific to Emergency Response Organization (ERO) roles/responsibilities, particularly stressing the National Incident Management System/Incident Command System (NIMS/ICS).

The annual exercise “*VIGILANCE 2010*” was based on a minor earthquake scenario with a resultant biological hazardous materials release. All elements of the UCB ERO participated in the exercise, including the Chancellor’s Emergency Policy Group, Emergency Operations Center (EOC), eight Departmental Operations Centers (DOCs) and a full field Incident Command. A thorough critique of the exercise was held immediately afterwards and an After Action Report (AAR) was prepared. A Corrective Action Plan was developed to address the lessons learned and major findings outlined in the AAR.

The newest emergency management communications tool, ‘*WebEOC*’ has been effectively implemented and continues to grow in overall usefulness. This system provides for real-time information sharing among all of our Emergency Response Facilities including the Mobile Command Post vehicle and even allows participation from our community partners when appropriate. OEP developed and conducted specific training for all of the campus entities utilizing *WebEOC* to ensure their familiarity and readiness to use the system when necessary.

The Office of Continuity Planning (OCP) now has 132 campus departmental plans in place, and 174 other departments with plans in process as of November 2010 (the total number of departments on campus is approximately 350). In March 2010, OCP produced its third annual report to the Chancellor on the campus’ preparedness to continue its mission of teaching, research, and public service - *Continuing Berkeley’s Excellence: UC Berkeley’s Readiness to Rebound from Disaster*.

The OCP Manager also serves as UC systemwide coordinator of continuity planning. The Manager chairs the UC campus continuity planners group in a systemwide collaboration to achieve university-wide resilience. With funding and organizational support from UCOP Risk Services, OCP now has a second staff position (Continuity Planner) to assist campus departments. A cycle of review and updating of all existing plans is underway.

In April 2010, the *UC Ready* continuity planning tool was re-launched as the *Kuali Ready* continuity planning tool under the auspices of the Kuali Foundation. *Kuali Ready* is now in national distribution as a hosted service, available to any institution of higher education in return for an annual subscription fee. As of November 2010, 51 campuses in the United States and Canada have purchased subscriptions to the *Kuali Ready* tool. *Kuali Ready* is hosted and supported by UC Berkeley under contract to the Kuali Foundation, with campus costs reimbursed by the Foundation. The OCP Manager serves as chair of the national *Kuali Ready* Functional Council.

OEP and Facilities Services continue to work with the Federal Emergency Management Agency (FEMA) and various local counterparts in securing approved funding for the pending FEMA FFY05-06 Pre-Disaster Mitigation grants for hill area urban interface wildland fire mitigation projects through the implementation of an Environmental Impact Study. OEP's major program goals for the coming year are to once again focus on improving fundamental Emergency Management program elements (planning, preparedness, response and recovery); better integrating basic National Incident Management System/Incident Command System (NIMS/ICS) concepts into our program/procedures; and improving essential infrastructure concerns.

Davis

A programmatic review of the UCD Emergency Management and Continuity program was completed, highlighting how well it is integrated into campus business and operational programs, and maintains strong ties with the community and other emergency management agencies. Fundamental barriers to improvement are – as always – funding and staffing.

Davis implemented *UC Ready* with broad support at all levels, creating explanatory material, websites and webcasts to make it easier for departments to use. As part of the move toward a campuswide Business/Academic Continuity Plan, the Regents' insurance carrier (FM Global) is in the process of conducting a formal Business Impact Analysis (BIA).

Goals for next year include re-writing the campus Comprehensive Emergency Plan to include all items as identified in the NFPA 1600 Standard; formalizing our disaster financial procedures; developing an 'Event Management' annex to guide the use of resources for smaller events; and completing development of our alternate virtual Emergency Operations Center (EOC).

Davis Medical Center

UCDMC maintained compliance with The Joint Commission (TJC) standards for emergency management as well as with National Incident Management System (NIMS) healthcare objectives during the last year. Compliance with TJC standards for emergency management includes several actions that must be conducted annually, including review of the Hazard Vulnerability Assessment and Emergency Operations Plan (EOP); emergency inventory process; communicating needs and vulnerabilities to community emergency response agencies; and activating the EOP twice each year. The EOP was updated in 2010 in collaboration with members of the Emergency Preparedness Committee and approved by the full committee in May 2010. The updated EOP incorporates four new All-Hazard Plans addressing hospital surge capacity, access control, visitor restrictions, and mass fatality management.

The Joint Commission survey interview for the Emergency Management program conducted in June 2010 did not identify any deficiencies. During the interview, the surveyor requested specific information and was satisfied with the responses on the following items: identifying persons with authority to declare a 'Code Green' and to activate the Hospital Command Center; identifying the top three risks in the Hazard Vulnerability Analysis (HVA) and describing exercises conducted that relate to these top risks; describing the plan for a surge of patients including the surge locations within the hospital and in areas outside of the hospital; and describing how UCDMC plans to track a surge of patients in a disaster.

UCDMC collaborated with other hospitals in Sacramento County on two major projects including developing a county Mass Fatality Plan, and implementing a disaster patient tracking system, *EMTrack*. The county Mass Fatality Plan was completed and subsequently incorporated into UCDMC's Emergency Operations Plan. UCDMC led the efforts to implement *EMTrack* within Sacramento County. Initial county-wide protocols for use of *EMTrack* were established, and train-the-trainer classes were conducted. *EMTrack* will be tested during the Statewide Medical Health Exercise in November 2010.

During FY09-10, UCDMC activated the Hospital Incident Command System (HICS) system twice in response to actual incidents and twice for planned exercises. The two incidents were a 'Limited Code Green' to respond to the 2009 H1N1 influenza pandemic during April and May 2009 and again from June 2009 through January 2010; and a 'Code Green Advisory' in June 2010 to prepare for the threatened California Nurses Association strike. The exercises conducted in FY09-10 were an October 2009 security tabletop exercise, and a December 2009 96-hour tabletop exercise. Each incident and exercise was managed using HICS. Debriefings were conducted after each activation and an After Action Report was generated for each incident.

The goals for the emergency management program for the coming year are to test implementation of the *EMTrack* disaster patient tracking system in a county-wide full scale/functional exercise; review and update three All-Hazard Plans; achieve 40% completion of *UC Ready* business continuity plans; and develop objectives for a three-year disaster response training and exercise plan.

Irvine

The first half of FY09-10 was dominated by the response to the H1N1 pandemic influenza outbreak. Three Point of Distribution (POD) type clinics and three smaller walk-in clinics were offered between November 2009 and January 2010 that vaccinated nearly 4500 campus constituents. The three PODs involved the collaborative work of twelve different departments and special recognition must be made to the School of Nursing for providing over 500 hours of faculty and student time to staff the screening and vaccination stations. *Be Smart About Safety* partners were also enlisted to effectively promote "Flu Awareness Week" in the Fall and on-going outreach activities throughout the flu season.

The scenario for the annual tabletop exercise with the Chancellor's Executive Policy Group was a major disruption of all campus telephone and most Information Technology (IT) systems. Significant resilience to quickly restore IT systems was confirmed, but the campus land-line telephone system was found to take longer to restore, and possible temporary alternatives were identified.

Environmental Health & Safety changed the scope of the campus hazmat team (Emergency Response Team). Staff will serve as advisors to emergency responders and third-party contractors will assume a greater role in hazmat entry and clean-up situations. A full scale review of all campus evacuation assembly areas was completed. Construction in recent years has reduced the open areas available to safely assemble following evacuations. New areas were identified and education for students, faculty and staff is on-going. *UC Ready* plan development continues and Irvine is on track to meet UCOP Risk Services goals for departmental plan completion.

Management support continues to be good. Due to the furlough and budget constraints, time and energy for emergency management activities by campus departments has been reduced. Most activities are being maintained, but there is little opportunity for innovation and growth that require funding. Competing priorities for limited funds continues to be a management challenge. Systemwide assistance in identifying and applying for grant monies would be useful.

Efforts will be taken to formalize and develop both short and long-term strategic plans for campuswide emergency management. Work is also continuing with Facilities Management and other units to identify equipment and resources to be used in response and recovery operations. Consideration will be made to centralizing After Action Reports and corrective action items following exercises and emergency incidents. Tracking action items to completion will improve campus resilience.

Effective October 2010, the Emergency Management and Business Continuity program was transferred from Environmental Health & Safety to the UCI Police Department. This realignment brings emergency management efforts closer to primary campus response organizations. Focus for the upcoming year will be continuing improvements to the response and recovery capabilities of the campus community as well as increased awareness about emergency management across campus.

Irvine Medical Center

UCI Medical Center's Emergency Management Program is overseen by the Emergency Management Committee supported by senior administration. This year disaster exercises focused on emergency surge capacity and procedures (pandemic influenza and possible influx of critically ill patients from the Haiti earthquake under the National Disaster Medical System), and responding to potential incidents involving weapons and hostage situations ('Code Silver').

UCIMC coordinates and plans disaster drills and emergency preparedness through its partnership with the Orange County Multi-Agency Disaster Planning Network, Blue/Green Metro Disaster Net, and Orange County Emergency Medical Services as outlined in the Pre-Hospital Care Policies and Procedures. The Emergency Manager participated in an advisory role in planning for equipment and supplies provided through the Hospital Preparedness Program (HPP) grant funding. Drills and actual activations follow the Hospital Incident Command System (HICS) response model and trigger activation of both the Hospital Command Center (HCC) and Incident Command Center.

Emergency Management program milestones included completing and committee approval of the revised Emergency Operations Plan and developing a Hazard Vulnerability Analysis. Planning started on a revised National Incident Management System/Incident Command System (NIMS/ICS) training program using our Learning Center model for HCC responders and the development of a 96-hour

Sustainability Plan. As a result of an Emergency Management program review, particularly in terms of maintaining compliance with The Joint Commission standards, a reorganization of the operational oversight and assignment of the Emergency Manager duties will occur and program oversight will be moved to the Environmental Health & Safety Division.

Los Angeles

UCLA senior management and the Emergency Preparedness Manager continued to jointly refine and update the UCLA emergency organization and Emergency Management program to reflect statutory compliance with state and federal requirements. UCLA completed training of key staff positions supporting emergency management and emergency field operations at the introductory, intermediate, and advanced levels of National Incident Management System/Incident Command System (NIMS/ICS) courses of instruction including Executive Policy officials. Effective July 2009, all public safety functions merged into the UCLA General Services Department, under the Associate Vice Chancellor for General Services including Emergency Management, Police Department, Environment, Health & Safety, Facilities, and Transportation. In May 2010, the Emergency Management office hired a full-time Emergency Management specialist to augment and improve campuswide departmental emergency plan development through 2011.

The UCLA Emergency Management program focused on the following initiatives: implementing the Higher Education Opportunity Act of 2008; exercising the Disaster Initial Response Team (DIRT) Plan; updating the campus Emergency Mass Notification Policy; continuing integration of the campus mass warning systems, including public education and quarterly testing of mass warning systems; responding to the H1N1 influenza pandemic and updating the Pandemic Response Plan and protocols; training and exercising of emergency management organization; upgrading Emergency Operations Center (EOC) infrastructure and communication systems; and conducting exercises and implementing After-Action Report corrective actions. Campus emergency management planning efforts also focused primarily on public education, regional coordination, training, preparing university staff in EOC administrative and field emergency operations, and improving departmental emergency plan development and readiness. UCLA responded to several campus emergencies and successfully activated its mass warning systems in response to imminent life safety threats.

In October 2009, UCLA participated in the *Great California Shakeout* event and simulcasted campuswide mass warnings as part of the exercise. In January 2010, we completed a 4-hour functional EOC exercise, simulating a large scale earthquake. The exercise dealt with most of the issues and aftershock challenges that would affect EOC staff. This was the most comprehensive campus exercise ever conducted to date. The main UCLA EOC was completely renovated and modernized, and a temporary EOC was established during the renovation. Other major actions taken post-exercise were the completion of emergency capability assessments for seventeen campus departments, and implementation of several campus Departmental Operations Centers (DOC).

Emergency Management Program projects/objectives for FY10-11 include: implementing *WebEOC* (campuswide situational awareness tool); improving campus coordination and linkage for crisis coordination; developing a lower-tier warning system for day-to-day emergencies affecting public safety, transportation, and facilities personnel; providing EOC training to new staff annually; conducting an EOC exercise in Spring 2011; establishing campus Departmental Operation Centers

(DOCs) to support and supplement EOC operations; developing brochures and awareness materials for personnel, faculty, and students to improve institutional and community awareness of emergency plans, policies, and procedures; establishing a campuswide Emergency Management Planning (Disaster Advisory) Committee; implementing additional phases of outdoor warning systems; initiating a process to assess, test, evaluate and the provide for the procurement and installation of indoor warning systems in the general assignment classrooms and hallways, and linking the indoor systems with the newly integrated campus warning system; improving day-to-day operations and coordination with the City and County of Los Angeles; documenting current, short and long term strategic projects and delineating projects that are funded campuswide; improving plans, policies and procedures; promoting public education and increasing awareness of campus safety and readiness for students, faculty, and staff; and reconvening the UCLA Campus Communications Task Force to update and revise short and long-term strategies to identify existing needs and improve communications campuswide for alert and notification of students, faculty, and staff.

Los Angeles Medical Center

Last year the UCLA Healthcare System continued its participation in federal Hospital Preparedness Program (HPP) grant funding administered through Los Angeles County, and hired an additional disaster planner. The pilot phase of the *UC Ready* continuity planning tool rollout was completed. The Emergency Management Executive Steering Committee was developed with engagement of senior leadership across all three hospitals, Geffen School of Medicine, and Faculty Practice Group, and related rollout of six subcommittees focusing on Communications, Resources and Assets, Utilities, Safety and Security, Management of Staff, and Management of Patients. UCLAHS led an effort to draft a UC Medical Center systemwide Memorandum of Understanding (MOU) for mutual aid. UCLAHS provided Leadership in the Los Angeles County Emergency Medical Services – Disaster Resource Center steering group, and the Westside Umbrella Regional Consortium of Hospitals, Clinics, and Emergency Responders, and actively participated in the Los Angeles County Disaster Resources Center and Trauma Surge Planning Committees. Staff taught in the Los Angeles County Emergency Medical Services Authority Hospital Disaster Management training program. UCLAHS continued to actively revise its Emergency Operations Plan, and provided outreach education to faculty and staff on home preparedness via a year-long Personal Preparedness initiative. This same best practice was presented at the California Hospital Association’s Disaster Planning conference.

In addition, UCLAHS continued evacuation planning and training at both campuses, departmental level outreach/education and planning, and National Incident Management System/Hospital Incident Command System (NIMS/HICS) training offerings. UCLAHS participated in exercise design and evaluation consultation for local hospitals, including chairing the Los Angeles County 2010 Health and Medical Exercise Design Team. Internally, UCLAHS completed and rolled out a new ‘Code Triage’ External Activation process/procedure and updated the Hazard Vulnerability Analysis involving community partners and strategic internal stakeholders. The Health System rolled out the *Command Aware* incident management software and developed an internal stakeholder customer service survey on effectiveness of the Emergency Preparedness Office. UCLAHS purchased new disaster kits for Santa Monica Campus and hosted a Business Impact Analysis conducted by insurer FM Global.

Actual events in the last year included response to the H1N1 pandemic influenza; deployment of a UCLA Health System medical team to Haiti; a water system failure and related turbidity issue at Ronald

Reagan UCLA Medical Center; support for the Intelligence/Information Center established for the Los Angeles Marathon; preparation and support for California Nurses Association strike (court enjoined) and animal rights protest/Regents meetings; security events involving celebrity admissions; and multiple dignitary protective standbys involving various outside agencies.

Emergency/disaster exercises included multiple decontamination and traumatic surge exercises at both facilities, the *Great Shakeout* statewide earthquake exercise, simulated power outage at the Santa Monica facility, and multiple surge structure deployments.

Goals for the coming year include continued participation in the federal Hospital Preparedness (HPP) grant program; full rollout of the *UC Ready* program for business continuity planning; further rollout of Hospital Incident Command System (HICS) training; continued educational outreach for departmental and systemwide emergency management preparedness; and development of a new process for 'Code Triage' internal activations. UCLAHS also hopes to complete revision of departmental disaster and emergency response plans for Santa Monica Campus and outpatient clinic areas and prepare for the transition into the Santa Monica replacement hospital as well as continued revision of the Emergency Operations Plan.

Merced

In January 2010, Merced initiated a 'Level 1' activation of our Emergency Operations Center (EOC) when the campus experienced very high wind conditions. EOC members collectively assessed the situation and quickly authored an emergency message that was sent to the entire UCM email registry, added to select digital display screens located throughout campus, and sent via a text message using *UCMAAlert* (mass notification system). During the following 24-hour period, updated messages were sent to the campus community as conditions changed. One of the classroom buildings sustained minor wind damage, but there were no injuries and no operational interruption.

Prior to our students arriving in August, campus Police and Housing staff collaborated with our local CalFire station to conduct a series of fire evacuation drills. These exercises included activating a unified Incident Command and utilizing portions of *UCMAAlert*.

In November, equipment was purchased and installed to facilitate relocating and establishing UCM's temporary Emergency Operations Center (EOC). The additional equipment will allow existing conference rooms to act as EOC areas to further maximize existing limited space. Additionally, a "virtual" call center was established to minimize the need for additional staffing. In May, UCM applied for a Department of Education Emergency Management for Higher Education Grant. The proposal included strategies to develop and implement a safety coordinator program and update the campus' Hazard Vulnerability Assessment. Although UCM was not granted an award, we received positive feedback regarding our proposal and will re-submit again next year.

UCM submitted an application to the Federal Bureau of Investigation (FBI) to establish the UC Merced Special Interest Group (SIG) and Virtual Command Center (VCC) website. This system is used to document actions taken during an emergency incident in a manner that can be communicated systemwide, on-campus and with other entities. Dignitary visits by former President Jimmy Carter and

Karl Rove both necessitated developing incident operations plans and establishing an Incident Command System (ICS) structure to manage these events.

Merced continues to make progress, yet still has challenges to overcome and significant improvements to make including hazard mitigation, recovery, and continuity of operations plans. Although UCM campus leadership supports mitigation, preparedness, response, and recovery, the Emergency Management program remains limited by a shortage of personnel and funding resources. Goals for next year include updating Hazard Vulnerability Assessment and mitigation plans; implementing a long-awaited safety coordinator program; and continuity of operations planning.

Riverside

UCR Emergency Management responded to several emergency issues this year, including damaging storms in January and December, and a utility line failure resulting in flooding of Hinderaker Hall and the Arts Building in June 2010. Emergency Management also planned and deployed for six major campus events, with some events involving as many as 14,000 attendees. Training and event planning continue to draw significant time and attention.

Campuswide business continuity planning efforts were initiated in April 2010 to develop plans for 165 identified departments. Business Continuity and Emergency Management have conducted 107 meetings in order to successfully meet the UCOP target of 10% plan completion by December 2010 and remain on pace to meet the next target level. As more Department Emergency Operations and Business Continuity Plans are developed this year, more specific response and recovery procedures will be developed and implemented.

Hazard Vulnerability Assessment of core campus utilities infrastructure initiated in September 08. A number of potential mitigation projects are awaiting prioritization, approval, and funding. The UCR Hazard Mitigation Plan will be developed after reviewing the new County Hazard Mitigation Plan.

Strong relationships have been developed and maintained with municipal emergency response partners within the city and county of Riverside. Training, funding, and operational interoperability opportunities are just some of the tangible results of these efforts. Existing mutual aid primarily exist for law enforcement services based upon historical practice. Agreements with other service groups such as the Red Cross are under consideration.

The Emergency Communications Workgroup, chaired by Emergency Management, continues to refine emergency notification and communication policies and procedures. We have given particular focus to emergency communications during several incidents on campus this year, increasing our familiarity and proficiency with our emergency notification system tools. Upgrading of EOC information management systems will be sought next year, as the existing computer system is obsolete and the existing incident management software has proven cumbersome for casual users to work with and expensive to maintain.

Goals for the coming year include completing identified Emergency Operations Center (EOC) staffing and training to the depth of four members in each command and general staff position; increasing the level of department and inter-department response and recovery training; development of a campus

Community Emergency Response Team (CERT) to assist in disaster response and emergency incident and planned event support; developing an employee staffed and supported amateur radio team to increase emergency communication capabilities in disasters; and fully completing both Building Emergency Plans and Department Emergency Plans.

San Diego

During the last year, UCSD experienced the largest budget reduction in recent history. Like most non-research funded functions, our Division was directly impacted by this crisis, resulting in a reduction in funding and corresponding challenge to the level and degree to which we could maintain our services to the campus community. Although funding was reduced, we were also charged to co-lead a new campuswide program for assessing and managing behavioral threats from students, staff and faculty, as well as assuming the lead responsibility for campuswide continuity of operations planning.

In this operating environment, and with direct support from the Vice Chancellor of Business Affairs, our department was positioned to continue to support key campus programs, including providing annual training to our Campus Emergency Response Team (CERT), developing and conducting continuity planning training sessions, conducting twenty (20) behavioral threat evaluations, publishing an updated version of the campus Emergency Operations Plan to address the new NFPA 1600 Standard Emergency Management benchmarks and, the capstone event of the year, the conduct of a campuswide earthquake-based full-scale emergency exercise.

In light of expanded self-assessment benchmark guidelines for conformity with NFPA 1600 guidelines, there are several program elements which require renewed focus in the next year. Foremost among these is the need for the campus to develop a Crisis Management Plan which addresses issues that threaten the strategic, reputational and intangible elements of the campus. The value of crisis management and planning for novel events became clear during the recent protests on campus. Focus will also be placed on assisting a higher number of campus departments in completing *UC Ready* continuity plans, developing an inventory of internal and external emergency resources, and conducting a business interruption study.

San Diego Medical Center

The UCSDMC Emergency Preparedness & Response program (EP&R) met and exceeded performance standards for FY09-10. Fourteen (14) training programs were completed, instructing staff in *CommandAware*, a web-based tool for documentation of Hospital Incident Command System (HICS) activations, and over one hundred (100) personnel were trained in 800 MHz and 400 MHz radio use. Both of these programs augmented skills tested in thirteen (13) HICS activations during the year. Of the thirteen activations, six were real incidents, including the response to the 2010 Baja earthquake on Easter Sunday.

Plans were developed for the management of resources and air transportation to support hospital evacuation. Approximately 300 persons were instructed in their specific assigned roles in the Hospital Incident Command System (HICS), providing layers of redundancy. EP&R conducted over forty-two (42) trainings and achieved growth in developing shelter-in-place criteria and staff understanding of the topic. Significant work was done in developing plans and practice for management of radiation

incident contamination. Approximately 700 personnel participated in the May 2010 *Golden Guardian* exercise, a dirty bomb scenario that generated trauma, burn and radiation contaminated “victims.” This multi-agency exercise included both the Campus and Medical Center radiation teams and Medical Center Decontamination Team.

Following the October 2009 evacuation exercise, significant programmatic developments in evacuation procedures were undertaken including a complete revision of evacuation tags and methodology. Critical care evacuation procedures and evacuation device changes were a direct result of the exercise and improvement opportunities. In March 2010, the Medical Center conducted a communication drill with the San Diego Airport to practice responding to an aviation accident. The resultant standard operating procedures have been subsequently shared with local hospitals in San Diego County and recognized as a “best practice” at the California Hospital Association annual conference.

UCSD Medical Center has continued to maintain compliance with the National Incident Management System (NIMS) objectives for healthcare. We have fulfilled all of the statements of work for the Hospital Preparedness Program (HPP) grant funding. Physician training included development of a training video regarding physician roles in disasters. The video is available for viewing on multiple sites and posted on EP&R webpages that have been expanded to include the After Action Reports, Hazard Vulnerability Analysis, catastrophic surge plans, and other resources. Strides have been made in employee understanding of shelter-in-place concepts, but this area still needs continued education. The Medical Center also identified the need for focused training on active shooter response, and operational plans, training elements, and related exercises are under development.

Program areas needing improvement include more off-site storage and the mapping of resource supply locations. Supply and equipment inventory is very labor intensive. Staff also needs consistent training on inter-agency communication tools such as *WebEOC*. Business continuity opportunities at the departmental level are currently limited and would benefit from expansion. The fundamental needs to support improvement include staff augmentation as additional new areas are opened including the new Sulpizio Cardiovascular Center and continued focus on business continuity planning. Goals for the coming year include the educational elements of the active shooter response and finalizing agreements for aviation support for evacuation. Gap analyses for at-risk populations and pediatric surge are also planned.

San Francisco

Over the last year, UCSF activated a virtual Emergency Operations Center (EOC) for the Disaster Assistance Team response to the January 2010 Haiti Earthquake, and partially activated its EOC for a power failure in March 2010. UCSF approved funds for relocation of its primary EOC to a newly constructed building that meets ‘essential service’ building seismic standards with relocation to be completed during FY11.

UCSF revised and significantly expanded its Emergency Operations Plan (EOP), including a Power Failure Annex, Recovery Annex, and Hazard Vulnerability Assessment (HVA) Appendix. EOP appendices and annexes currently under development include a Travel Emergencies Annex, Volunteer Management Annex, Crisis Communications Annex, Recovery Annex, Mass Fatalities Annex, Emergency Action Plan Annex, and Resource Appendix.

UCSF has trained 1,160 Emergency Action Plan Emergency Coordinators and Floor Wardens; 143 Campus Emergency Response Team (CERT) members; twenty-five Emergency Communications Team members; nine Disaster Mental Health team members; and two Care & Shelter team members. A 800-MHz Emergency Response Team talkgroup was created on the shared UCSF-County radio system enabling campus volunteer teams to communicate across all UCSF campuses to the EOC.

UCSF issued a Request For Information (RFI) for electronic display boards to augment its mass notification system (*WarnMe*) with a goal is to have a contract awarded in early 2011. UCSF Police obtained the numbers for all campus-funded cell phones and entered them into *WarnMe*. UCSF created Emergency Action Plan Floor Warden groups for each building to enhance communication during building evacuations, and created notification groups for each volunteer or campus emergency response team.

At the end of FY10, the campus funded UCSF Police purchase of a three day supply of potable water for care and shelter during disasters. Campus Procurements/Business Contracts and Materiel Services are working on a distribution and storage plan with the campus bottled water vendor. During FY10, a Request for Proposal (RFP) for discounted disaster supplies for personal and departmental purchases was completed and a vendor selected. A contract will be awarded that may be utilized by any other UC systemwide institution.

UCSF was presented with the *UC Ready Excellence in Mission Continuity Award* by UCOP. As of June 2010, UCSF identified 444 department or units with time-sensitive essential functions that may require a continuity plan to be developed. Approximately 60 continuity plans have been completed (14%), and an additional 27 plans are in progress (20%). UCSF received a \$50,000 *Be Smart About Safety* grant from UCOP in November 2009 to develop an online departmental Emergency Action Plan (EAP). The beta version should be ready for campus stakeholder review by March 2011. The EAP average campuswide compliance rate for FY10 was 90% (491 plans).

Exercises conducted over the last year included a Select Agent Lab tabletop; *Great Shakeout* earthquake functional exercise; Mass Fatality tabletop exercise with the Medical Center; and *Golden Guardian* weapons of mass destruction functional exercise. UCSF also conducted sixty-two (62) business continuity planning tabletop exercises. UCSF increased its Emergency Operations Center staff National Incident Management System (NIMS) training compliance from 8% to 42%. UCSF also conducted basic, refresher, and advanced Floor Warden, Emergency Communication Team, First Aid/CPR/AED, Campus Emergency Response Team, Student Preparedness, and Emergency Operations Center Incident Management Team trainings, as well as emergency preparedness town halls during the year.

San Francisco Medical Center

A myriad of accomplishments and developments in emergency management occurred over the past year at UCSF Medical Center.

The Hospital Incident Command System (HICS) was activated four times. The first activation was for the H1N1 influenza pandemic (October 2009 through January 2010). This coordinated response

assisted in establishing revised policies and procedures for visitors, and personal protective equipment re-donning and refit testing. The second activation of HICS and the Hospital Command Center (HCC) occurred in June 2010 in response to the possible California Nurses Association strike. This response produced an online attendance log that detailed in real-time the number of staff on each nursing floor and any attendance issues that needed to be resolved. Overall technological advancements in the HCC enabled real-time information to be processed and distributed. HICS was partially activated in July 2010 to develop contingency plans for the verdict of former BART Officer Mehserle in coordination with the City & County of San Francisco's activated Emergency Operations Center (EOC). Planning for the worst-case scenario included establishing the decontamination area, opening the HCC, and increasing security. Fortunately as events unfolded, there was no need to escalate or further activate HICS or the HCC. Finally the latest HICS and HCC activation occurred in August 2010 in response to two consecutive power outages at our Mt. Zion location. The first was caused by a PG&E 26-hour outage, and the second caused by a contractor accident (one hour outage). Incident Action Plans were developed for rescheduling patients for surgeries, and for increased communications with affected areas and external entities.

HICS activations increased the levels of experience for HICS staff as well as overall awareness at UCSFMC. Consequently, the many lessons learned resulted in new approaches and initiatives pertaining to emergency management including developing new training and educational enhancements. In addition to HICS activations, two functional drills were conducted in coordination with the City & County of San Francisco to fully test our emergency management capabilities. The first was *Golden Guardian* (May 2010) that tested pediatric patient influx; Emergency Operations Center; HCC and HICS activation; and response to suspicious packages. The second exercise was the Statewide Medical and Health Exercise that tested activation and operation of the HCC; access controls; evacuation; blood bank supply; and notification and assessment of staff and patients within Home Health Care.

Additionally, UCSFMC continued its participation in the annual statewide *ShakeOut* drill by providing campuswide information about personal and earthquake preparedness, reviewing Department Emergency Action Plans, and disseminating a survey on emergency management topics in order to better address and prioritize issues. These exercises and activities strengthened the Medical Center's emergency management functions in conjunction with After Action Reports and continuing lessons learned. Training has also been an integral component of increasing staff's knowledge base. In the upcoming year, HICS training will be developed for senior management along with general campuswide emergency preparedness and awareness training.

In order to maintain relationships and communications with our external partners, UCSFMC Emergency Management continues its community partnership with other Bay Area hospitals and the City & County of San Francisco through the Hospital Council Emergency Preparedness Partnership. Additionally, the UCSF Campus has continued to participate in the Medical Center's Emergency Management Committee meetings and we meet monthly to discuss mutual enterprise-wide issues. We also mutually share best practices, develop policies, resolve any emergency management issues, and assist each other when requested.

In order to prepare staff on general workplace preparedness, a new Emergency Conditions and Basic Staff Response ('Rainbow Chart') was rolled out with an enhanced overall design and presentation of

information, graphics, protective plastic cover and individual sectional charts, and hanging file for ease of displaying on a visible wall space. Also, new guidance on emergency supplies including inventory, maintenance, and reordering of these items, and department 'Go-Bags' have been implemented.

As a result of HICS activations, training, and coordination with our external partners, goals developed for the upcoming year include developing a more robust personal preparedness campaign directed toward Medical Center staff; re-launching of the First Receiver Program; and further developing and implementing the role of physicians in emergency management.

Santa Barbara

UCSB campus leadership continues to demonstrate their commitment to the Emergency Management program by providing direction and resources, and by their active participation in emergency planning meetings and exercises. This year we built stronger relationships with local government and relief agencies, and expanded our emergency management outreach to Isla Vista business leaders and residents. Continuity planning was added to the Emergency Planning Group's oversight responsibility, and *UC Ready* plans were developed for the most critical campus departments.

This year's emergency management activities focused on issues such as the Emergency Operations Center planning cycle and roles; campus evacuation procedures; emergency communication systems; shelter operations; and critical incident stress management. UCSB conducted emergency exercises on flood, tsunami, fire, hazardous materials, and active shooter scenarios. In June 2010, UCSB received Orfalea *Aware and Prepare* funds which are being used for a UCSB/Isla Vista Community Emergency Response Team (CERT) program, shelter supplies, and equipment for an emergency communication zone program. During the beginning of the 2009 academic year, H1N1 pandemic influenza planning efforts centered on educational flyers, student flu-kits, and extensive outreach to students on prevention and response steps.

UCSB accomplished many things in the last year. The campus installed the first of several 'Notifier' outdoor emergency broadcast speakers to be located across campus. UCSB's 'Tsunami Ready' status was renewed with the federal National Oceanic & Atmospheric Administration (NOAA). Further enhancements were made to the emergency.ucsb.edu website, including adding the *Shots Fired* active shooter preparedness video. Emergency response flipcharts were printed in Spanish and distributed campuswide. UCSB also implemented an Emergency Assistance Program to improve awareness, communication, and coordination for evacuating people who are unable to easily leave a building via stairs in an emergency.

Santa Cruz

Following the hiring of the campus Business Continuity Planner in late FY08-09, significant work was done rolling out the *UC Ready* program to campus units. The Continuity Planner developed a series of campuswide educational classes to introduce the program and met with numerous campus units and divisions. As a result, fifty-three (53) campus units started *UC Ready* plans, with seven of these plans being completed during the first year.

During the Fall 2009 and Winter 2010 quarters, UCSC instituted an aggressive preparedness and response program for the H1N1 influenza pandemic. Educational materials were prepared and distributed during student move-in and at other times during the quarter. Student Health Services, Housing Services, and the Fire Department implemented specific protocols for responding to student flu-like illnesses, which included development of a modified assessment and alternative disposition protocol in conjunction with County Emergency Medical Services. Student Health Services and staff Human Resources also developed flu case reporting systems and weekly flu statistics were posted online. During the course of the six-month surveillance period, a total of 837 flu-like illnesses were reported. Student Health Services also immunized over 2,300 students with available H1N1 vaccines.

In August 2009, the 'Lockheed' fire occurred in the mountains northwest of campus, eventually burning over 7,800 acres. A UCSC fire engine was dispatched to the incident shortly after it started as part of local mutual aid resources and was assigned to the incident for several days. While the fire did not directly threaten the campus, heavy smoke conditions affected UCSC on at least two days. Fire Department staff monitored the situation and provided frequent updates to campus administration. Emergency Management and Public Affairs also provided updates to the campus community via websites and other communications. In addition, the Continuity Planner coordinated campus housing for 265 firefighters assigned to the incident over a period of five nights.

Three campus incidents involving significant business continuity issues occurred: the Kerr Hall occupation in November 2009, the March 4 "Day of Action" statewide student protest, and the McHenry Library Fire in April 2010. The three-day Kerr Hall occupation resulted in significant damage to the building contents and furnishings, infrastructure, and workstations. The Continuity Planner worked closely with Information Technology Services, Physical Plant, and building staff to recover from this incident, including the implementation of alternate worksites during the occupation and recovery periods. The March protest caused the complete blockage of both campus entrances all day, preventing many students, faculty and staff from reaching campus. Essential services were significantly curtailed as a result, but were restored following the end of the protest. The McHenry Library fire resulted in significant smoke damage to the new wing, requiring the cleaning of all public areas, ventilation systems, and approximately 700,000 books. The Continuity Planner again worked with Library staff to help coordinate the recovery operations.

The campus had full or partial Emergency Operations Center (EOC)/Policy Group activations for the following five incidents: the Kerr Hall occupation; the statewide student protest; the annual '420' event in April 2010; the Amgen Tour of California bicycle race (that passed campus); and planned protests in May 2010. In addition, the EOC was placed on standby for three potential incidents including a planned strike by UPTe employees in September 2009; a severe storm forecast in October 2009; and a campus visit by UC Provost Pitts coinciding with a career fair and planned protest in January 2010. Several other protests and building occupations were monitored by Emergency Management staff but did not require EOC activations.

Office of the President (UCOP)

UCOP Risk Services (OPRS) continued to provide strategic guidance, leadership, oversight, technical assistance/information, and systemwide coordination of personnel and resources in support of the

University's emergency management programs. OPRS also staffs and leads the crisis/emergency management function within UCOP.

Beginning with the H1N1 pandemic influenza outbreak in April 2009 and continuing throughout the entire year, OPRS led and coordinated systemwide pandemic planning, surveillance, and response. OPRS developed and distributed weekly systemwide situation status reports based on input from all UC Campus/Medical Center locations as well as federal Centers for Disease Control (CDC)/California Department of Public Health (CDPH) and American College Health Association info/data. OPRS and Health Sciences & Services formed a Pandemic Advisory Group to guide the University's overall response and advise UCOP senior management. OPRS participated in weekly H1N1 status conference calls with CDPH and evaluated and disseminated constantly evolving guidance from CDC, CDPH, and Cal-OSHA. Due to chronic shortages of H1N1 vaccine, OPRS developed and disseminated periodic systemwide H1N1/seasonal flu vaccination program and supply status reports that included a CDPH statewide vaccine overview. OPRS also coordinated with Health Sciences & Services to procure and distribute pandemic-related supplies to all systemwide locations.

Student/staff protest activity significantly escalated this year at all campus locations, including UCOP and at Regents meetings, in response to budget cuts and fee increases. OPRS monitored the systemwide situation status in coordination with campus emergency management and law enforcement personnel and provided updates to UCOP senior management and Strategic Communications staff, and coordinated with Building Services on UCOP security plans and preparations. In FY09-10, OPRS also responded to 25 threat and security incidents primarily related to domestic terrorism threats and actions directed against our faculty, staff, residences, and campus facilities. These incidents required varying degrees of response including security assessments and enhancements to executive protection. The number of incidents decreased 80% (from 128 reported in FY08-09).

OPRS provides emergency medical services, and medical and/or security evacuation services for employees and students travelling on University business. UC personnel are provided a toll-free number with 24/7 access which responds to their emergencies while traveling. During the last fiscal year, the program responded to approximately 345 service calls for medical and/or security assistance. Assistance included medical evacuations from multiple African countries, Brazil, India, and the Norfolk Islands. In addition, faculty and/or students were extracted for security reasons from Honduras, Haiti, Chile, and Morocco.

OPRS led the Enterprise Risk Management Advisory Panel and the Emergency Planning & Business Continuity Advisory Panel, formed to oversee the *UC Ready* program, a progressive and pro-active systemwide approach to prevent, mitigate, prepare for, respond to, and recover from any adverse event or disruption through the development of departmental-level continuity plans using an award-winning online software planning tool developed by UC Berkeley. OPRS funded campus continuity planner positions to implement the *UC Ready* program at every campus, and provided strategic direction and guidance to senior management regarding program implementation. Internally, OPRS initiated the UC Payroll Processing System (PPS) disaster recovery/continuity planning project in coordination with UCOP Financial Management, Treasurers Office, and IR&C personnel.

Over the past year, UCOP totally revamped its internal approach to emergency management, replacing its ICS-based Emergency Operations Plan with a new crisis management-based Management Response Plan. Working very closely with outside consultants, OPRS developed new protocols and procedures and began training staff designated to serve on the newly created Management Response Team and Response Support Team. Planning also began for UCOP's first disaster tabletop exercise that was held in Fall 2010. OPRS maintained emergency contact information for UCOP senior executives and managed the federal Government Emergency Telecommunications Service priority calling program for UCOP. UCOP also participated in the *ShakeOut* statewide earthquake response drill for the first time.

Using OPRS *Be Smart About Safety* funds, the UCOP Automated External Defibrillator (AED) program was further expanded with additional AED and portable oxygen units installed at all major UCOP facilities, and the staff volunteer training program was maintained and expanded so now over one hundred (100+) persons are currently trained and certified in CPR/AED at all major UCOP office locations. For the first time, staff training was expanded to include certified First Aid classes offered with priority given to AED/CPR trained staff and floor wardens.

OPRS continues to act as the University's systemwide liaison to Cal-EMA Statewide Emergency Planning Committee (SWEPC), State Hazard Mitigation Plan Committee, and Standardized Emergency Management System (SEMS) Technical Advisory Group. OPRS also participated in the FBI's Bay Area Terrorism Working Group (BATWING).

Goals for the coming year include rollout and implementation of the mobile satellite systemwide radio system; issuing a systemwide Request for Proposals for mass notification system services; increasing UCOP implementation of the *UC Ready* continuity planning program; and developing more robust UCOP crisis management and Emergency Operations Center capabilities.

Agriculture & Natural Resources (ANR)

ANR has two major types of facilities that are managed differently for emergency planning and response purposes. Cooperative Extension (CE) offices are located in County-owned and operated facilities, so each County is responsible for emergency planning and response in these facilities although ANR serves as a resource for the UC staff. A building evacuation plan template has been developed and distributed for use by the CE offices. Research & Extension Centers (REC) are University-owned and operated facilities ranging in size from 100 to 5000+ acres located in nine relatively remote rural locations across the state, with staff/faculty ranging from five to over one hundred (100) employees at each of the nine RECs. Each REC has an Emergency Preparedness, Emergency Response, and Operational Recovery Plan specific to the research activity, potential hazards, and personnel at the facility. In accordance with these plans, an Incident Command System structure is established and roles defined to manage small to moderate emergencies that can be handled by the REC staff. For larger scale emergency situations, local public safety agencies assume incident command and REC staff play a support role to provide site and project-specific information.

The primary program areas for the ANR RECs that have been rated as "partially conforming" to the NFPA 1600 Standard are related to budgeting or financial procedures specific to emergencies and public awareness. While there are not specific procedures for emergencies, ANR maintains a centrally administered external communications unit and has established a communication protocol for serious

incidents. Similarly, for financial and administrative support, standard procedures exist in the organization to address any financial or budgetary needs resulting from an emergency situation. At present, these procedures seem appropriate for the nature of operations and anticipated emergency conditions at the RECs, and there are no plans to develop additional emergency-specific procedures at this time.

The ANR Environment, Health & Safety (EH&S) Department has developed an Emergency Management program area on its website to share information with REC and CE locations. Also, ANR EH&S is currently in the process of revising and refining the Emergency Preparedness, Response and Recovery plans at each REC that will reflect staffing changes and other administrative changes that have taken place over the past year. Plan revisions will integrate all three plans into a single plan for each facility, and will use an 'all-hazards' approach to identifying response measures for various potential incidents. Concurrently, ANR has implemented the *UC Ready* program for ensuring continuity of research, teaching, and public service missions following any major disaster or extraordinary disruption.

In the coming year, EH&S has identified the following goals for the ANR Emergency Management program: establish an emergency management advisory committee among the RECs; incorporate elements of emergency management to the checklist used for our annual assessment of EH&S programs; arrange Standardized Emergency Management System/Incident Command System/National Incident Management System training for key personnel at the RECs; create and refine a standardized schedule and parameters to test and evaluate the effectiveness of emergency plans at RECs and CE offices; and continue to work with the CE locations on maintaining best management practices to ensure they coordinate emergency plans and procedures with their local County authorities.

UCOP Risk Services 1/11

Appendix I. Self-Assessment Benchmarking Guide for Conformity with *NFPA 1600*, (2010)

<i>NFPA 1600</i> Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>PROGRAM MANAGEMENT.</p> <p>4.1* Leadership and Commitment</p> <p>4.1.1 Campus leadership shall demonstrate commitment to the program to prevent, mitigate the consequences of, prepare for, respond to, maintain continuity during, and recover from incidents.</p> <p>4.1.2 Leadership commitment shall include the following:</p> <p>(1) Policies, plans, and procedures to develop, implement and maintain the program</p> <p>(2) Resources to support the program</p> <p>(3) Reviews and evaluations to ensure program effectiveness</p> <p>(4) Correction of deficiencies</p> <p>4.1.3 Campus shall adhere to policies, execute plans, and follow procedures developed to support the program.</p>	Includes resources to adequately support program and corrective actions pursuant to Section 8.2	<p>Policies, plans, and procedures are in place per 4.1.2(1).</p> <p>Reviews, evaluations, and many corrective actions are in place per 4.1.2(3)(4).</p> <p>Resources are available to maintain and support many program elements, but not all per 4.1.2(2).</p>	<p>Policies, plans, and procedures are in place per 4.1.2(1).</p> <p>Reviews and evaluations in place, but corrective actions are limited per 4.1.2(3)(4).</p> <p>Resources very limited; maintain and support only a basic program per 4.1.2(2).</p>
<p>4.3* Program Committee</p> <p>4.3.1* A program committee shall be established by the campus in accordance with its policy.</p> <p>4.3.2 The program committee shall provide input for, and or assist in, the coordination of the preparation, development, implementation, evaluation, and maintenance of the program.</p>	Committee actively provides input and/or assistance with program	An EM program administrative advisory committee exists but does not actively provide input, guidance, and/or assistance (particularly for program priorities and resources).	<p>Some other type of program advisory mechanism exists or a multi-purpose committee.</p> <p>No dedicated EM program administrative advisory committee.</p>
4.4 (1) Executive policy including vision, mission statement, roles and responsibilities, and enabling authority.	Also includes vision and mission	Policy sets forth roles and responsibilities <i>and</i> enabling authority.	Policy sets forth roles and responsibilities only.
4.4 (2)* Program scope, goals and objectives consistent with campus policy and considers financial constraints/management support.	Considers financial constraints	Program goals and objectives, <i>and</i> scope.	Program goals and objectives only.
<p>4.4 (3) Program plans and procedures include costs, priorities, time schedule, and resource requirements</p> <p>4.4 (5) Program budget and schedule, including milestones.</p>	Includes budget and schedule per 4.4(5)	Program budget and milestones developed but budget is ad hoc/not dedicated to EM program.	Costs, priorities, and resource requirements identified per (3). No EM program budget or schedule per 4.4(5).
<p>4.6 Performance Objectives</p> <p>4.6.1* Campus shall establish performance objectives for program requirements and program elements</p> <p>4.6.2 The performance objectives shall depend on the results of the hazard identification, risk assessment, and business impact analysis.</p> <p>4.6.3* Performance objectives shall be developed by the entity to address both short-term and long-term needs.</p> <p>4.6.4* Campus shall define the terms <i>short term</i> and <i>long term</i>.</p>	<p>Objectives also based on BIA per 4.6.2.</p> <p>Addresses both short and long-term needs per 4.6.3 and 4.6.4</p>	<p>Performance objectives exist for >50% of program elements and requirements per 4.6.1</p> <p>Objectives are based on HVA per 4.6.2.</p>	Performance objectives exist for <50% of program elements and requirements per 4.6.1.

<i>NFPA 1600 Program Elements</i>	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
4.2* PROGRAM COORDINATOR/MANAGER The program coordinator shall be appointed by the campus and authorized to develop, implement, administer, evaluate, and maintain the program.	FTE – 100% Dedicated EM	FTE with ≤20% other job responsibilities.	Partial FTE or FTE with ≥50% other job responsibilities.
4.5 COMPLIANCE WITH LAWS & REQUIREMENTS. 4.5.1* Program shall comply with SEMS/NIMS and Joint Comm. and other regulatory requirements.	Fully complies regulatory req's	>75% compliance with SEMS/NIMS (<i>and Med Ctrs</i>): >75% compliance with Joint Commission EM Chapter req's	>50% compliance SEMS/NIMS (<i>and for Medical Centers</i>): >50% compliance with Joint Commission EM Chapter req's
4.5.1 Program shall comply with UCOP/Campus policies/directives (SS&EM Policy; local campus).	Fully complies all UC req's	Complies with SS&EM Policy. >75% compliance with local policies and directives	Complies with SS&EM Policy. >50% compliance with local policies and directives
4.7 FINANCE & ADMINISTRATION. 4.7.1 Campus shall develop financial and administrative procedures to support the program before, during, and after an incident.	Also includes <i>before</i> an incident.	Both financial <i>and</i> administrative procedures in place to support EM during and after incident.	Administrative procedures in place but <i>not</i> financial procedures.
4.7.2 There shall be a responsive financial management and administrative framework that complies with the campus program requirements and is uniquely linked to response, continuity, and recovery operations. 4.7.4 The framework shall provide for maximum flexibility to expeditiously request, receive, manage, and apply funds in a non-emergency environment and in emergency situations to ensure the timely delivery of assistance.	Framework uniquely linked EM per 4.7.2 <i>and</i> Framework funds both situations per 4.7.4	Framework in place but not uniquely linked to EM operations per 4.7.2 <i>and</i> Funding framework in place for both emergency situations and non-emergency conditions per 4.7.4	Framework in place but not uniquely linked to EM operations per 4.7.2 <i>or</i> Funding framework does not apply to emergency situations per 4.7.4.
4.7.3 There shall be crisis management procedures to provide coordinated situation-specific authorization levels and appropriate control measures.	All financial controls in place.	General authorization levels and <i>some</i> financial controls in place.	General authorization levels in place but <i>no</i> financial controls.
4.7.6 The program shall be capable of capturing financial data for future cost recovery, as well as identifying and accessing alternative funding sources and managing budgeted and specially appropriated funds.	Also captures cost recovery data.	Capable managing budgeted and specially appropriated funds, <i>and</i> accessing alternative funding sources.	Capable managing budgeted and specially appropriated funds.
4.7.7 Procedures shall be created and maintained for expediting fiscal decisions in accordance with established authorization levels, accounting principles and other fiscal policy. 4.7.8* The procedures specified above shall include the following: (1) Establishment and definition of responsibilities for the program finance authority, including its reporting relationships to the program coordinator (2) Program procurement procedures (3) Payroll (4)* Accounting systems to track and document costs (5) Management of funding from external sources	All (5/5) procedures listed in 4.7.8 are in place. All procedures comply with applicable financial controls.	Adequate procedures in place for expediting fiscal decision in accordance with policy and procedure per 4.7.7 <i>and</i> At least 3/5 of procedures listed in 4.7.8 are in place.	Limited procedures in place for expediting fiscal decisions in accordance with policy/procedure per 4.7.7 <i>and</i> At least 2/5 of procedures listed in 4.7.8 are in place.

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>4.8* Records Management</p> <p>4.8.1 Campus shall develop a records management program.</p> <p>4.8.2 Policies shall be created, approved, and enforced to address the following:</p> <p>(1) Records classification</p> <p>(2) Maintenance of confidentiality</p> <p>(3) Maintenance of integrity incorporating audit trail</p> <p>(4) Record retention</p> <p>(5) Record storage</p> <p>(6) Record archiving</p> <p>(7) Record destruction</p> <p>(8) Access control</p> <p>(9) Document control</p> <p>4.8.3 Campus shall apply the program to existing and newly created records.</p> <p>4.8.4 Campus shall develop and enforce procedures coordinating the access and circulation of records within and outside of the organization.</p> <p>4.8.5 Campus shall execute the records management program.</p>	<p>Policies are in place to address all (9/9) areas listed under 4.8.2</p> <p>Records access and circulation procedures enforced per 4.8.4.</p>	<p>Policies are in place to address at least 6/9 areas listed under 4.8.2</p>	<p>Policies are in place to address at least 3/9 areas listed under 4.8.2</p>
<p>PLANNING PROCESS & PLANS.</p> <p>5.1.1* The program shall follow a planning process that develops strategic, crisis management, prevention/mitigation, emergency operations or response, continuity, and recovery plans.</p> <p>5.2.9* Campus shall make sections of the plans available to those assigned specific tasks and responsibilities therein and to key stakeholders as required.</p>	<p>All six plans are in place including Strategic, Continuity, and Recovery Plans.</p>	<p>Following plans are in place: Emergency Operations Plan Prevention/Mitigation Plan Crisis Management Plan</p>	<p>Emergency Operations Plan and Prevention/Mitigation Plans are in place per 5.1.1.</p>
<p>5.2 Common Plan Requirements.</p> <p>5.2.1* Plans shall identify the functional roles and responsibilities of internal and external agencies, organizations, departments, and positions.</p> <p>5.2.2 Plans shall identify lines of authority.</p> <p>5.2.3 Plans shall identify lines of succession for the entity.</p> <p>5.2.4 Plans shall identify interfaces to external organizations.</p> <p>5.2.5 Plans shall identify the process for delegation of authority.</p> <p>5.2.6 Plans shall identify logistics support and resource requirements.</p> <p>5.2.7* Plans shall address the health and safety of personnel.</p>	<p>All (7/7) Plan req's listed in 5.2 are in place</p>	<p>At least 5/7 of Plan requirements listed in 5.2 are in place.</p>	<p>At least 3/7 of Plan requirements listed in 5.2 are in place.</p>
<p>5.3.1* The program scope, planning, and design shall be determined through an "all-hazards" approach, and the risk assessment.</p>	<p>Includes program design.</p>	<p>Program planning <i>and</i> scope based on <i>both</i> "all hazards" approach and HVA.</p>	<p>Program planning based on "all hazards" approach.</p>
<p>5.1.2 Strategic planning shall define the vision, mission, and goals.</p>	<p>Includes vision.</p>	<p>Strategic planning defines program goals <i>and</i> mission.</p>	<p>Strategic planning defines program goals</p>

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
5.1.3 Crisis management planning shall address issues that threaten the strategic, reputational, and intangible elements of the entity.	Addresses <i>all</i> three elements.	Crisis management planning addresses <i>two</i> issues or elements listed.	Crisis management planning addresses <i>one</i> issue or element listed.
5.4* RISK ASSESSMENT (HVA). 5.4.1* Campus shall conduct a risk assessment in accordance with Section 5.4 to identify strategies for prevention and mitigation and to gather information to develop plans for response, continuity, and recovery. 5.4.2* Campus shall identify hazards and monitor those hazards and the likelihood of their occurrence.	Complies fully with 5.4.1 and 5.4.2	Campus has conducted a full risk assessment (HVA) per 5.4.1. Campus monitors all hazards per 5.4.2.	Campus has identified hazards and likelihood of occurrence per 5.4.2.
5.4.2.2 The vulnerability of people, property, the environment, and the campus shall be identified, evaluated, and monitored.	Also includes monitoring.	Vulnerabilities have been identified <i>and</i> evaluated.	Vulnerabilities have been identified.
5.4.2.1* Hazards to be evaluated shall include the following: (1) Natural hazards (geological, meteorological, and biological) (2) Human-caused events (accidental and intentional) (3) Technologically caused events (accidental and intentional)	Human-caused events also evaluated per (2).	Natural hazards <i>and</i> technologically-caused events have been evaluated per (1) and (3).	Only natural hazards have been evaluated per (1).
5.4.3* Campus shall conduct an Impact Analysis (aka Business Interruption Study; see Annex A.5.4.3) of the identified hazards (HVA) on the following: (1) Health and safety of persons in the affected area at the time of the incident (injury and death) (2) Health and safety of personnel responding to the incident (3)* Continuity of operations (4)* Property, facilities, assets, and critical infrastructure (5) Delivery of campus services (6) Supply chain (7) Environment (8)* Economic and financial condition (9) Regulatory and contractual obligations (10) Reputation of or confidence in the campus	Impact Analysis has been conducted on all ten (10/10) areas listed in 5.4.3.	An Impact Analysis has been conducted on at least 7/10 areas listed in 5.4.3.	An Impact Analysis has been conducted on at least 5/10 areas listed in 5.4.3.

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>5.5* Business Impact Analysis (BIA).</p> <p>5.5.1 Campus shall conduct a business impact analysis.</p> <p>5.5.2 The BIA shall evaluate the potential impacts resulting from interruption or disruption of individual functions, processes, and applications.</p> <p>5.5.3* The BIA shall identify those functions, processes, and applications that are critical to the campus and the point in time when the impact(s) of the interruption or disruption becomes unacceptable to the campus.</p> <p>5.5.4* The BIA shall evaluate the potential loss of information and the point in time which defines the potential gap between the last backup of information and the time of the interruption or disruption.</p>	<p>BIA also includes evaluation per 5.5.4</p>	<p>Campus BIA includes items 5.5.2 and 5.5.3</p>	<p>Campus has conducted some type of Business Impact Analysis (BIA) per 5.5.1.</p>
<p>5.6 INCIDENT PREVENTION & HAZARD MITIGATION</p> <p>5.6.1* Campus shall develop a strategy to prevent an incident that threatens life, property, and the environment (see Annex A.5.6.1).</p> <p>5.6.4 Campus shall have a process to monitor the identified hazards and adjust the level of preventive measures to be commensurate with the risk.</p>	<p>Campus <i>also</i> adjusts measures pursuant to risk per 5.6.4.</p>	<p>Campus has prevention strategy per 5.6.1 <i>and</i> has a process to monitor identified hazards per 5.6.4.</p>	<p>Campus prevention strategy includes deterrence, protective systems/equipment, and/or immunization/isolation or quarantine (per A.5.6.1).</p>
<p>5.7.1* Campus shall develop and implement a mitigation strategy that includes measures to be taken to limit or control the consequences, extent, or severity of an incident that cannot be prevented.</p>	<p>Strategy <i>also</i> includes funding mechanism</p>	<p>Mitigation strategy <i>also</i> includes prioritization of projects and resources required.</p>	<p>Mitigation strategy includes explanation of hazard and vulnerabilities and cost/benefit analysis.</p>
<p>5.6.3 The prevention strategy shall be based on the results of hazard identification and risk assessment, impact analysis, program constraints, operational experience, and cost benefit analysis.</p> <p>5.7.2* The mitigation strategy shall be based on the results of hazard identification and risk assessment, impact analysis, program constraints, operational experience, and cost benefit analysis.</p>	<p>Fully complies with both 5.6.3 and 5.7.2.</p>	<p>Mitigation strategy based on criteria in 5.7.2. <i>and</i> Some type of prevention strategy also in place.</p>	<p>Mitigation strategy based on criteria in 5.7.2.</p>
<p>5.7.3* The mitigation strategy shall include interim and long-term actions to reduce vulnerabilities.</p>	<p>Long-term actions also</p>	<p>Mitigation strategy includes <i>only</i> interim actions per 5.7.3</p>	<p>Some type of mitigation strategy is in place.</p>

<p>6.1* RESOURCE MANAGEMENT.</p> <p>6.1.1* Campus shall conduct a resource management needs assessment based on the hazards identified in 5.4.2 (HVA).</p>	Tied to performance objectives per 6.1.1	Needs assessment based on all HVA hazards but <i>not</i> directly tied to performance objectives for those hazards.	Needs assessment complete but <i>not</i> based on all hazards identified in HVA.
<p>6.1.2 The resource management needs assessment shall include the following: (1)* Human resources, equipment, training, facilities, funding, expert knowledge, materials, technology, information, intelligence, and the time frames within which they will be needed (2) Quantity, response time, capability, limitations, cost, and liability connected with using the involved resources (3) Resources and any needed partnership arrangements essential to the program.</p>	Needs assessment includes <i>all</i> three items listed per 6.1.2(1)(2) and (3).	Needs assessment includes all items listed under <i>both</i> 6.1.2 (1) and (2).	Needs assessment includes all items listed under 6.1.2(1).
<p>6.1.3* Campus shall establish procedures to locate, acquire, store, distribute, maintain, test, and account for services, human resources, equipment, materials, and facilities procured or donated to support the program.</p>	All 6.1.3 including facilities.	Procedures <i>also</i> in place to manage donations per 6.1.3	Procedures in place to manage services, human resources, equipment, and materials procured per 6.1.3
<p>6.1.4* Facilities capable of supporting response, continuity, and recovery operations shall be identified.</p>	All 6.1.4 including continuity.	Facilities capable of supporting response <i>and</i> recovery identified per 6.1.4	Facilities capable of supporting response identified per 6.1.4
<p>6.1.5 Resource management shall include the following tasks: (1) Establishing processes for describing, taking inventory of, requesting, and tracking resources (2) Resource typing or categorizing resources by size, capacity, capability, and skill (3) Mobilizing and demobilizing resources in accordance with the established incident management system (4) Conducting contingency planning for resource deficiencies</p>	Also includes resource typing or categorizing per (2)	Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3). <i>and</i> Contingency planning conducted for resource deficiencies per (4).	Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3)
<p>6.1.6 A current inventory of internal and external resources shall be maintained.</p>	Both inventories current	Inventory of internal <i>and</i> external resources but <i>not</i> current.	Inventory of <i>only</i> internal resources maintained.
<p>6.1.7 Donations of human resources, equipment, material, and facilities shall be managed.</p>	All 6.1.7 including equipment and facilities	Donations of human resources <i>and</i> materials managed per 6.1.7	Donations of human resources managed per 6.1.7.
<p>6.2* MUTUAL AID/ASSISTANCE.</p> <p>6.2.1 The need for mutual aid/assistance shall be determined. 6.2.2 If mutual aid/assistance is needed, agreements shall be established.</p>	All needed agreements established	Some (but <i>not all</i>) needed written agreements have been established per 6.2.1 and 6.2.2	Need for mutual aid or assistance has been determined per 6.2.1 <i>No</i> written agreements in place per 6.2.2
<p>6.2.3* Mutual aid/assistance agreements shall be documented in the program (see Annex A.6.2.3).</p>	All (10/10) elements/provisions in place.	At least 7/10 of elements or provisions listed in A.6.2.3 are in place.	At least 5/10 of elements or provisions listed in A.6.2.3 are in place.

<p>6.3* COMMUNICATIONS & WARNING.</p> <p>6.3.1* Campus shall determine communications and warning needs, based on required capabilities to execute plans (see Annex A.6.3.1)</p>	Needs <i>also</i> based on emergency informaton program.	Needs based on HVA <i>and</i> preparedness plans and procedures per A.6.3.1.	Needs based on HVA only per A.6.3.1.
<p>6.3.2* Communications and warning systems shall be reliable, redundant, and interoperable.</p>	C&WS are <i>also</i> inter-operable.	Both warning <i>and</i> comm's systems are reliable and redundant.	Warning systems are reliable and redundant.
<p>6.3.3* Emergency communications and warning protocols and procedures shall be developed, tested, and used to alert stakeholders potentially impacted by an actual or impending incident.</p> <p>6.3.6 Campus shall establish, implement and maintain procedures to disseminate warnings.</p> <p>6.3.7 Campus shall develop procedures to advise the public, through authorized agencies, of threats to life, property, and the environment.</p> <p>6.3.8* Campus shall disseminate warning information to stakeholders potentially impacted.</p>	Protocols <i>also</i> pre-identify message content to be sent per A.6.3.3	Protocols and procedures have <i>also</i> been tested and used to send alerts/warnings per 6.3.3 and 6.3.8	Alerting and Warning protocols and procedures identify communications mechanisms (people, systems, tools, etc) to execute alerts and warnings per 6.3.3 and 6.3.6
<p>6.3.4 Advisory and warning systems shall be integrated into planning and operational use.</p>	Integrated <i>also</i> into planning.	Advisory <i>and</i> warning systems integrated into operational use.	Warning systems (only) integrated into operational use.
<p>6.3.5* Campus shall develop and maintain the following capabilities:</p> <p>(1) Communications between the levels and functions of the organization and outside entities</p> <p>(2) Documentation of communications</p> <p>(3) Communications with emergency responders</p> <p>(4) Central contact facility or communications hub</p>	All (4/4) including redundant or multiple systems capability.	At least 3/4 capabilities listed in 6.3.5 are developed and maintained.	At least 2/4 capabilities listed in 6.3.5 are developed and maintained.
<p>6.4 OPERATIONAL PROCEDURES (SOPs).</p> <p>6.4.1 Campus shall develop, coordinate, and implement operational procedures to support the program and execute its plans.</p> <p>6.4.2* Procedures shall be established and implemented for response to and recovery from the impact of hazards identified in 5.4.2 (HVA).</p>	SOPs in place for response <i>and</i> recovery from <i>all</i> hazards.	SOPs established and implemented for response to all hazards <i>and</i> recovery from <i>major</i> hazards.	SOPs established and implemented <i>only</i> for response to all hazards.
<p>6.4.3* Procedures shall provide for life safety, property conservation (minimizing damage), incident stabilization, continuity, and protection of the environment under campus jurisdiction.</p>	SOPs <i>also</i> include continuity.	SOPs in place for life safety, property conservation, <i>and</i> incident stabilization, <i>and</i> protection of environment.	SOPs in place only for life safety and property conservation.
<p>6.4.4 Procedures shall include access control; identification of [response personnel]; personnel accountability; and mobilization/demob resources.</p>	SOPs <i>also</i> include mob/dmob	SOPs in place for access control, ID of responders, and personnel accountability.	SOPs in place only for access control and ID of responders
<p>6.4.5 Procedures shall include a situation analysis that incorporates a damage assessment and a needs assessment to identify resources to support activities.</p>	SOPs include needs assessment	SOPs include situation analysis that incorporates damage assessment.	SOPs include situation analysis but <i>not</i> damage assessment.
<p>6.4.6 On activation of a Campus EOC, communications and coordination shall be established between the Incident Command System (Command Post) and the EOC.</p>	Comm's and also coord. established	Direct communications between ICP and EOC. Liaison also present in EOC.	Indirect communications between ICP and EOC (via Dispatch, Liaison, etc.)
<p>6.4.7* Procedures shall allow for concurrent activities of response, continuity, recovery, and mitigation.</p>	SOPs include continuity.	SOPs allow concurrent response, recovery, <i>and</i> mitigation activities.	SOPs allow concurrent response and recovery activities.

<p>6.5 EMERGENCY RESPONSE PLANS (EOP).</p> <p>6.5.1* Emergency Operations/Response Plans shall assign responsibilities for carrying out specific actions in an emergency.</p>	<p>SOPs <i>also</i> exist to notify/recall key EOP staff.</p>	<p>ICS/HICS-based EOP. <i>and</i> Job aids developed (SOPs, checklists, action lists) to assist roles/responsibilities.</p>	<p>ICS/HICS-based EOP.</p>
<p>6.5.2* The EOP shall identify actions to be taken to protect people (including those with special needs), property, operations, and the environment and to provide incident stabilization.</p>	<p>Also include persons with special needs.</p>	<p>EOP <i>also</i> identifies actions to protect operations and the environment.</p>	<p>EOP identifies actions to protect people, property, and provide incident stabilization.</p>
<p>6.5.3 The EOP shall include:</p> <ul style="list-style-type: none"> (1) Communication and warning (Section 6.3) (2) Crisis communication and public information (Section 6.8) (3) Protective actions for life safety (4) Direction and control (Section 6.8) (5) Resource management (Section 6.1 and 6.2) (6) Donation management (Section 6.1.7) 	<p>EOP includes all six (6/6) elements listed in 6.5.3.</p>	<p>EOP includes at least 5/6 of elements listed in 6.5.3</p>	<p>EOP includes at least 3/6 of elements listed in 6.5.3</p>
<p>6.6* EMPLOYEE ASSISTANCE & SUPPORT.</p> <p>6.6.1* Campus shall develop a flexible strategy for employee assistance and support including:</p> <ul style="list-style-type: none"> (1) Communications procedures (2)* Staff/on-campus resident student emergency contact information (3) Accounting for persons affected, displaced, or injured by the incident (4) Temporary, short-term or long-term housing, feeding and care of those displaced by an incident (5) Mental health and physical well-being of individuals affected by the incident (6) Pre-incident and post-incident awareness 	<p>All six (6/6) elements listed in 6.6.1 are in place.</p>	<p>At least 5/6 of elements listed in 6.6.1 are in place.</p>	<p>At least 3/6 of elements listed in 6.6.1 are in place.</p>
<p>6.7 CONTINUITY & RECOVERY PLANS.</p> <p>6.7.1* The Continuity Plan shall identify key internal and external stakeholders that need to be notified, critical and time-sensitive applications, and processes and functions that must be maintained; alternative facilities/sites for critical operations; protection of vital records (financial, student/staff/patient); contact lists; protection/backup of personnel, facilities, and resources that are needed to continue to function.</p>	<p>All Plan elements are in place including alternative facilities for critical operations. Complies <i>UC Ready</i> perf. objectives.</p>	<p>Continuity Plan <i>also</i> protects vital records, maintains contact lists, and has measures to protect, deploy, or backup personnel, facilities and resources to ensure campus can continue to function during an emergency; <i>and</i> >75% compliance <i>UC Ready</i> performance objectives</p>	<p>Continuity Plan identifies key stakeholders, critical and time-sensitive applications, and processes and functions that must be maintained; <i>and</i> >50% compliance <i>UC Ready</i> performance objectives</p>
<p>6.7.2 The Recovery Plan shall provide for restoration of functions, services, resources, facilities, programs, and infrastructure. Recovery Plan elements (A.6.4.2):</p> <ul style="list-style-type: none"> (1) Critical infrastructure (2) Telecommunications and cyber systems (3) Distribution systems/networks for essential materials (4) Transportation systems/networks/infrastructure (5) Facilities (6) Health services (7) Continuity of operations (8) Short-term and long-term goals and objectives 	<p>All eight (8/8) Recovery Plan elements listed in 6.7.2 are in place.</p>	<p>At least 6/8 of Recovery Plan elements listed in 6.7.2 are in place.</p>	<p>At least 4/8 of Recovery Plan elements listed in 6.7.2 are in place.</p>

<p>6.8* CRISIS COMMUNICATIONS & PUBLIC INFORMATION.</p> <p>6.8.1* The campus shall develop a plan and procedures to disseminate and respond to requests for pre-incident, incident, and post-incident information to and from the following: (1) Internal audiences including employees (2) External audiences including the media and special needs populations</p>	<p>Plan and procedures include special needs populations.</p>	<p>Plan and procedures in place for <i>both</i> external and internal audiences including campus employees.</p>	<p>Plan and procedures in place for external audiences including media.</p>
<p>6.8.2* A capability shall be established and maintained to include the following: (1) Central communications hub (or JIC) (2) System for gathering, monitoring, and disseminating information (3) Procedures for developing and delivering coordinated messages (4) Pre-scripted information bulletins or templates (5) Protocol to coordinate and clear info for release</p>	<p>Also includes pre-scripted information bulletins or templates per (4).</p>	<p>Procedures are <i>also</i> in place for developing and delivering coordinated messages per (3). A protocol is <i>also</i> in place to coordinate and clear info for release per (5)</p>	<p>Communications coordinated through central hub per (1). System is in place for gathering, monitoring, and disseminating information per (2).</p>
<p>6.8.3 The campus shall establish a physical or virtual information center.</p>	<p><i>Both</i> physical and virtual.</p>	<p>Physical information center established.</p>	<p>Virtual information center established.</p>
<p>6.9 INCIDENT MANAGEMENT.</p> <p>6.9.1* Campus shall use ICS/HICS to direct, control, and coordinate response and recovery operations. 6.9.2* ICS/HICS shall describe specific organizational roles, titles, and responsibilities for each incident management function.</p>	<p>All including ability to manage multi-agency events.</p>	<p>Campus uses ICS/HICS to manage <i>both</i> response and recovery.</p>	<p>Campus uses ICS/HICS to manage response but <i>not</i> recovery.</p>
<p>6.9.3 Campus shall establish procedures and policies for coordinating mitigation, preparedness, response, continuity and recovery activities. 6.9.4 Campus shall coordinate the activities specified above with stakeholders in the mitigation, preparedness, response, continuity, and recovery operations.</p>	<p>Also includes coordination with stakeholders per 6.9.4</p>	<p>Procedures/policies <i>also</i> in place to coordinate continuity and recovery activities per 6.9.3</p>	<p>Procedures/policies in place to coordinate mitigation, preparedness, and response activities per 6.9.3.</p>
<p>6.9.5* Emergency operations/response shall be guided by an Incident Action Plan (IAP) or management by objectives.</p>	<p>Also uses After Action Report</p>	<p>Emergency operations uses formal IAP process.</p>	<p>Emergency operations uses management by objectives.</p>
<p>6.10* EMERGENCY OPERATIONS CTRS (EOCs).</p> <p>6.10.1* Campus shall establish primary and alternate EOCs capable of managing response, continuity, and recovery operations. 6.10.2* EOCs shall be permitted to be physical or virtual.</p>	<p>Primary and alternate <i>physical</i> EOCs established.</p>	<p>Primary physical EOC established. <i>Virtual</i> alternate EOC established.</p>	<p>Primary physical EOC has been established. <i>No</i> alternate EOC.</p>
<p>6.11* TRAINING & EDUCATION.</p> <p>6.11.1* Campus shall develop and implement a training and education curriculum to support the program (see Annex A.6.11.1). 6.11.2 The goal of the curriculum shall be to create awareness and enhance the knowledge, skills, and abilities required to implement, support and maintain the program.</p>	<p>Includes <i>both</i> skills training as well as education curriculum per A.6.11.</p>	<p>Campus has developed and implemented a <i>performance-based</i> curriculum with specified goals and objectives used to measure and evaluate compliance per A.6.11.1.</p>	<p>Campus has developed and implemented some type of training and education curriculum.</p>

<p>6.11.3 The scope of the curriculum and frequency of instruction shall be identified.</p> <p>6.11.5 Records of training and education shall be maintained as specified in Section 4.8.</p>	<p>Includes educational program records per 6.11.5</p>	<p>Campus <i>also</i> maintains training records per 6.11.5.</p>	<p>Campus has identified scope of curriculum and frequency of instruction per 6.11.3.</p>
<p>6.11.4 Personnel shall be trained in SEMS/ICS/HICS and other components of the program to the level of their involvement.</p> <p>6.11.6 The curriculum shall comply with applicable regulatory and program requirements.</p>	<p>Campus has trained >90% of staff require training.</p>	<p>Campus has trained at least 75% of personnel who require training.</p>	<p>Campus has trained at least 50% of personnel who require training.</p>
<p>6.11.7* A public education program shall be implemented to communicate the following:</p> <ul style="list-style-type: none"> (1) Potential hazard impacts (2) Preparedness information (3) Information needed to develop a preparedness plan 	<p>Also includes prep plan info per (3).</p>	<p>Campus <i>also</i> provides info on campus-specific hazards and impacts per (1) and (2).</p>	<p>Campus-wide preparedness information program per (2).</p>
<p>PROGRAM EVALUATION & EXERCISES.</p> <p>7.1 Program Evaluation. Campus shall evaluate program plans, procedures, and capabilities through periodic testing and exercises.</p> <p>7.2* Exercise Evaluation. Exercises shall be designed to evaluate program plans, procedures, and capabilities.</p> <p>7.3* Methodology. Exercises shall provide a standardized methodology to practice procedures and interact with other entities in a controlled setting.</p> <p>7.4 Frequency. Testing and exercises shall be conducted on the frequency needed to establish and maintain required capabilities.</p>	<p>Campus evaluates program through periodic <i>full-scale</i> exercises.</p>	<p>Campus evaluates program through periodic <i>functional</i> exercises.</p>	<p>Campus evaluates program through periodic <i>tabletop</i> exercises.</p>
<p>7.5 Exercise Design. Exercises shall be designed to do the following:</p> <ul style="list-style-type: none"> (1) Evaluate the program (2) Identify planning and procedural deficiencies (3) Test or validate recently changed procedures or plans (4) Clarify roles and responsibilities (5) Obtain participant feedback and recommendations for program improvement (6) Measure improvement compared to performance objectives. (7) Improve coordination between internal and external teams, organizations, and entities (8) Validate training and education (9) Increase awareness and understanding of hazards and the potential impacts of hazards on the campus (10) Identify additional resources and assess the capabilities of existing resources including personnel and equipment needed for effective response and recovery 	<p>Exercise design includes all ten (10/10) elements listed in 7.5.</p>	<p>Exercise design includes at least 7/10 elements listed in 7.5.</p>	<p>Exercise design includes at least 5/10 elements listed in 7.5.</p>

<p>PROGRAM REVIEWS & CORRECTIVE ACTION</p> <p>8.1 Program Reviews.</p> <p>8.1.1 Campus shall improve effectiveness of the program through management review of the policies, performance objectives, evaluation of program implementation, and changes resulting from preventive and corrective action.</p> <p>8.1.2* Reviews shall be conducted on a regularly scheduled basis, and when the situation changes to evaluate the effectiveness of the existing program.</p> <p>8.1.3 The program shall also be re-evaluated when any of the following occur:</p> <ol style="list-style-type: none"> (1) Regulatory changes (2) Changes in hazards and potential impacts (3) Resource availability or capability changes (4) Organizational changes (5)*Funding changes (6) Infrastructure, economic, and geopolitical changes (7) Changes in products or services (8) Operational changes 	<p>Also includes program re-evaluation when any of the listed changes occur per 8.1.3</p>	<p>Campus conducts <i>regularly</i> scheduled program reviews that <i>also</i> include review of performance objectives and changes resulting from preventive and corrective actions per 8.1.1 and 8.1.2.</p>	<p>Campus conducts periodic program management reviews of policies and evaluation of program implementation per 8.1.1.</p>
<p>8.1.4 Reviews shall be conducted based on post-incident analyses, lessons learned, and operational performance.</p> <p>8.1.5* Campus shall maintain records of its reviews and evaluations, in accordance with the records management practices developed under Section 4.8.</p> <p>8.1.6 Documentation, records, and reports shall be provided to management for review and follow-up.</p>	<p>Also includes document and reports provided to executive management per 8.1.6.</p>	<p>Campus reviews are conducted based on post-incident analyses, lessons learned, and operational performance per 8.1.4. <i>and</i> Records of reviews and evaluations are also maintained per 8.1.5.</p>	<p>Campus reviews are conducted based on post-incident analyses, lessons learned, and operational performance per 8.1.4.</p>
<p>8.2* Corrective Action.</p> <p>8.2.1* Campus shall establish a corrective action process/program that may include:</p> <ol style="list-style-type: none"> (1) Plan or SOP revisions (2) Training and exercises (3) Equipment additions or modifications and facilities <p>8.2.2* Campus shall take corrective action on deficiencies identified within budgetary constraints. Temporary actions might be adopted during interim while funding and implementing long-term solutions.</p>	<p>Also includes funding long-term solutions or taking interim actions per 8.2.2</p>	<p>Campus has established a corrective action process or program per 8.2.1. <i>and</i> Campus is implementing some corrective actions per 8.2.2.</p>	<p>Campus has established a corrective action process or program per 8.2.1.</p>

Revised 10/29/10 OPRS

*See NFPA 1600 Annex A – Explanatory Material for more detailed info/explanations for this element.

Self-Assessment Benchmarking Scoring Metrics: Non-conforming = 0; Partially Conforming = 1; Substantially Conforming = 2; Conforming = 3

Appendix II. NFPA 1600 Standard - Emergency Management Program Elements (2010 edition)

1. Program Management

- [Campus] leadership demonstrates commitment to program including resources to support the program (4.1)
- Executive policy including enabling authority and roles/responsibilities (4.4)
- Program **scope**, goals and objectives and method of program evaluation (4.4)
- Program budget and project schedule/milestones (4.4)
- **Program** committee to provide input/assist in coordination of preparation, **development**, implementation, evaluation, and **maintenance** of program (4.3)
- Establish performance objectives for all program elements **to address both long-term and short-term needs** (4.6)

2. Program Coordinator

- Designated/appointed [by campus] and authorized to **develop, implement**, administer, **evaluate** and maintain program (4.2)

3. Compliance with UC/State laws/requirements/policies

- Program shall comply with [UC] procedures/policies/requirements (4.5)
- Program shall comply with State laws/regulations [SEMS] (4.5)

4. Finance & Administration

- Develop financial and administrative procedures to support the program before, during, and after an **incident** (4.7.1)
- **Financial management and administrative framework uniquely linked to response, continuity, and recovery operations** (4.7.2)
- **Crisis management procedures to coordinate situation-specific authorization levels and appropriate financial control measures** (4.7.3)
- **Program capable of capturing financial data for future cost recovery, accessing alternative funding sources, and managing budgeted and specially appropriated funds** (4.7.6)
- **Maintain** procedures to expedite fiscal decisions in accordance with established authorization levels, accounting, and fiscal policies (4.7.7)
- Procedures defining finance responsibilities/authorities; program procurement; payroll; accounting systems to track and document costs; and management of funds from external sources (4.7.8)
- Records management **program for classification, retention/destruction, storage, access and circulation of records within/outside of organization** (4.8)

5. Planning Process & Plans

- Follow a planning process to develop strategic, **crisis management**, prevention, mitigation, emergency operations/response, continuity, and recovery plans; make plans available to those assigned specific tasks/responsibilities and key stakeholders as required (5.1.1 and 5.2.9)

- All plans shall identify internal/external functional roles/responsibilities and lines of authority; identify lines of succession; identify interfaces to external organizations; identify the process for delegation of authority; identify logistics support and resource requirements, and address health and safety of personnel (5.2)
- Program scope, planning, and design shall be determined through an “all-hazards” approach and the [Hazard Vulnerability Assessment] (5.3)
- Strategic planning shall define the [program] vision, mission, and goals (5.1.2)
- Crisis management planning shall address issues that threaten the strategic, reputational, and intangible elements of the [campus] (5.1.3)

6. Risk Assessment [Hazard Vulnerability Assessment]

- Identify and monitor hazards and likelihood occurrence [on campus] (5.4.2)
- Identify, evaluate, and monitor vulnerability of [campus] to all hazards (5.4.2.2)
- Hazards shall include natural, human-caused, and technological events (5.4.2.1)
- Conduct impact analysis to determine adverse impacts on health and safety; continuity of operations; property, facilities, assets, and critical infrastructure; delivery of services; supply chain; environment; financial condition; etc. (5.4.3)
- Conduct business impact analysis (BIA) to evaluate potential impacts resulting from interruption or disruption of critical time-sensitive functions, processes, and applications (5.5)

7. Incident Prevention & Hazard Mitigation

- Develop and implement incident prevention strategy; monitor hazards and adjust level of preventive measures commensurate with risk (5.6.1 and 5.6.4)
- Develop and implement strategy to limit/control consequences/extent/severity of incidents that cannot be prevented (5.7.1)
- Prevention and mitigation strategies based on results of [HVA]; program constraints; operational experience; and cost-benefit analysis (5.6.3 and 5.7.2)
- Mitigation strategy shall include interim and long-term actions to reduce vulnerabilities (5.7.3)

8. Resource Management

- Conduct resource management needs assessment based on [HVA] (6.1.1)
- Resource management needs assessment shall consider personnel, equipment, training, expertise, facilities, funding, materials, technology, info/intell and the time frames within which they will be needed; response time, capability/quantity, limitations, costs, liabilities, and any needed partnership arrangements (6.1.2)
- Establish procedures to locate, acquire, store, distribute, maintain, test, and account for services, personnel, resources, materials, and facilities procured or donated (6.1.3)
- Facilities capable of supporting response/recovery/continuity operations shall be identified (6.1.4)
- Establish processes for describing, inventorying, requesting, and tracking resources including resource typing/categorizing; mobilizing/demobilizing; and contingency planning for resource deficiencies (6.1.5)
- Maintain current inventory of internal/external resources (6.1.6)
- Manage donated human resources, equipment, material and facilities (6.1.7)

9. Mutual Aid /Assistance

- Need for mutual aid/assistance shall be determined and agreements established as needed (6.2.1 and 6.2.2)
- Mutual aid/assistance agreements shall be referenced in the program (6.2.3)

10. Communications & Warning

- [Campus] shall determine communications and warning needs, based on required capabilities to execute plans (6.3.1)
- Communications and warning systems shall be reliable, redundant, and interoperable (6.3.2)
- Protocols and procedures shall be developed, tested, and used to alert and disseminate warning information to the public and stakeholders potentially impacted by an actual or impending incident (6.3.3, 6.3.7, and 6.3.8)
- Advisory and warning systems shall be integrated into planning and operational use (6.3.4)
- [Campus] shall develop and maintain capability to communicate between the levels of the organization and outside entities; document communications and issued warnings; communicate with emergency responders; and maintain a central communications facility/hub (6.3.5)

12. Operational Procedures [SOPs]

- Develop, coordinate, and implement operational procedures to support program and execute plans for response and recovery from identified hazards (6.4.1 and 6.4.2)
- Address life safety, property conservation, incident stabilization, continuity, and protection of environment under [campus] jurisdiction (6.4.3)
- Procedures shall include access control; identification of [response personnel]; personnel accountability; and mobilization/demobilization of resources (6.4.4)
- Situation status and damage assessment/resource needs assessment procedures (6.4.5)
- Upon activation of [campus] EOC, communications and coordination shall be established between the [Incident Command] and EOC (6.4.6)
- Procedures shall allow for concurrent response, recovery, continuity, and mitigation activities (6.4.7)

13. Emergency Response Plans

- Emergency operations/response plans [EOPs] shall assign responsibilities for carrying out specific actions in an emergency (6.5.1)
- [EOP] shall identify actions to be taken to protect people, property, operations, and the environment, and to provide incident stabilization (6.5.2)
- [EOP] shall include communications and warning; crisis communication and public information; protective actions for life safety; direction and control in accordance with [ICS]; resource management; and donation management (6.5.3)

14. Employee Assistance and Support

- [Campus] shall develop a flexible strategy for employee assistance and support including communications procedures; emergency contact information; accounting for persons affected, displaced, or injured by the incident; temporary housing, and feeding and care of those displaced; mental health and physical well-being of affected individuals; pre-incident and post-incident awareness (6.6)

15. [Operational] Continuity and Recovery Plans

- Continuity Plans shall identify stakeholders that need to be notified; critical and time-sensitive applications; alternative work sites; vital records, contact lists, processes, and functions that must be maintained; and personnel, procedures, and resources that are needed while the [campus] is recovering (6.7.1)
- Recovery Plan shall provide for restoration of functions, services, resources, facilities, programs, and infrastructure (6.7.2)

16. Crisis Communications & Public Information

- Develop **plan and** procedures to disseminate and respond to requests for info to and from both internal audiences **including employees** and external audiences including the media and special needs populations (6.8.1)
- Establish and maintain disaster/emergency public information capability including media contact facility; system for gathering, monitoring, and disseminating information; protocol to coordinate and clear info for release; pre-scripted information bulletins or templates; **procedures for developing and delivering coordinated messages** (6.8.2)
- **Establish a physical or virtual information center** (6.8.2)

17. Incident Management

- Use [ICS/HICS] to direct, control, and coordinate emergency response and recovery operations; ICS/HICS shall describe specific organizational roles, titles, and responsibilities for each incident management function (6.9.1 and 6.9.2)
- Establish procedures/policies for coordinating **mitigation, preparedness**, response, continuity, and recovery activities with stakeholders in those operations (6.9.3 and 6.9.4)
- Emergency operations/response shall be guided by an Incident Action Plan or management by objectives (6.9.5)

18. Emergency Operations Centers (EOCs)

- Establish primary and alternate EOCs (physical or virtual) capable of managing response/recovery/continuity operations (6.10)

19. Training and Education

- Implement training/education curriculum to create awareness and enhance **knowledge**, skills, and **abilities** required to implement, support, and maintain the program (6.11.1 and 6.11.2)
- Identify frequency and scope of training and maintain training records **as specified in records management** (6.11.3 and 6.11.5)
- Response personnel shall be trained in [SEMS/ICS/HICS] **and other applicable program components** in compliance with all applicable regulatory requirements (6.11.4 and 6.11.6)

- Implement a public education program to communicate potential hazard impacts; preparedness information; and info needed to develop a preparedness plan (6.11.7)

20. Program Evaluation and Exercises

- Periodically evaluate program plans, procedures, and capabilities through periodic testing and exercises (7.1, 7.2, 7.3, and 7.4)
- Exercises shall be designed to evaluate the program; identify planning and procedural deficiencies; test or validate recently changed procedures or plans; clarify roles/responsibilities; obtain participant feedback and recommendations; measure improvement compared to performance objectives; improve coordination between internal and external entities; validate training and education; increase awareness and understanding of hazards and potential impacts; identify additional resources and assess capabilities of existing resources needed for effective response and recovery (7.5)

21. Program Reviews and Corrective Action

- [Campus] shall conduct regularly scheduled management review of the policies, performance objectives, evaluation of program implementation, and changes resulting from preventive and corrective actions; program shall also be re-evaluated when any significant changes occur that challenge the effectiveness of the program (8.1.1, 8.1.2, and 8.1.3)
- Reviews shall be conducted based on post-incident analyses, lessons learned, and operational performance; records shall be maintained of reviews and evaluations and documentation provided to management for review and follow-up (8.1.4, 8.1.5, and 8.1.6)
- Establish a corrective action process and take corrective action on identified deficiencies. (Appropriate corrective actions might not be taken due to budgetary or other constraints or will be deferred as part of a long-range capital project. Temporary actions might be adopted during the time it takes to fund and implement the desired option (8.2.1 and 8.2.2)

Notes:

Changes/additions to the 2010 edition of the Standard are shown in RED

Standard program elements cross-referenced as (0.0.0) following summary of each element; some minor/ministerial program element descriptors have been omitted

[Brackets] indicate clarifications added by OPRS to apply Standard to ‘campus’ “entities”; refer to the ‘HVA’ process; or refer to the SEMS-mandated ICS/HICS “incident management system”

Complete version of the NFPA 1600 Standard (2010 ed.) can be found online at:

<http://www.nfpa.org/assets/files//PDF/NFPA16002010.pdf>

Appendix III.
Joint Commission (JCAHO) Emergency Management Standards
and Related Elements of Performance

01.01.01 - The hospital engages in planning activities prior to developing its written Emergency Operations Plan.	
1	The hospital's leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.
2	The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented (see also EM 03.01.01, EP 1)
3	The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis and documents these priorities.
4	The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change (see also EM 03.01.01, EP 1)
5	The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).
6	The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (see also IM 01.01.03, EPs 1-4)
7	The hospital's incident command structure is integrated into and consistent with its community's command structure. The incident command structure used by the hospital should provide for a scalable response to different types of emergencies.
8	The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets.
02.01.01 - The hospital has an Emergency Operations Plan.	
1	The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan.
2	The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (see also EM 03.01.03, EP 5)
3	The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.
4	The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.
5	The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of the emergency, including under what circumstances these phases are activated.
6	The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.
7	The Emergency Operations Plan identifies alternative sites for care, treatment and services that meet the needs of its patients during emergencies.
8	If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for its patients.

02.02.01 - As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.

1	The Emergency Operations Plan describes how staff will be notified that emergency response procedures have been initiated.
2	The Emergency Operations Plan describes how the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.
3	The Emergency Operations Plan describes how the hospital will notify external authorities that emergency response measures have been initiated.
4	The Emergency Operations Plan describes how the hospital will communicate with external authorities during an emergency.
5	The Emergency Operations Plan describes how the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.
6	The Emergency Operations Plan describes how the hospital will communicate with the community or the media during an emergency.
7	The Emergency Operations Plan describes how the hospital will communicate with purveyors of essential supplies, services, and equipment during an emergency.
8	The Emergency Operations Plan describes how the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.
9	The Emergency Operations Plan describes how the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.
10	The Emergency Operations Plan describes how the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.
11	The Emergency Operations Plan describes how and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.
12	The Emergency Operations Plan describes how, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the FBI)
13	The Emergency Operations Plan describes how the hospital will communicate with identified alternative care sites.
14	The hospital establishes backup systems and technologies for the communication activities identified in EM 02.02.01, EPs 1-13.
17	The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.

02.02.03 - As part of its Emergency Operations Plan, the hospital prepares for how it will manage resources and assets during emergencies.	
1	The Emergency Operations Plan describes how the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.
2	The Emergency Operations Plan describes how the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.
3	The Emergency Operations Plan describes how the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.
4	The Emergency Operations Plan describes how the hospital will share resources and assets with other health care organizations within the community, if necessary.
5	The Emergency Operations Plan describes how the hospital will share resources and assets with other health care organizations outside of the community, if necessary, in the event of a regional or prolonged disaster.
6	The Emergency Operations Plan describes how the hospital will monitor quantities of its resources and assets during an emergency. (see also EM 01.01.01, EP 8)
9	The Emergency Operations Plan describes the hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. (see also EM 02.02.11, EP 3)
10	The Emergency Operations Plan describes the hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites. (see also EM.02.02.11, EP 3)
12	The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.
02.02.05 - As part of its Emergency Operations Plan, the hospital prepares for how it will manage security and safety during an emergency.	
1	The Emergency Operations Plan describes the hospital's arrangements for internal security and safety.
2	The Emergency Operations Plan describes the roles that community security agencies (for example, police, sheriff, national guard) will have in the event of an emergency.
3	The Emergency Operations Plan describes how the hospital will coordinate security activities with community security agencies (for example, police, sheriff, national guard).
4	The Emergency Operations Plan describes how the hospital will manage hazardous materials and waste.
5	The Emergency Operations Plan describes how the hospital will provide for radioactive, biological, and chemical isolation and decontamination.
7	The Emergency Operations Plan describes how the hospital will control entrance into and out of the health care facility during an emergency.
8	The Emergency Operations Plan describes how the hospital will control the movement of individuals within the health care facility during an emergency.
9	The Emergency Operations Plan describes the hospital's arrangements for controlling vehicles that access the health care facility during an emergency.
10	The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

02.02.07 - As part of its Emergency Operations Plan, the hospital prepares for how it will manage staff during an emergency.

2	The Emergency Operations Plan describes the roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.
3	The Emergency Operations Plan describes the process for assigning staff to all essential staff functions.
4	The Emergency Operations Plan identifies the individual(s) to whom staff report in the hospital's incident command structure.
5	The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, and incident stress debriefing).
6	The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care, and communication).
7	The hospital trains staff for their assigned emergency response roles.
8	The hospital communicates in writing with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.
9	The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. (see also EM 02.02.13, EP 3; EM 02.02.15, EP 3)
10	The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.

02.02.09 - As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.

2	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing electricity.
3	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing water needed for consumption and essential care activities.
4	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing water needed for equipment and sanitary purposes.
5	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing fuel required for building operations, generators, and essential transport services that the hospital would typically provide.
6	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing medical gas/vacuum systems.
7	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).
8	The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

02.02.11 - As part of its Emergency Operations Plan, the hospital prepares for how it will manage patients during emergencies.	
2	The Emergency Operations Plan describes how the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.
3	The Emergency Operations Plan describes how the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (see also EM 02.02.03, EPs 9-10)
4	The Emergency Operations Plan describes how the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.
5	The Emergency Operations Plan describes how the hospital will manage the personal hygiene and sanitation needs of its patients.
6	The Emergency Operations Plan describes how the hospital will manage the mental health service needs of its patients that occur during the emergency.
7	The Emergency Operations Plan describes how the hospital will manage mortuary services.
8	The Emergency Operations Plan describes how the hospital will document and track patients' clinical information.
11	The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.
02.02.13 - During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.	
1	The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.
2	The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.
3	The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)
4	The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, or medical record review).
5	Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of several other listed documents.
6	During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.
7	Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.
8	Primary source verification of licensure occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him or herself to the hospital, whichever comes first.
9	If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

02.02.15 - During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.

1	The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.
2	The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.
3	The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (see also EM 02.02.07, EP 9)
4	The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who are assigned disaster responsibilities (for example, by direct observation, mentoring, or medical record review).
5	Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of several other listed documents.
6	During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.
7	Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.
8	Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer practitioner presents him or herself to the hospital, whichever comes first.
9	If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

03.01.01 - The hospital evaluates the effectiveness of its emergency management planning activities.

1	The hospital conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis. The findings of this review are documented. (see also EM 01.01.01, EPs 2 & 4)
2	The hospital conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.
3	The hospital conducts an annual review of its inventory process. The findings of this review are documented.

03.01.03 - The hospital evaluates the effectiveness of its Emergency Operations Plan.

1	As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.
2	For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.
3	For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.
4	For each site of the hospital with a defined role in its community's response plan, at least one of the two exercises includes participation in a community-wide exercise.
5	Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (see also EM 02.01.01, EP 2)
6	The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement.
7	During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.
8	During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.
9	During emergency response exercises, the hospital monitors its management of safety and security.
10	During emergency response exercises, the hospital monitors its management of staff roles and responsibilities.
11	During emergency response exercises, the hospital monitors its management of utility systems.
12	During emergency response exercises, the hospital monitors its management of patient clinical and support care activities.
13	Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).
14	The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.
15	The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, is communicated to the improvement team responsible for monitoring environment of care issues. (see also EC 04.01.05, EP 3).
16	The hospital modifies its Emergency Operations Plan based on its evaluations of emergency response exercises and responses to actual emergencies.
17	Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.