

[INSERT YEAR] STATEWIDE MEDICAL AND HEALTH EXERCISE

CLINICAL ORGANIZATIONAL SELF-ASSESSMENT

(e.g., Hospitals, Community Clinics and Health Centers, Long Term Care, Dialysis Centers, Surgical Centers)

**How To Use This Document:** *This document is provided to aid emergency managers from participating organizations/agencies/jurisdictions in assessing their level of preparedness in advance of the [insert year] Statewide Medical and Health Exercise (SWMHE). For each metric, there are five columns to provide a response: Completed, In Progress, Not Started, Not Applicable (N/A), or Grant Requirements Satisfied (e.g., 2017 Health Care Capabilities, The Joint Commission, Homeland Security Grant Program, Urban Areas Security Initiative, etc.). The column to track satisfied grant requirements emphasizes that a goal of some participants might be to utilize the functional exercise in order to satisfy applicable grant requirements. It in no way represents a required field on behalf of the California Department of Public Health (CDPH) or the Emergency Medical Services Authority (EMSA), but* ***is an optional value add for the convenience of the participant*** *that allows the self-assessment to also function as a tool for preparing any grant reports. Participants are encouraged to use this document as a starting point towards a more detailed analysis of their organization’s gaps in preparedness.*

| **I. MITIGATION AND PREPAREDNESS** | **Completed** | **In Progress** | **Not** **Started** | **N/A** | **Grant****Requirements Satisfied** |
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| 1. The organization/agency has an Emergency Operations Plan (EOP), policies, and procedures to activate the EOP that detail response and recovery protocols for a range of potential local hazards
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| 1. The organization/agency has clear and widely known policies and procedures indicating when to activate the EOP
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| 1. The organization/agency (including non-specialty facilities) maintains policies and procedures to implement surge capacity plans that address the transfer of patients to other facilities to increase bed capacity
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| 1. Organization/agency contact information for medical health partners and emergency management is verified and updated at least annually and is available during a medical surge event
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| 1. The organization/agency has a Continuity Plan to activate during any business interruption that might occur due to the emergency event and it is reviewed and updated as needed at least annually
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| 1. The organization/agency participates in pre-incident local response planning with public safety officials (e.g., emergency medical services (EMS), fire, and law enforcement), local emergency management officials, and other appropriate public and private organizations, including meetings and conference calls to plan and share status
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| 1. The organization/agency has procedures to replenish appropriate supplies (e.g., medical and for activities of daily living), nutrition, medications, and equipment during an emergency
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| 1. The organization/agency has adopted an incident command management system and has conducted education and training on Incident Command System (ICS) documentation including Federal Emergency Management Agency (FEMA), Nursing Home Incident Command System (NHICS), and Hospital Incident Command System (HICS) forms such as the 213 Incident Message Form and 214 Operational Log. Training includes development of the Incident Action Plan (IAP) using such tools as the HICS IAP QuickStart. Staff is provided with regular refresher training/exercises to assist in maintaining an acceptable level of proficiency
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| 1. The organization/agency has policies and procedures to contact local Licensing and Certification Offices upon activation of surge plans
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| 1. The organization/agency utilizes a communications plan to notify, maintain communications, and exchange appropriate information internally with staff, volunteers, patients, residents, and visitors
 |  |  |  |  |  |
| 1. The organization/agency utilizes a Communication Plan to notify, maintain communications, and exchange appropriate information externally with response partners, including Joint Information Centers (JIC), local health department, EMS providers, Local EMS Agency (LEMSA), other health care providers, and emergency management authorities
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| 1. The organization/agency maintains 24/7 contact information for the Medical Health Operational Area Coordinator (MHOAC) Program and/or county point of contact
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| **II. RESPONSE AND RECOVERY** | **Completed** | **In Progress** | **Not** **Started** | **N/A** | **Grant****Requirements Satisfied** |
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| 1. The organization/agency has identified person(s) authorized to activate the EOP and other applicable plans
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| 1. The organization/agency utilizes a procedure to notify employees, patients, residents, visitors, stakeholders, and administration of an incident, including the current and projected impact on operations
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| 1. The organization/agency evaluates the need to cancel procedures and clinic visits based on the local patient surge levels as projected. All cancelled procedures, appointments, and services are tracked to allow for future rescheduling and return to normal operations
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| 1. The organization/agency has procedures for evacuation of the immediate facility areas and regularly reevaluates the need for further evacuation
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| 1. The organization/agency communicates status, requests assistance and supplies, and obtains situation and community status with the MHOAC Program, county point of contact, EOC, and other area healthcare facilities during an incident
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| 1. The organization/agency utilizes a Communication Plan to notify, maintain communications, and exchange appropriate information with response partners, including local health department, EMS providers, LEMSA, other health partners, and emergency management authorities as appropriate
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| 1. Organization/agency personnel have been trained on various communication modalities (e.g., satellite phones, two-way radios, emergency warning systems, software programs, ham radios, etc.), with emphasis on appropriate etiquette and procedures when using each communication system
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| 1. The organization/agency tracks all event-related expenses including supplies, equipment, personnel, and lost revenue using tools such as the HICS/NHICS Form 252 Section Personnel Time Sheet; HICS/NHICS Form 256 Procurement Summary and HICS/NHICS Form 257 Resource Accounting Record
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| 1. The organization/agency makes available age-appropriate acute and ongoing behavioral health services to staff, residents, and patients as necessary following an incident in order to minimize possible adverse effects of primary or secondary trauma
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| 1. The organization/agency has identified safe perimeters if a suspicious device is located onsite, in proximity to explosive and combustible materials, or near entry points
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| 1. The organization/agency emergency management program includes a scheduled debriefing that is coordinated with all response partners and the development of an After Action Report (AAR) that reviews the operational response and recovery actions after any exercise or incident
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| 1. The organization/agency has a plan to communicate the situation and provide regular updates to patients’ family members, as approved by the Public Information Officer (PIO) and the Incident Commander
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| 1. The organization/agency implements a Crisis Emergency Risk Communication (CERC) or media/public communications and messaging plan, including the dissemination of information via traditional and digital media
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| 1. The organization/agency communicates with health services (e.g., public health, MHOAC, Emergency Support Functions 8 lead agency) and/or emergency management authorities to determine the scope of the incident
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| 1. The organization/agency has procedures for reporting and documenting staff injuries
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| 1. The organization/agency has procedures to quickly obtain incident specific details (e.g., voicemail messages, witnesses, security cameras, surveillance tapes, and other data) for evidence and intelligence gathering
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