

[INSERT YEAR] STATEWIDE MEDICAL AND HEALTH EXERCISE

PUBLIC SAFETY ORGANIZATIONAL SELF-ASSESSMENT

(e.g., Emergency Medical Services [EMS] provider, Fire, Law Enforcement)

**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), and Grant Requirements Satisfied (e.g., Hazard Mitigation Grant Program, 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 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** |
| --- | --- | --- | --- | --- | --- |
| 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 number of potential hazards
 |  |  |  |  |  |
| 1. Appropriate organization/agency personnel have received Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and Incident Command System (ICS) training and are provided regular refresher training to maintain acceptable levels of proficiency
 |  |  |  |  |  |
| 1. The organization/agency participates in pre-incident local response planning with other public safety officials, local emergency management officials, and appropriate public and private organizations, including meetings and conference calls to plan and share status
 |  |  |  |  |  |
| 1. The organization/agency has an Evacuation Plan with escape procedures and route assignments (e.g., floor plans, safe areas, reunification sites)
 |  |  |  |  |  |
| 1. Contact information for local response partners is verified/updated at least quarterly, and is available during a response
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| 1. The organization/agency has identified staff to interact with the local response partners as needed, including: allied public safety agencies, health care providers, public health, Local Emergency Medical Services Agency (LEMSA), Emergency Operations Center (EOC), the Medical Health Operational Area Coordinator (MHOAC) Program, and local Office of Emergency Services (OES)
 |  |  |  |  |  |
| 1. The organization/agency utilizes a Communication Plan and/or procedures to notify, maintain communications, and exchange appropriate information with staff, patients, family members, and volunteers
 |  |  |  |  |  |
| 1. The organization/agency has designated staff to develop and maintain relationships with appropriate local stakeholders [e.g., public safety agencies, health care providers, community-based organizations (CBOs), faith-based organizations (FBOs), public health, LEMSA, local Emergency Management Department, the MHOAC, etc.] in order to build more efficient, effective, and resilient networks prior to an emergency
 |  |  |  |  |  |
| 1. The organization/agency has information and intelligence dissemination procedures to ensure appropriate communication flow with local response partners
 |  |  |  |  |  |
| 1. Organization/agency personnel have received appropriate training on various communication modalities (e.g., satellite phones, radios, alert and notification systems, software programs, ham radios, etc.) with emphasis on appropriate communication etiquette and procedures
 |  |  |  |  |  |
| 1. The organization/agency has vendor agreements in place to rapidly request and acquire additional equipment and supplies needed during an emergency
 |  |  |  |  |  |
| 1. Organization/agency personnel are familiar with and have received appropriate training on the local resource requesting process (e.g., Mutual Aid, EOC, MHOAC Program, and local OES)
 |  |  |  |  |  |
| 1. The organization/agency has a formal process/procedure to place, receive, track, and/or respond to resource requests from local response partners
 |  |  |  |  |  |

| **II. RESPONSE AND RECOVERY** | **Completed** | **In Progress** | **Not** **Started** | **N/A** | **Grant****Requirements Satisfied** |
| --- | --- | --- | --- | --- | --- |
| 1. The organization/agency has identified person(s) authorized to activate the EOP, and other applicable plans
 |  |  |  |  |  |
| 1. The organization/agency utilizes SEMS, NIMS, and ICS concepts (including Unified Command) in response to a Mass Casualty Incident (MCI)
 |  |  |  |  |  |
| 1. The organization/agency utilizes established procedures to request resources and supplies, and/or to receive, track and respond to resource requests from local response partners
 |  |  |  |  |  |
| 1. The organization/agency utilizes established procedures to increase staffing and emergency response resource availability
 |  |  |  |  |  |
| 1. The organization/agency utilizes established procedures to notify employees, clients, response partners, and administration (as appropriate) of a medical surge. Notifications may include the current and projected impacts on operations, and any updated or newly created personal protective equipment (PPE), response, patient care, or patient destination policies/protocols/directives
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| 1. The organization/agency initiates or contributes to an Incident Action Plan (IAP) and engages the EOC and response partners in gathering information to complete and disseminate the IAP
 |  |  |  |  |  |
| 1. The organization/agency has procedures for reporting and documenting staff injuries
 |  |  |  |  |  |
| 1. The organization/agency utilizes established procedures to communicate situation status with response partners
 |  |  |  |  |  |
| 1. The organization/agency tracks event-related expenses including supplies, equipment, personnel, and lost revenue using appropriate ICS tools/forms
 |  |  |  |  |  |
| 1. The organization/agency has the capability to support citizen evacuation and shelter-in-place procedures, as well as provide security for at-risk populations and emergency medical services
 |  |  |  |  |  |
| 1. The organization/agency has protocols for increased security for critical infrastructure, points of entry, and healthcare facilities
 |  |  |  |  |  |
| 1. The organization/agency has a scheduled debriefing that is coordinated with all response partners, and develops an After Action Report (AAR) that reviews the operational response and recovery actions
 |  |  |  |  |  |
| 1. There is an established process for the development of an Improvement Plan that addresses items identified in the AAR
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |