

Systemwide Emergency Management Status Report

December 2011

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I. Introduction

This FY 2010-11 annual report is based on self-assessments completed by each of the ten campuses, as well as campus, medical center, 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, especially 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.

II. Systemwide Summary of Conformity with NFPA Emergency Management Standard

Table 1 summarizes the self-assessments for all ten Campuses. The numerical scores reflecting conformance with each programmatic criterion are defined in the following range:

0 = Non-Conforming

1 = Partially Conforming

2 = Substantially Conforming

3 = Conforming

The outline below summarizes the degree of systemwide conformity with each of the NFPA National Standard’s twenty (20) basic program elements based on each campus’ self-assessments of the varying criteria comprising each corresponding program element.

1. *Program Management.*

Most (8/10) of the Campuses conform or substantially conform with the six criteria.

2. *Program Coordinator/Manager.*

All (10) of the Campuses conform with a single criterion.

3. *Compliance with University and State laws/requirements.*

All (10) of the Campuses conform or substantially conform with the two criteria.

4. *Finance and Administration.*

Half (5/10) of the Campuses conform or substantially conform with the six criteria, an improvement of one campus (+10%) over last year.

5. *Planning Process and Plans.*

Most (8/10) of the Campuses substantially conform with the five criteria, an improvement of two campuses (+20%) over last year.

6. *Hazard Vulnerability Assessment.*

Nearly all (9/10) of the Campuses conform or substantially conform with the five criteria, an improvement of one campus (+10%) over last year.

7. *Incident Prevention and Hazard Mitigation.*

Nearly all (9/10) of the Campuses conform or substantially conform with the four criteria, an improvement of two campuses (+20%) over last year.

8. *Resource Management.*

Most (6/10) of the Campuses substantially conform with the seven criteria, an improvement of one campus (+10%) over last year.

9. *Mutual Aid/Assistance.*

Nearly all (9/10) of the Campuses conform or substantially conform with the two criteria.

10. *Communications and Warning.*

All (10) of the Campuses now conform or substantially conform with the five criteria, an improvement of one campus (+10%) over last year.

11. *Standard Operating Procedures (SOPs).*

All (10) of the Campuses now conform or substantially conform with the six criteria, an improvement of one campus (+10%) over last year.

12. *Emergency Response Plans.*

All (10) of the Campuses conform or substantially conform with the three criteria.

13. *Employee Assistance and Support.*

Most (7/10) of the Campuses substantially conform with a single criterion.

14. *Continuity and Recovery Plans.*

Half (5/10) of the Campuses conform or substantially conform with the two criteria, an improvement of two campuses (+20%) over last year.

15. *Crisis Communications and Public Information.*

All (10) of the Campuses conform or substantially conform with the three criteria.

16. *Incident Management.*

All (10) of the Campuses conform or substantially conform with the three criteria.

17. *Emergency Operations Centers (EOCs).*

All (10) of the Campuses now conform or substantially conform with a single criterion, an improvement of one campus (+10%) over last year.

18. *Training and Education.*

All (10) of the Campuses now conform or substantially conform with the four criteria, an improvement of two campuses (+20%) over last year.

19. *Program Evaluation and Exercises.*

All (10) of the Campuses conform or substantially conform with the two criteria.

20. *Program Reviews and Corrective Action.*

Most (7/10) of the Campuses conform or substantially conform with the three criteria.

Table 1 - Summary of Campus Self-Assessments for Conformity with NFPA 1600 Standard

Systemwide Emergency Management Status Report										
October 2011										
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	0	3	3	2	2	2	3	2	3	3
Program review/support committee	0	3	3	1	2	3	3	2	3	2
Executive policy and enabling authority	1	3	2	2	3	3	3	3	3	3
Program scope/goals/objectives	0	3	3	2	2	1	3	3	3	3
Prioritized budget and schedule/milestones	0	3	3	1	2	1	3	3	3	3
Establish program performance objectives	0	2	2	2	1	2	3	3	3	3
Program Coordinator/Manager										
Designated/authorized personnel	3	3	3	2	3	3	3	3	3	3
Compliance with Laws/Requirements										
UC policies/requirements	3	3	3	3	3	3	3	3	3	3
SEMS/NIMS requirements	3	3	3	2	3	2	3	2	3	2
Finance & Administration										
Develop financial/admin procedures	0	3	3	2	2	2	3	1	3	3
Framework uniquely linked to emergency ops	0	3	2	1	1	1	3	2	3	2
Authorizations/financial control measures	1	3	2	2	2	3	3	2	3	2
Capture financial data cost recovery/funding	1	2	3	1	1	2	3	2	3	3
Expedited fiscal decision-making procedures	1	2	2	1	2	1	3	1	3	3
Records management program	1	3	3	2	1	2	3	2	3	3
Planning Process & Plans										
Follow planning process to develop plans	2	2	2	2	2	2	2	2	2	2
All plans identify various requirements/roles	3	3	2	2	1	3	3	2	2	3
Use 'all-hazards' approach and HVA	2	3	3	3	2	3	3	3	3	3
Strategic planning defines vision/mission/goals	1	3	2	1	2	2	3	1	3	2
Crisis management planning addresses issues	1	2	2	2	2	3	2	2	3	3
Hazard Vulnerability Assessment										
Identify hazards and probabilities	2	3	3	2	3	3	3	3	3	3
Assess campus vulnerability all hazards	2	3	3	2	3	3	3	3	3	3
Analyze all types of threats/events	3	3	3	3	3	3	3	3	3	3
Conduct campus-wide impact analysis	1	2	2	2	1	3	3	2	2	2
Conduct Business Impact Analysis (BIA)	1	2	1	3	1	1	2	3	2	0
Incident Prevention & Hazard Mitigation										
Develop/implement prevention strategy	2	2	3	3	3	3	3	3	3	3
Develop/implement mitigation strategy	2	2	2	3	2	1	3	2	2	3
Base strategies on HVA/experience/costs	1	3	2	2	2	2	2	1	2	3
Interim and long-term mitigation actions	1	2	2	2	2	3	2	2	2	3
Resource Management										
Conduct needs assessment based on HVA	1	1	1	1	2	2	3	0	2	2
Needs assessment considers multiple factors	1	1	1	1	2	2	3	0	3	2
Establish resource management procedures	1	3	2	1	2	3	3	1	3	3
Identify operational support facilities	1	3	3	2	2	3	3	2	3	3
Establish resource management processes	1	2	1	2	2	2	2	1	3	2
Maintain current resource inventories	1	3	1	1	2	3	2	2	2	1
Manage donations/volunteers	0	3	2	0	2	3	3	1	2	3

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

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 collaboratively 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) implementing procedures, formation of peer group 'steering committees' for our Emergency Response organization and the Building Coordinator/Emergency Management Area Coordinators, and strengthening our campus-wide Emergency Management infrastructure.

The annual exercise "*RESILIENCE 2011*" was based on a minor earthquake scenario with a resultant gas pipeline rupture causing an explosion and fire. All elements of the UCB emergency response organization participated in the exercise, including the Chancellor's Emergency Policy Group, Emergency Operations Center (EOC), eight Departmental Operations Centers (DOCs) and a field Incident Command component. A thorough critique of the exercise was held immediately afterwards and an After Action Report (AAR) was prepared.

Our emergency management communications tool, '*WebEOC*' is continuously being improved. A number of new "boards" have been developed to ensure the entire emergency management organization can easily and effectively communicate during emergency situations. One new feature has been the addition of a 'Tier 1' status board that utilizes information from several different system status boards and rolls them into a simple to read and understandable campus-wide status board, primarily for use by the Emergency Director and the Chancellor's Emergency Policy Group (CEPG) in making business/mission continuity decisions.

The Office of Continuity Planning (OCP) now has 197 campus departmental plans in place, and 106 other departments with plans in process as of November 2011 (the total number of departments on campus is approximately 350). In March 2011, OCP produced its fourth 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*.

Following a comprehensive search, a new OCP Manager was hired and began work in October 2011. OCP continues to work with departments on reviewing and updating existing plans and is currently developing a standardized process for conducting the annual plan review. Additionally, OCP continues to review action items identified in existing plans and develop effective methods for tracking completion of these items. As of November 2011, OCP has classified 1500 action items into 12 overarching categories which include training, communication, administration, and logistics. Further analysis of the action items is planned.

Kuali Ready has been in national distribution as a hosted service for approximately 18 months. As of November 2011, 78 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.

OEP and Facilities Services continues 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); providing more detailed position-specific training for all emergency response organization positions and improving essential infrastructure concerns.

Davis

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

UC Davis was in transition this past year, welcoming a new Emergency Manager due to staff retirement. Efforts were concentrated on making that transition seamlessly. Concurrently, the Comprehensive Emergency Plan was revised and approved by campus administration. Disaster financial procedures were formally developed and integrated with the plans.

UC Davis implemented *UC Ready* with broad support at all levels, creating explanatory material, websites, and webcasts to make it easier for departments to use. The Regent's insurance carrier (FM Global) conducted a Business Impact Analysis (BIA) focused on the campus data center and the related campuswide applications/processes. The BIA report was delivered to the VC of Administrative and Resource Management and the VP of Information Technology and plans were developed to address the issues that were found. Concurrently, UCD has undertaken an effort to reinvigorate implementation of the *UC Ready* plans at the departmental level.

Goals for the coming year include reviewing the current emergency management system and initiating a process to further enhance and develop a comprehensive emergency management system for the entire UC Davis enterprise; implementing *UC Ready* for business and academic units; conducting one full EOC activation exercise with community partners; implementing an event management system to guide response and coordination of medium to large-scale events; developing a virtual emergency operations center; and coordinating teaching and research activities at the Sacramento Medical Center campus with the overall Health System plan.

Davis Medical Center

The UC Davis Medical Center (UCDMC) Emergency Management Program is overseen by the Emergency Preparedness Committee. UCDMC maintained compliance with The Joint Commission standards for emergency management and with National Incident Management System (NIMS) objectives for healthcare in FY 10/11. Compliance with The Joint Commission standards for emergency management include several actions that must be conducted annually, including reviewing the Hazard

Vulnerability Assessment (HVA), the Emergency Operations Plan (EOP) and the emergency inventory process; communicating needs and vulnerabilities to community emergency response agencies; and activating the EOP twice each year. The EOP was updated in 2011 in collaboration with appropriate stakeholders and approved by the Emergency Preparedness Committee at the September 2011 meeting.

During FY 10/11, UCDMC activated the HICS system four times in response to actual incidents and three times in response to planned exercises. The four incidents were: November 18-20, 2010 in response to a shortage of medical/surgical beds; January 28-29, 2011 in response to a shortage of medical/surgical beds; March 30, 2011 to manage the response to a fire sprinkler malfunction in a patient room in the Burn Unit; and June 24, 2011 to prepare for a possible medical surge when the ED was contacted regarding patients that may be transported from an Amtrak train collision 75 miles from Reno, Nevada. The exercises conducted in FY 10/11 were: November 2010 Statewide Medical/Health Exercise – Improvised Explosive Device; December 2010 Bomb Threat / Evacuation at Cancer Center; and May 2011 Statewide Golden Guardian Exercise – Regional Flooding. Each incident and exercise was managed using HICS. Debriefings were conducted after each incident and an After Action Report generated for each incident.

UCDMC collaborated with other hospitals in Sacramento County on two major projects in FY 10/11 including participation in a tabletop exercise of the county and hospitals' mass fatality plans, and continued training and implementation of *EMTrack*, a disaster patient tracking system. UCDMC continued to lead the efforts to implement *EMTrack* within Sacramento County. The use of *EMTrack* was tested during the Statewide Medical Health Exercise in November 2010 and also during monthly tests. UCDMC continued its participation in the federal Hospital Preparedness Program grant funding administered through Sacramento County Public Health. The two primary objectives of the grant were medical surge planning and mass fatality planning.

UCDMC achieved its goals for FY 10/11. Goals for the emergency management program for FY 11/12 are to achieve 70% completion of *UC Ready* business continuity plans; participate at least quarterly in county-wide tests of *EMTrack*; and to develop a three-year disaster response training and exercise plan.

Irvine

Effective October 2010, direction of Emergency Management and Business Continuity was transferred from Environmental Health and Safety (EH&S) to the Police Department. This shift has allowed greater focus on emergency management of human-caused events and closer alignment with the Police Department as first responders.

The campus has begun formalizing the structure and procedures for Department Operations Centers (DOCs). The first DOC plan completed and exercised was for Facilities Management. The DOC plan for EH&S is in process. The Office of Information Technology (OIT) and Student Housing will begin plan development in the coming months.

Significant maturation and improvement has been made in the Crisis Management/Threat Assessment Team. *WAVR-21* training was completed in the spring for a broad spectrum of individuals and the

WAVR-21 worksheet is now routinely used for assessing emergent mental health issues. The Threat Assessment Team meets frequently on both a scheduled and ad hoc basis.

The campus ability to disseminate emergency notifications with speed and agility has also greatly improved. Police dispatchers routinely train on triaging a variety of scenarios, engaging patrol staff as appropriate, and crafting *zotAlert* text messages. Our OIT department has automated the conversion of *zotAlert* text messages to email and pushing messages to all campus affiliates without overloading the email system. Over 60,000 text and email messages can now be sent rapidly and successfully. Crisis communications also benefit from the ongoing strong partnerships with various campus departments and the increased use of various social media outlets.

Two areas of improvement in compliance with the Standard in the coming year will be resource management and the development of additional standard operating procedures.

Irvine Medical Center

The Irvine Medical Center transitioned the oversight of Emergency Management to the Environmental Health & Safety Department in November 2010. UCIMC coordinates and plans disaster drills and emergency preparedness through its partnership with the Orange County Multi-Agency Disaster Planning Network, and Blue/Green Metro Disaster Net.

Our training focus this year was to engage the members who would be participating and managing the HICS process. This included incorporating the NIMS required training and breaking it down so that it could be presented at the monthly Emergency Management meetings. By incorporating the content as a standing agenda training topic in these meetings, it helps us ensure that those involved will be perpetually trained. For this upcoming year, we plan to fortify the training by utilizing our County contacts to provide more comprehensive training and certification.

UCIMC created an Administrative Emergency Management group that meets on a quarterly basis. This group consists of Administrative and Director level staff who provide guidance for emergency management as well as oversight for our required regulatory requirements (Emergency Operations Plan, Hazard Vulnerability Analysis, Sustainability Plan, etc.). An Administrator on Call (AOC) manual was created to provide a standardized resource containing reference materials needed to manage the initial stage of an emergency.

This past year, the UCI Medical Center participated in the following exercises and activated for the following incidents: April 2011 infant abduction exercise; May 2011 Golden Guardian OCHCA/FCC exercise for a flood in Northern California resulting in an influx of transfer patients from other facilities as well as a utility phone outage; September 2011 activation for Disney Marathon in preparation for patient surge; October 2011 Great California ShakeOut exercise, also polled staff to identify concerns for their department/personal preparedness; November 2011 activation for SoCal Edison power outage - loss of power for 5 hours; November 2011 OCHCA statewide exercise for a terrorist act contaminating water supply resulting in a County "Do Not Use Water" notice and subsequent water supply outage.

During our internal exercises, we routinely engage the Medical Center staff by using tabletop scenarios to assess staff knowledge of their roles as well as identifying vulnerabilities. For this upcoming year, we will focus on our preparedness to respond to a cyber attack/outage. Due to all of the new technology being introduced and incorporated, we need to be prepared for situations where it won't be available. Contingencies such as manual charting, dispensing medications, etc. need to be identified to continue meeting patient care needs when electronic medical records or available power for key medical equipment fail.

This year, a majority of the supplies provided by the County were brought on-site, bar coded, and entered into a database created for this purpose. A system to conduct an annual inventory of these items is being implemented. Three 40' containers were situated at the Medical Center site. These containers house 3600 gallons of water, as well as medical and non-medical supplies provided by the County. Our off-site warehouse also has approximately 5000 gallons of water stored and the locations of an additional 3000-5000 gallons of water and associated dispensers have been identified throughout the various buildings on site. Our goal for this year is to continue maintaining these supplies and develop carts with specific items needed by the Medical Center patient care staff for immediate deployment during a disaster. We also need to update our Sustainability Plan to ensure all of the information is current and accurate.

UCIMC implemented the "*Live Process – Healthcare Emergency Management Software*". This software has a robust notification feature as well as a means to communicate during and manage an event remotely. We will continue using this software, and plan to increase the user base and explore its other capabilities.

Our focus this coming year will be to fortify our training programs for NIMS/HICS (National Incident Management System/ Hospital Incident Command System) and *Live Process*; review and modify the Hazard Vulnerability Analysis (HVA), Emergency Operations Plan, and the Sustainability Plan; and develop incident-specific plans for our top vulnerabilities as identified in the HVA.

Los Angeles

Following a functional Emergency Operations Center (EOC) exercise in January 2010, the campus EOC was completely renovated and expanded to increase capacity for personnel and infrastructure. The media systems were replaced to support situational awareness and the campus introduced *WebEOC* as a means to greatly improve and expand communication and coordination efforts between campus Department Operation Centers (DOCs), the EOC, and Executive Policy Group.

The new EOC was activated during the greater Los Angeles "Carmageddon" response, a regional incident that saw a three-day closure of one of the nation's largest freeway systems. The EOC was activated for two days as a major test of the newly renovated facility and the use of *WebEOC* to share and maintain situational awareness.

UCLA initiatives also focused on increasing DOC coordination and improving capability to coordinate with field operations. In 2010-11, the campus created three additional Department Operations Centers (EH&S, Transportation, and UCPD). By June 2011, the campus operated five DOC facilities, including the Ronald Reagan Medical Center, and Facilities Management, which renovated its facilities.

Most of the formal training delivered this year was related to *WebEOC*. Over 15 classes and tutorials were held with over 100 people trained on the system. There are now approximately 175 user accounts in the system. Additional trainings delivered this year include IS-100, IS-200, IS-700, and IS-800 courses. The campus Executive Policy Group also received a combined ICS/SEMS/NIMS course, and the IS-100HD Introduction to ICS course.

The Emergency Management Office saw a significant increase in the number of requests for assistance in planning and conducting exercises this year. More than ten exercises ranging from tabletops to functional and full-scale exercises were conducted through public safety and field-oriented departments. The interest in exercising is promising but some weaknesses lie in the planning and evaluation of these exercises. Objective-based exercise plans were not thoroughly generated. After Action Reports have yet to be finalized for the full-scale exercises. Corrective actions were not implemented before follow-on exercises were executed. HSEEP methodology and best practices were only partially utilized. We are working on growing our capability to implement HSEEP principles by training department representatives in the FEMA Independent Study courses, with the hope that some of them may attend an HSEEP course next year. With this effort, we expect to see an increase in the number of qualified staff and therefore increase our capability to conduct standardized, high-quality exercises.

With the number of media-heavy disasters that occurred last year, we saw an increase in the number of requests for emergency preparedness informational sessions. All requests were met with presentations, public education materials (courtesy of FEMA, SEA, and LA County), and follow-up.

This year, the Emergency Management Office made an aggressive push to develop and finalize Emergency Response Plans for identified campus schools, departments, and organizations. At this time, 33% of plans are complete, with 100% completion projected for June 2012. Departmental planning is done using a template with assistance from the Emergency Management Office. This process is designed to be user-friendly, but ongoing delays have occurred due to budget issues, staffing, apathy, and competing priorities.

Los Angeles Health System

Last year, the UCLA Healthcare System continued participation at both medical campuses in Federal Hospital Preparedness Program (HPP) grant funding administered through Los Angeles County, and hired an additional disaster planner. Our *UC Ready* business continuity planning initiative has continued with a change in staff. UCLAHS completed the initiative to create a UC Medical Center systemwide MOU. UCLAHS provided leadership in the Los Angeles County Emergency Medical Services Disaster Resource Center Steering Group and actively participated in the Los Angeles County Disaster Resources Center and Trauma Surge Planning Committees. UCLAHS provided leadership for the Westside Umbrella Regional Consortium of Hospitals, Clinics, and Emergency Responders. Personnel taught in the Los Angeles County EMSA Hospital Disaster Management Training Program. UCLAHS continued to actively revise the Emergency Operations Plan as well as provide outreach education to faculty and staff and the community by initiating a disaster seminar series of subject matter experts.

In addition, UCLAHS continued evacuation planning and training at both campuses, department level outreach/education and planning, and NIMS and HICS Training offerings. UCLAHS participated in

exercise design and evaluation consultation for local hospitals including chairing the Los Angeles County 2011 Health and Medical Exercise Design Team. Internally, UCLAHS has been developing a new 'Code Triage Internal' response policy and process to address internal emergencies.

Actual events in the last year included responding to a systemwide IT Outage in December 2010; providing planning and response for the medical operations of the 2011 LA Marathon; supporting the Santa Monica GLOW event and preparing and supporting animal rights protests; security events involving celebrity admissions; and multiple dignitary protective standbys involving various outside agencies. The fiscal year also ended with preparation for the July 2011 I-405 freeway closure and licensing/move preparation for the Santa Monica Replacement Hospital. The Health System also continued collaboration with UCLA Campus Emergency Management and other campus emergency response resources as well as local, regional, and statewide partners.

Emergency/disaster exercises included multiple decontamination and traumatic surge exercises at both facilities; a series of 'active shooter' exercises for Health Care environment with faculty, staff, and UCLA Police; the 2010 Statewide Health and Medical Exercise (terrorist bombing); the Great Shakeout Earthquake Exercise; and multiple surge structure deployments.

Goals for the coming year include continuing participation in the Federal HPP grant program; continued rollout of the *UC Ready* program for business continuity planning; further rollout of Hospital Incident Command System training; continuing educational outreach for departmental/systemwide emergency management preparedness; and implementing a new process for 'Code Triage Internal' activations. The UCLA HS will also move into the new Santa Monica Campus Replacement Hospital and outpatient clinic areas, as well as continue redeveloping the Emergency Operations Plan.

Merced

In March 2011, UC Merced's Environmental Health & Safety, in partnership with Campus Police and Emergency Management, County Fire, and Riggs Ambulance Service conducted multi-agency training responding to a simulated chemical spill in the Science & Engineering Building. As part of the exercise, two simulated victims were taken to a local medical center, and a Fire Department HazMat Team entered the building to identify and contain the chemical using 'Level A' personal protective equipment. The exercise included testing *UCMAAlert*, the campus mass notification system.

In April 2011, a staff member discovered a small chemical leak coming from a room located in the Science & Engineering Building. Four custodial staff had come in contact with the chemical by either cleaning it up or disposing of the contents in the mop bucket. *UCMAAlert* was activated to inform occupants to evacuate the building. An Incident Command was set up and CSOs were assigned to designated locations to prevent people from re-entering the building. Cal Fire responded and determined the chemical to be an industrial water cooling chemical and stabilized the spill area. Staff members that came into contact with the substance went through the decontamination process and were evaluated by medical personnel with no reportable injuries.

In September 2011, the City of Merced experienced a power outage which affected campus. For approximately two hours different areas on campus operated on backup generators until PG&E could restore services.

In July 2011, UC Merced re-located the campus Emergency Operations Center (EOC) from a large shared space to three separate conference rooms. A tabletop exercise activating the EOC was held following the move to test space functionality, communication abilities, and interactive documentation through FBI LEO. The exercise included testing *UCMAAlert*.

In October 2011, UC Merced implemented the Building Safety Coordinator (BSC) Program to enhance our campus emergency preparedness. The roles and responsibilities of the BSC include assisting other building occupants in the event of an emergency; providing assistance in prompt evacuation and sheltering; encouraging people to leave the immediate area and moving to their pre-designated Emergency Assembly Area; creating awareness before an emergency arises; and cautioning people about elevator use prior to and during an emergency.

Goals for next year include obtaining funding approval for a campus Emergency Coordinator; conducting a multi-department and multi-agency tabletop exercise; developing departmental emergency plans; conducting vulnerability assessments; developing mitigation plans; planning for continuity of operations; and working with other members of the UC Merced Enterprise Risk Management Panel in identifying and mitigating campus critical risks.

San Diego

In the first quarter of 2011 UCSD Continuity & Emergency Services (CES) Division initiated a Strategic Plan and continuous improvement process focused on addressing NFPA 1600 Standard requirements. This approach played a significant role in qualitative and quantitative improvements which contributed to the campus being recognized for achieving 'Excellence in Emergency Management' by UCOP Risk Services during the annual Risk Summit conference.

Several emergency response events occurred during this period. CES assisted UC Police in making notification to the campus concerning two cases of attempted rape. Tangential to the issue of response to acts of violence on campus, CES developed and assisted Academic Affairs in issuing a wallet-card to faculty which details proper response to violence in the classroom and provides guidance on how best to respond to students of concern. CES also coordinated with UC Police for the delivery of 'active shooter' response training and arranged for the conduct of *WAVR-21* training for multiple campus departments and constituencies. In conjunction with this training, a video teleconference meeting was conducted between UCSD's behavioral threat team and the team at Virginia Tech. In his role as Co-Chair of the campus behavioral threat assessment and management team, the Director of CES assisted in response to fifteen cases of behavioral threat in staff, students and faculty.

In May, CES continuity staff organized and conducted an all-day meeting of all five southern UC campus Continuity Managers. Continuous improvement was realized in the number and 'stress testing' of campus continuity plans. Also in May, CES staff and members of the campus CERT team participated in Incident Command Post and on-field activities in support of the annual 'Sun God' festival.

In conjunction with the annual 'September Is Campus Preparedness Month', CES conducted a series of CERT training academies. The campus CERT team now numbers over 200 members. September also witnessed the largest regional power outage in San Diego history. CES assisted in campus response

and recovery efforts by staffing the EOC and serving as a member of the Emergency Policy Group. In response to the loss of power on campus, efforts were taken to restore essential services and the campus did not experience a loss of research or any harm to staff, students or faculty. An After Action process improvement plan is currently underway based on the impacts of the power outage. In October, a tabletop exercise focused on campus evacuation plans and protocols was conducted. A functional exercise based on campus evacuation is planned for May 2012.

San Diego Health System

The UCSD Health System Emergency Preparedness & Response Program (EP&R) met and exceeded performance standards for FY 10-11. As a result of multiple exercises and real events, the Health System made changes to the Emergency Operations Plan, expanded training opportunities, purchased resources, and developed new plans and procedures.

Evacuation procedures were changed in a year-long multi-focal effort to better identify the movement of patients. Multiple training programs occurred for the staff and the community throughout the year addressing a broad range of subjects in communication, special needs care, aviation disasters, surge management, decontamination procedures, and critical care issues.

In November 2010, the Health System participated in a full-scale National Disaster Medical System (NDMS) exercise supporting patient movement into our system from an out-of-area emergency and testing elements of the San Diego region's mass fatality plans. In March 2011, we facilitated extensive training and exercising for our clinical staff with Law Enforcement in response to a simulated active shooter. We were privileged to present a workshop for the Annual California Hospital Association as a direct result of this body of work.

During this fiscal year, the Health System participated in an area-wide pediatric gap analysis and tabletop exercises. Staff and faculty attended specialized training provided by Rady's Children Hospital in preparation for development of a pediatric surge plan specific to the Health System. A full-scale exercise was held on the evening shift to test the plan based on a surge of children with gastrointestinal illness. Surge capacity plans were also advanced for the new Sulpizio Cardiovascular Center with physician, nursing and ancillary input. Physician training has continued to address the MD roles in disasters, and physicians remain an integral part of planning and response efforts in NDMS planning and placement decisions. Medical Residents were also involved in training opportunities and committees.

The Health System has continued planning with the San Diego International Airport, regional military facilities, mass transit services, in addition to the Emergency Management Services and area healthcare partners. Hospital Preparedness Program (HPP) funding was secured and significant resources were acquired in support of the Health System.

Goals for the coming year include the continuing educational elements of the response to active shooters; pediatric planning; and staff and space augmentation. A major effort is also underway to manage resources under a web-based program designed to improve capabilities.

San Francisco

The primary UCSF Emergency Operations Center (EOC) was relocated to a newly constructed building that meets 'essential service' building seismic standards. A remotely-hosted file sharing site was created to store Emergency Response Management Plan forms and resources to support physical or virtual EOC activations. The EOC was activated for the Japan Earthquake and Tsunami, supporting successful activation of the Travel Emergencies Team and implementation of the Travel Emergency Annex.

UCSF was awarded with the *UC Ready Excellence in Mission Continuity* by UCOP for the second time. As of June 2011, UCSF has identified 386 departments or units with time-sensitive essential functions that may require a continuity plan to be developed. Currently, about 172 (44%) plans have been completed with an additional 43 (55%) plans in progress.

UCSF hired a Mass Notification System (MNS) Coordinator in October 2010, and entered into a new MNS vendor contract with *W.A.R.N.* An electronic display board vendor compatible with the *WarnMe* notification system was identified after an extensive RFI process, although efforts to award a construction contract have been delayed.

UCSF conducted multiple training sessions including EOC Incident Management Team trainings; Emergency Communication Team training; First Aid and CPR/AED training; Campus Emergency Response Team (CERT) training; basic, refresher and advanced Floor Warden trainings; Student Preparedness training; and Emergency Preparedness town halls. Exercises conducted over the last year included a February 2011 Select Agent Lab tabletop; September 2011 Power Failure EOC and Policy Group tabletop; and sixty-one (61) Mission Continuity Plan tabletop exercises.

Emergency Response Management Plan appendixes and annexes completed during 2011 include: Travel Emergencies Annex; Crisis Communications Annex; Recovery Annex; EAP Annex; Power Failure Annex; Emergency Status Assessment & Reporting Annex; EOC Location & Set-up Appendix; and a Medical Center-Campus Joint Activation Appendix. Development of online Emergency Action Plans continues with an average 90% campuswide compliance rate for FY11 (520 plans). An EAP Team Manual was also created.

During FY11, UCSF awarded a discounted disaster supplies contract for both personal and departmental purchases to *Your Safety Place* that is also available to all other UC system locations. UCSF purchased a cache of disaster mass care and shelter supplies consisting of food bars, water, lights, batteries, Mylar blankets, first aid kits, hygiene kits, and bucket toilets sufficient to support 10,000 personnel for three days.

Two UC systemwide *Be Smart About Safety* grants were awarded to UCSF in 2010: a \$30,000 grant to purchase computers for the EOC; and \$50,000 to update and re-issue the Campus Emergency Procedures charts, and develop emergency information decals for phones.

San Francisco Medical Center

The UCSF Medical Center (UCSFMC) Emergency Management (EM) program continues to excel through continuous improvement and achievements throughout the year. The Hospital Incident Command System (HICS) was activated three times this past year. The first activation occurred as part of a citywide activation for a tsunami warning in March 2011 in direct response to the devastating Japan earthquake and tsunami. HICS was established to manage Medical Center messaging and to monitor the situation. The second HICS activation was in May 2011 in response to a Gastrointestinal (GI) Outbreak. Our Infection Control unit was able to detect the issue early and was able to isolate the situation and remedy it effectively using HICS. Our final HICS activation occurred in November 2011 for a network disruption at one of our offsite locations in China Basin. A number of lessons learned during the HICS activations are currently being incorporated to improve future response and recovery.

A secondary issue from the tsunami warning was the numerous radiation warnings related to the fallout from the Japan nuclear plants. The City & County of San Francisco's Department of Public Health (DPH) directly reached out to UCSFMC EM to be the lead in coordinating a cadre of radiation experts to be able to address this issue in San Francisco if the situation escalated.

UCSFMC EM continues to work, collaborate, and serve as a resource with community partners such as the San Francisco DPH and other Bay Area hospitals through the Hospital Council Emergency Preparedness Partnership. Additionally, UCSFMC EM participated in the 95th Civil Support Team/WMD California National Guard Joint Agencies Shipboard Response Exercise in November where UCSFMC EM was called upon to give expert advice regarding decontamination and patient care issues.

In order to improve communications between the Hospital Command Center (HCC) and departments during an emergency incident/event an Online Disaster Reporting Grid was created this year. When requested, departments can go online (or work off a worksheet in the event of a power/internet failure or outage) and submit information to the HCC to better respond in an emergency incident/event.

Two annual drills were conducted; one at Parnassus in Spring 2011, and one at Mt. Zion in Fall 2011. In order to prepare staff at all levels and all shifts, UCSF Medical Center conducted these drills during the night shift for the first time. These drills uncovered a number of strengths and also new challenges related to the unique work culture during the night shift. Additionally, UCSF Medical Center participated again in the annual *Great California ShakeOut* statewide earthquake drill, with activities ranging from reviewing Department Emergency Action Plans (EAPs); refreshing department emergency supplies including 'go-bags'; reviewing personal preparedness information; and offering an online earthquake quiz for staff. This year departments were given guidelines on standardized department emergency supplies and 'go-bags.' Each item has been given a description and a simple explanation of its use. Departments have been encouraged to go through the items with staff to familiarize them on the use of these emergency supplies.

The UCSF Medical Center 'First Receiver' Program was re-launched in collaboration with the UCSF Medical Center Safety Office and UCSF Environmental Health & Safety. Three full-day trainings with didactic and operational components were conducted with a total of 59 active members. Courses will continue to evolve and membership will continue to grow. The response role of physicians was

delineated with regards to both reporting structure as well as detailed responsibilities for maintaining and ensuring patient care/safety. Additional training on the role of the physician during an emergency incident/event was also conducted. This year UCSF Medical Center also sent nine staff members to FEMA's Center for Domestic Preparedness in Anniston to attend FRAME (Framework for Healthcare Emergency Management) training. FRAME is an intensive week-long course teaching the fundamentals of hospital emergency management.

In June 2011, UCSF Medical Center signed on to the University of California Medical Centers University-wide Mutual Aid Memorandum of Understanding (MOU) with all other UC Medical Centers to aid each other in emergency response by sharing medical personnel, pharmaceuticals, supplies, and equipment, or assistance with emergent medical center evacuation including accepting patients for transfer.

Despite all of the accomplishments this year, there are still many initiatives to be worked on in the coming year including a UCSF Medical Center focused personal preparedness campaign; planning for alternative care sites; exploring mobile applications; and launching the Benioff Children's Hospital Planning Task Force subgroup of the Emergency Management Committee.

Santa Barbara

UCSB is happy to report that our campus did not experience any more natural disasters this year. Our largest incident/event was hosting the NCAA Men's College Cup in December 2010. Campus leadership continues their strong support of the Emergency Management program. The Emergency & Continuity Planning Committee met monthly on topics such as psychological first aid, PIO best practices, nuclear radiation, and *WAVR-21*. UCSB held quarterly campus exercises on hazards including an active shooter, earthquake, missing student, hazmat spill, and a civil disturbance/terrorism event. Accomplishments include updating our campus Hazard Vulnerability Assessment, improving resource management processes, better coordination between the ICP and the EOC, and delivering a successful public education program. UCSB achieved the *UC Ready* 25% plan completion target for July 2011, and we are currently assisting departments to achieve 50% plan completion by July 2012.

UCSB coordinated with partners across Santa Barbara County on activities such as Joint Information Center (JIC) training and rollout of *WebEOC*, as well as exercises on scenarios including a bomb explosion, radiological spill, hazmat incident, airplane crash, and an earthquake. We are coordinating with Santa Barbara County Public Health to procure a cache of emergency medical supplies. Student Health conducted training and exercises to prepare them to provide medical care to an expanded population if needed during an emergency. Eleven UCSB architects and engineers also received recertification on ATC-20 Post-earthquake Building Safety Evaluation.

UCSB is procuring two trailers with mass care and shelter supplies serving both campus and Isla Vista, and we will test our shelter operations capabilities in a functional drill in December 2011. We also implemented an emergency radio program providing 800-MHz radios to building representatives across campus.

As we go into our second year, the UCSB and Isla Vista CERT program is very successful. The Campus Emergency Preparedness Manager is trained to teach CERT, Teen CERT, as well as Red Cross shelter operations. We have an enthusiastic group of volunteers including students, staff and community

members. Members of the Santa Barbara County community gathered at UCSB in August 2011 for the first annual county-wide CERT drill. There were over 150 participants, including many County fire stations. View a video of the CERT drill at this link: <http://vimeo.com/28916947>

Goals for the Emergency Management program for the coming year are to update the campus EOP; implement *WebEOC*; update all MOUs; and achieve better integration of campus Department Emergency Operations Centers (DEOC) with the EOC.

Santa Cruz

The campus had full and partial Policy Group/EOC activations for the following three incidents: “Day of Action” statewide protests in October 2010 and November 2010, and the annual 4/20 event in April 2011. Several other protests and incidents were monitored by Emergency Management staff but did not require EOC activations.

The Campus EOC was placed on standby in response to the discovery of graffiti threatening violence against UCSC students on a specified day in January 2011. Campus planning and response efforts began in December 2010 upon discovery of this threat and continued through the week of the threatened violence, which thankfully did not occur. Subsequently, approximately 40-50 campus staff completed *WAVR-21* behavioral threat assessment training sponsored by UCOP in February 2011.

In March 2011, Santa Cruz County was affected by the tsunami resulting from the Tohoku Earthquake in Japan. While campus fixed facilities were not directly impacted by the tsunami, there was damage to eleven (11) vessels owned by the UCSC Office of Physical Education, Recreation and Sports that were moored at the Santa Cruz Harbor. Risk Services coordinated applications for Cal-EMA and FEMA reimbursement for this damage to supplement insurance coverage.

Also in March 2011, the campus hosted a county-wide fire service high rise drill using the Engineering 2 building. Approximately 150 firefighters and command staff from various agencies participated in the drill over a three day period.

Progress continues on the UCSC Business Continuity planning effort. To date, twenty (20) campus units have completed plans with an additional 72 plans in progress. Recruitment for a new Business Continuity Planner began in January 2011 and was completed in May 2011, as the previous planner transferred to a new position.

In September 2010, the campus hosted the annual UC systemwide Emergency Management and Business Continuity conference, with 54 attendees from all campuses, medical centers, national laboratories and ANR, as well as representatives from the Santa Cruz County Office of Emergency Services, San Jose State University, and Stanford University.

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. The annual Emergency Management status report, based on NFPA 1600 National Standard benchmarks, was completed and distributed to UCOP and campus executive leadership. OPRS developed detailed specific benchmarking criteria to guide the campuses in their programmatic self-assessments and reporting in order to produce a more accurate and consistent systemwide evaluation of emergency preparedness. In Fall 2010, OPRS also coordinated with the Santa Cruz campus on the planning, logistics, and conduct of the annual two-day UC Emergency Management and Business Continuity Conference with 54 attendees from all locations, as well as representatives from San Jose State and Stanford University.

OPRS coordinated with UCOP Building Services and Information Technology staff on planning, design, and construction of a renovated ground floor conference room dual-use facility as the first-ever UCOP Emergency Operations Center (EOC). The new EOC has a flexible layout and videoconferencing, teleconferencing, and robust communications and data capabilities. OPRS acquired and installed various EOC supplies and equipment including a dedicated PC workstation/fax/printer setup, and analog phones, and also developed EOC Operations Guides.

OPRS oversaw and coordinated the planning, design, and conduct of UCOP's first-ever tabletop crisis management exercises to test the new Management Response Plan and Emergency Operations Center facility. OPRS led the successful exercise involving an active shooter/hostage situation, staffing the Response Support Team Leader and Coordinator functions. Emergency notification phone/email messages were successfully sent to designated Management and Response Team personnel. Management Response Plan training materials, webinars, orientations, and briefing meetings were developed and conducted continually prior to the tabletop exercise. Planning, design, coordination, and logistics also began for the Fall 2011 functional tabletop EOC exercise. OPRS was also requested to formally evaluate various campus EOC operations and disaster exercises.

Triggered by the continuing trend of acts of violence on university and college campuses, and recent related litigation against the University, OPRS re-evaluated the University's systemwide approaches to behavioral threat management. In coordination with OGC, OPRS evaluated various training methodologies and vendors and sponsored advanced state-of-the-art campus training seminars on evaluating the potential for violent behavior (*WAVR-21*), as well as legal advice on communicating sensitive information between various campus departments involved in student services, mental health, and student conduct issues. OPRS also assisted OGC with reviewing and updating UCOP threat management procedures.

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. OPRS also coordinates closely with University Police (UCPD) to provide threat and security services and risk assessments related to faculty and their families, and high risk campus facilities. Threat and security-related activities are reported monthly to the FBI by the Chief Risk Officer.

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 continued to fund 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 coordinated the UC Payroll Processing System (PPS) disaster recovery/continuity planning project in cooperation with UCOP Financial Management, Treasurers Office, and Information Technology personnel.

OPRS has built an elaborate network of Travel Insurance and Security Services that are provided to students, staff, and faculty. Program registration through *UCTRIPS* enables OPRS and the Education Abroad Program to track the traveler and send 'real-time' alerts when issues surface affecting health, safety, and security. During the last fiscal year, the program responded to multiple world incidents and safely brought home faculty, staff, and students. The civil unrest in Egypt and the earthquake and ensuing tsunami in Japan proved to be the most challenging. However, OPRS safely evacuated 80 travelers (faculty, staff, and students) from Egypt. During the Japanese quake/tsunami, the program not only successfully relocated Education Abroad students, but also provided security and safety guidance to multiple researchers who were contemplating traveling to Japan to assist with the recovery efforts.

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 Planning Committee, and Standardized Emergency Management System (SEMS) Technical Advisory Group. OPRS also participated in the FBI's Bay Area Terrorism Working Group (BATWING) and established a UC Emergency Management Special Interest Group with Virtual Command Center capability on the FBI Law Enforcement Online secure website. 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 *Great ShakeOut* statewide earthquake response drill for the second year.

OPRS led a systemwide Emergency Management workgroup that coordinated with UCOP Procurement Services to successfully develop and post a Mass Notification System Request for Qualifications (RFQ) public vendor bidding document including a comprehensive set of mandatory technical system requirements; bidder pricing schedules; and a systemwide campus/medical center MNS system capabilities matrix. Vendor proposals were evaluated and ranked according to cost.

Goals for the coming year include rolling out and installing the systemwide mobile satellite radio system; coordinating with UCSB to hold the annual systemwide joint EM/BCP conference in Fall 2011;

coordinating with all locations to develop and compile the 2010-11 Annual EM Status Report; developing a Strategic Plan for the UC Council of Emergency Managers; and increasing UCOP implementation of the *UC Ready* continuity planning program.

Agriculture & Natural Resources (ANR)

Agriculture & Natural Resources (ANR) has two primary types of facilities that are managed differently for emergency planning and response purposes.

Cooperative Extension (CE) is ANR's statewide public outreach arm. CE offices are located in County-owned and operated facilities, so each individual County or multi-County partnership is responsible for emergency planning and response in these facilities although ANR serves as a resource for the UC staff. Both an Injury & Illness Prevention Program and an Emergency Action & Fire Prevention Plan template have been created by ANR EH&S and distributed to CE offices for their use along with other risk and safety resources.

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. 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 structure (ICS) is established and roles defined to manage small-to-moderate emergencies that can be dealt with 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.

For the ANR RECs, the primary program areas that have been identified as only 'partially conforming' to the NFPA 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 within 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 EH&S Department has developed an Emergency Management program area on its website to share information with REC and CE locations. ANR EH&S continually revises and refines the Emergency Preparedness, Response and Recovery Plans at each REC to reflect staffing changes and other administrative changes that have occurred. The revised plans now integrate all three plans into a single comprehensive plan for each facility, and use an 'all-hazards' approach to identifying response measures for potential incidents. Concurrently, ANR has implemented the *UC Ready* program for ensuring continuity of ANR's research, teaching, and public service mission following any disaster or extraordinary disruption.

EH&S has identified the following goals for the ANR Emergency Management program this year: arrange NIMS/ICS/SEMS training for key personnel at the RECs and potentially CE locations; create and refine a standardized schedule and parameters to test and evaluate the effectiveness of emergency and continuity plans at REC and CE locations; establish an Emergency Management advisory committee among the RECs; continue to incorporate elements of emergency management and continuity planning into the checklist used for our annual assessment of EH&S programs; 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.

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

<i>NFPA 1600 Program Elements</i>	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>	<p>Includes resources to adequately support program and corrective actions pursuant to Section 8.2</p>	<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>	<p>Committee actively provides input and/or assistance with program</p>	<p>An EM program administrative advisory committee exists but does not actively provide input, guidance, and/or assistance (particularly for program priorities and resources).</p>	<p>Some other type of program advisory mechanism exists or a multi-purpose committee.</p> <p>No dedicated EM program administrative advisory committee.</p>
<p>4.4 (1) Executive policy including vision, mission statement, roles and responsibilities, and enabling authority.</p>	<p>Also includes vision and mission</p>	<p>Policy sets forth roles and responsibilities <i>and</i> enabling authority.</p>	<p>Policy sets forth roles and responsibilities only.</p>
<p>4.4 (2)* Program scope, goals and objectives consistent with campus policy and considers financial constraints/management support.</p>	<p>Considers financial constraints</p>	<p>Program goals and objectives, <i>and</i> scope.</p>	<p>Program goals and objectives only.</p>
<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>	<p>Includes budget and schedule per 4.4(5)</p>	<p>Program budget and milestones developed but budget is ad hoc/not dedicated to EM program.</p>	<p>Costs, priorities, and resource requirements identified per (3). No EM program budget or schedule per 4.4(5).</p>
<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>	<p>Performance objectives exist for <50% of program elements and requirements per 4.6.1.</p>

NFPA 1600 Program Elements	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>
<p>5.1.3 Crisis management planning shall address issues that threaten the strategic, reputational, and intangible elements of the entity.</p>	<p>Addresses <i>all</i> three elements.</p>	<p>Crisis management planning addresses <i>two</i> issues or elements listed.</p>	<p>Crisis management planning addresses <i>one</i> issue or element listed.</p>

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<p>5.4* RISK ASSESSMENT (HVA).</p> <p>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.</p> <p>5.4.2* Campus shall identify hazards and monitor those hazards and the likelihood of their occurrence.</p>	<p>Complies fully with 5.4.1 and 5.4.2</p>	<p>Campus has conducted a full risk assessment (HVA) per 5.4.1.</p> <p>Campus monitors all hazards per 5.4.2.</p>	<p>Campus has identified hazards and likelihood of occurrence per 5.4.2.</p>
<p>5.4.2.2 The vulnerability of people, property, the environment, and the campus shall be identified, evaluated, and monitored.</p>	<p>Also includes monitoring.</p>	<p>Vulnerabilities have been identified <i>and</i> evaluated.</p>	<p>Vulnerabilities have been identified.</p>
<p>5.4.2.1* Hazards to be evaluated shall include the following:</p> <p>(1) Natural hazards (geological, meteorological, and biological)</p> <p>(2) Human-caused events (accidental and intentional)</p> <p>(3) Technologically caused events (accidental and intentional)</p>	<p>Human-caused events also evaluated per (2).</p>	<p>Natural hazards <i>and</i> technologically-caused events have been evaluated per (1) and (3).</p>	<p>Only natural hazards have been evaluated per (1).</p>
<p>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:</p> <p>(1) Health and safety of persons in the affected area at the time of the incident (injury and death)</p> <p>(2) Health and safety of personnel responding to the incident</p> <p>(3)* Continuity of operations</p> <p>(4)* Property, facilities, assets, and critical infrastructure</p> <p>(5) Delivery of campus services</p> <p>(6) Supply chain</p> <p>(7) Environment</p> <p>(8)* Economic and financial condition</p> <p>(9) Regulatory and contractual obligations</p> <p>(10) Reputation of or confidence in the campus</p>	<p>Impact Analysis has been conducted on all ten (10/10) areas listed in 5.4.3.</p>	<p>An Impact Analysis has been conducted on at least 7/10 areas listed in 5.4.3.</p>	<p>An Impact Analysis has been conducted on at least 5/10 areas listed in 5.4.3.</p>
<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>

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<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>	<p>Tied to performance objectives per 6.1.1</p>	<p>Needs assessment based on all HVA hazards but <i>not</i> directly tied to performance objectives for those hazards.</p>	<p>Needs assessment complete but <i>not</i> based on all hazards identified in HVA.</p>
<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>	<p>Needs assessment includes <i>all</i> three items listed per 6.1.2(1)(2) and (3).</p>	<p>Needs assessment includes all items listed under <i>both</i> 6.1.2 (1) and (2).</p>	<p>Needs assessment includes all items listed under 6.1.2(1).</p>
<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>	<p>All 6.1.3 including facilities.</p>	<p>Procedures <i>also</i> in place to manage donations per 6.1.3</p>	<p>Procedures in place to manage services, human resources, equipment, and materials procured per 6.1.3</p>
<p>6.1.4* Facilities capable of supporting response, continuity, and recovery operations shall be identified.</p>	<p>All 6.1.4 including continuity.</p>	<p>Facilities capable of supporting response <i>and</i> recovery identified per 6.1.4</p>	<p>Facilities capable of supporting response identified per 6.1.4</p>
<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>	<p>Also includes resource typing or categorizing per (2)</p>	<p>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).</p>	<p>Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3)</p>
<p>6.1.6 A current inventory of internal and external resources shall be maintained.</p>	<p>Both inventories current</p>	<p>Inventory of internal <i>and</i> external resources but <i>not</i> current.</p>	<p>Inventory of <i>only</i> internal resources maintained.</p>
<p>6.1.7 Donations of human resources, equipment, material, and facilities shall be managed.</p>	<p>All 6.1.7 including equipment and facilities</p>	<p>Donations of human resources <i>and</i> materials managed per 6.1.7</p>	<p>Donations of human resources managed per 6.1.7.</p>
<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>	<p>All needed agreements established</p>	<p>Some (but <i>not all</i>) needed written agreements have been established per 6.2.1 and 6.2.2</p>	<p>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>
<p>6.2.3* Mutual aid/assistance agreements shall be documented in the program (see Annex A.6.2.3).</p>	<p>All (10/10) elements/provisions in place.</p>	<p>At least 7/10 of elements or provisions listed in A.6.2.3 are in place.</p>	<p>At least 5/10 of elements or provisions listed in A.6.2.3 are in place.</p>

<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 <i>also</i> coord. established	Direct communications between ICP and EOC. Liaison <i>also</i> 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> <ol 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> <ol 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> <ol 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).</p>	<p>Includes <i>both</i> skills training as well as education curriculum</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</p>	<p>Campus has developed and implemented some type of training and education curriculum.</p>

<p>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>per A.6.11.</p>	<p>A.6.11.1.</p>	
<p>6.11.3 The scope of the curriculum and frequency of instruction shall be identified. 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. 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: (1) Potential hazard impacts (2) Preparedness information (3) Information needed to develop a preparedness plan</p>	<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. 7.1 Program Evaluation. Campus shall evaluate program plans, procedures, and capabilities through periodic testing and exercises. 7.2* Exercise Evaluation. Exercises shall be designed to evaluate program plans, procedures, and capabilities. 7.3* Methodology. Exercises shall provide a standardized methodology to practice procedures and interact with other entities in a controlled setting. 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: (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</p>	<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>(10) Identify additional resources and assess the capabilities of existing resources including personnel and equipment needed for effective response and recovery</p>			
<p>PROGRAM REVIEWS & CORRECTIVE ACTION</p> <p>8.1 Program Reviews. 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. 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. 8.1.3 The program shall also be re-evaluated when any of the following occur: (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>	<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. 8.1.5* Campus shall maintain records of its reviews and evaluations, in accordance with the records management practices developed under Section 4.8. 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. 8.2.1* Campus shall establish a corrective action process/program that may include: (1) Plan or SOP revisions (2) Training and exercises (3) Equipment additions or modifications and facilities 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>

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

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