

Systemwide Emergency Management Status Report

December 2015

Prepared by

UCOP Risk Services (OPRS)

I. Introduction

This FY 2014-15 annual report is based on programmatic self-assessments completed by each of the ten campuses, and includes executive summaries for all locations including medical centers, UCOP, Lawrence Berkeley National Lab, and Agriculture and Natural Resources Division (ANR). Campus program self-assessments are benchmarked against the *National Standard on Disaster/Emergency Management and Business Continuity Programs* (National Fire Protection Association [NFPA] Standard 1600; 2013 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 NFPA Standard represents a “total program approach” to the challenge of integrating disaster and emergency management with business continuity planning. The University remains one of only a few major higher education systems nationwide that has voluntarily adopted this stringent standard.

In conjunction with the National Standard, OPRS in coordination with the UC Emergency Management Council (EMC), 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, the Emergency Management Council developed a NFPA 1600 Standard benchmarking guide that defines specific measurable performance criteria for what constitutes varying degrees (‘partial, substantial, or complete’) of conformance with each of the Standard’s seventy (70) programmatic criteria. The comprehensive benchmarking guide is included for reference in **Appendix I**.

Adoption of this quantitative methodology has produced a systemwide performance measurement system that is more accurate, credible, objective, and consistent than use of purely subjective qualitative criteria. Quantitative analysis typically proves to be more informative and useful to both senior administration and campus program staff. OPRS strives to collaboratively support long-term demonstrable and measurable continual improvement in our emergency management programs.

The 2013 revisions to the NFPA Standard incrementally affected several different programmatic elements including Hazard Vulnerability Assessment; Standard Operating Procedures; and Program Maintenance and Improvement. In addition, a new Business Impact Analysis (BIA) program element was added to the Standard. The BIA is a key continuity planning element that evaluates the potential operational and financial impacts resulting from interruption or disruption of essential or critical campuswide functions, processes, infrastructure, systems, and applications and identifies capabilities that might be needed to manage those disruptions. The BIA is used to develop recovery strategies and plans. A newly revised NFPA Standard will be issued in 2016, and will be used for benchmarking beginning next year for the next triennial Standard cycle (2016-18).

II. Systemwide Summary of Conformity with NFPA Emergency Management Standard Criteria

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 nineteen (19) basic program elements based on each campus' self-assessments of the various multiple criteria comprising each corresponding program element:

1. Program Management.

Most (8/10) of the Campuses conform or substantially conform with the six criteria, a decrease of two (-20%) campuses since last year; one (1/10) campus remains in complete conformity with all criteria, a decrease of one (-10%) campus since last year.

2. Program Coordinator/Manager.

Nearly all (9/10) of the Campuses continue to conform or substantially conform with a single criterion, a decrease of one (-10%) campus since last year; eight (8/10) campuses are in complete conformity with the criterion, a decrease of one (-10%) campus since last year.

3. Compliance with University Requirements and State/Federal Laws.

All (10) of the Campuses continue to conform or substantially conform with the two criteria; (5/10) campuses now completely conform with all criteria, a decrease of three (-30%) campuses since last year.

4. Finance and Administration.

Many (6/10) of the Campuses now conform or substantially conform with the four criteria, a decrease of one (-10%) campus since last year; three (3/10) campuses are in complete conformity with all criteria, an increase of one (+10%) campus since last year.

5. Planning and Design Process.

Most (7/20) of the Campuses conform or substantially conform with the five criteria, a decrease of three (-30%) campuses since last year; three (3/10) campuses are in complete conformity with all criteria, an increase of one (+10%) campus since last year.

6. Hazard Vulnerability Assessment.

Most (7/10) of the Campuses now conform or substantially conform with the five criteria, a decrease of two (-20%) campuses since last year; four (4/10) campuses are in complete conformity with all criteria, an increase of two (+20%) campuses since last year.

7. Business Impact Analysis.

No (0/10) Campuses now conform with the four criteria, a decrease of one (-10%) campus since last year; six (6/10) campuses remain in partially conformity with the criteria since last year.

8. Resource Needs Assessment.

Most (7/10) of the Campuses now conform or substantially conform with the seven criteria, a decrease of one (-10%) campus since last year; one (1/10) campus remains in complete conformity with all criteria since last year.

9. Incident Prevention and Hazard Mitigation.

Many (6/10) of the Campuses conform or substantially conform with the four criteria, a decrease of three (-30%) campuses since last year; three (3/10) campuses now completely conform with all criteria, a decrease of two (-20%) campuses since last year.

10. Crisis Communications and Public Information.

All (10) of the Campuses continue to conform or substantially conform with the two criteria; seven (7/10) campuses are now in complete conformity with all criteria, a decrease of one (-10%) campus since last year.

11. Warning, Notifications and Communications.

All (10) of the Campuses continue to conform or substantially conform with the three criteria; seven (7/10) campuses are now in complete conformity with all criteria, a decrease of three (-30%) campuses since last year.

12. Standard Operating Procedures (SOPs).

Many (6/10) of the Campuses now conform or substantially conform with the four criteria, a decrease of two (-20%) campuses since last year; one campus remains in complete conformity with all criteria.

13. Incident Management.

Most (8/10) of the Campuses now conform or substantially conform with the eight criteria, a decrease of two (-20%) campuses since last year; one (1/10) campus is in complete conformity with all criteria, a decrease of one (-10%) campus since last year.

14. Emergency Operations/Response Plan.

Most (8/10) of the Campuses now conform or substantially conform with the three criteria, a decrease of two (-20%) campuses since last year; three (3/10) campuses now completely conform with all criteria, a decrease of one (-10%) campus since last year.

15. Business Continuity and Recovery.

Half (5/10) of the Campuses now conform or substantially conform with the two criteria, a decrease of one (-10%) campus since last year; two (2/10) campuses remain in complete conformity with all criteria since last year.

16. Employee Assistance and Support.

Most (7/10) of the Campuses now conform or substantially conform with the two criteria, a decrease of two (-20%) campuses since last year; three (3/10) campuses now completely conform with all criteria, a decrease of one (-10%) campus since last year.

17. Training and Education.

Many (6/10) of the Campuses now conform or substantially conform with the four criteria, a decrease of two (-20%) campuses since last year; three (3/10) campuses now completely conform with all criteria, a decrease of one (-10%) campus since last year.

18. Exercises and Tests.

Nearly all (9/10) of the Campuses now conform or substantially conform with the two criteria, a decrease of one (-10%) campus since last year; seven (7/10) campuses remain in complete conformity with all criteria since last year.

19. Program Maintenance and Improvement.

Most (7/10) of the Campuses now conform or substantially conform with the three criteria, a decrease of three (-30%) since last year; four (4/10) campuses now completely conform with all criteria, a decrease of two (-20%) campuses since last year.

NFPA Standard - Systemwide Programmatic Trends Analysis

Due primarily to turnover in campus emergency management staff and/or responsible senior management, three of the ten campuses completely re-assessed and re-evaluated their campus programs against the NFPA Standard. Consequently, all three campuses significantly downgraded their self-assessments of conformity with the NFPA Standard resulting in a negative overall systemwide trend in terms of the University's progress in meeting all of the Standard's programmatic elements.

All ten (10) campus locations reportedly conform or substantially conform with the following three (of nineteen total) NFPA Standard programmatic elements: compliance with University requirements and state/federal laws; crisis communications and public information; and warning, notifications, and communications. Nearly all (9/10) campuses also conform with the following two NFPA programmatic elements: program coordinator/manager; and exercises and tests. Most (7-8) of the campuses also conform with the following eight NFPA programmatic elements: program management; planning and design process; hazard vulnerability assessment; resource needs assessment; incident management; emergency operations/response plan; employee assistance and support; and program maintenance and improvement. So currently most of the campuses conform or substantially conform with thirteen of the nineteen (68%) NFPA Standard program elements.

The greatest systemwide improvement in terms of conformity with individual programmatic criteria was reported over the last year in the following five NFPA Standard program elements: standard operating procedures; business continuity and recovery; planning and design process; exercises and tests; and resource needs assessment. In particular, enhanced conformity were primarily reported in these programmatic criteria: access controls, responder accountability, and demobilization; continuity plans; and establishing resource management procedures. In terms of achieving complete conformity with all programmatic criteria, individual campus progress was reported in hazard vulnerability assessment; planning and design process; and finance and administration.

Conversely, the greatest systemwide downgrades in conformity were reported in the following five NFPA Standard program elements: program maintenance and improvement; incident prevention and hazard mitigation; emergency operations/response plan; employee assistance and support; and training and education. In particular, downgrades in campus conformity were primarily reported in these corresponding programmatic criteria: establishing corrective action for identified deficiencies; implementing a continuous improvement process; developing and implementing a mitigation strategy; basing mitigation strategies on a HVA, campus experience, and costs; developing interim and long-term mitigation actions; identifying protective/stabilization actions in the campus emergency

operations/response plan; developing comprehensive employee assistance and support strategy; promoting family preparedness education; identifying the scope and frequency of training; and training designated staff in ICS roles.

More information on all of the NFPA Standard program elements and corresponding criteria can be found in the benchmarking guide contained in Appendix I.

Table 1 - Campus Self-Assessments - NFPA Standard Conformity										
Systemwide Emergency Management Status Report										
December 2015										
	Berkeley	Davis	Irvine	UCLA	Merced	Riverside	San Diego	UCSF	Santa Barbara	Santa Cruz
Program Management										
Leadership commitment and resources	2	3	3	3	2	1	3	3	3	1
Program review/support committee	3	3	3	3	2	3	3	3	3	2
Executive policy and enabling authority	3	3	3	3	3	1	3	3	3	2
Program scope/goals/perf objectives/metrics	3	3	3	2	2	0	3	3	3	2
Prioritized budget and schedule/milestones	3	3	2	0	2	0	3	3	2	2
Establish program performance objectives	2	1	3	1	1	0	3	2	3	2
Program Coordinator/Manager										
Designated/authorized personnel	3	3	3	2	1	3	3	3	3	3
Compliance with Laws/Requirements										
UC policies/requirements	3	3	3	2	2	3	3	3	3	3
SEMS/NIMS requirements	3	3	3	3	3	2	3	2	3	2
Finance & Administration										
Develop financial/administrative procedures	1	3	3	0	2	0	3	2	3	3
Framework uniquely linked to emergency ops	2	3	2	0	2	1	3	2	3	2
Expedited fiscal decision-making procedures	2	3	2	0	1	0	3	3	3	3
Records management program	2	3	3	1	1	0	3	2	3	3
Planning & Design Process										
Planning process to develop plans/strategies	2	2	3	2	1	0	3	2	3	2
Common plan content requirements	3	2	3	1	1	1	3	3	3	2
Use 'all-hazards' approach and HVA	3	3	3	3	2	3	3	3	3	3
Strategic planning defines vision/mission/goals	3	2	3	3	2	0	3	3	3	2
Crisis management planning addresses issues	3	3	3	0	2	3	3	3	3	3
Hazard Vulnerability Assessment										
Identify/monitor hazards and probabilities	3	2	3	3	3	2	3	3	3	2
Evaluate 'all-hazards' applicable to campus	3	3	3	2	3	3	3	3	3	3
Assess campus vulnerability to all hazards	3	2	3	2	3	2	3	3	3	2
Conduct campus-wide impact analysis	3	1	2	1	2	2	3	3	3	2
Evaluate existing prevention/mitigation strategies	3	1	1	0	1	0	3	3	3	3
Business Impact Analysis										
Evaluate impacts campus functions/processes	1	0	1	2	1	1	2	2	1	0
Identify Recovery Time Objectives (RTOs)	1	0	0	2	1	0	2	2	1	0
Identify Recovery Point Objective (RPO)	1	0	0	2	1	1	1	2	1	0
Identify interdependencies and impacts	1	0	1	1	1	1	2	1	1	0
Resource Needs Assessment										
Conduct needs assessment based on HVA/BIA	1	1	1	1	1	0	3	2	2	2
Assessment considers multiple factors	1	1	1	1	1	0	3	2	3	2
Establish resource management procedures	2	3	2	2	1	3	3	2	3	3
Identify operational support facilities	3	3	3	2	1	0	3	3	3	3
Establish mutual aid/partnership agreements	3	3	3	1	2	1	3	2	3	3
Incident Prevention & Hazard Mitigation										
Develop/implement prevention strategy	3	2	3	1	1	3	3	3	3	3
Develop/implement mitigation strategy	2	2	2	2	1	2	3	2	3	3
Base strategies on HVA/experience/costs	2	1	2	1	1	1	3	3	3	3
Interim and long-term mitigation actions	3	1	2	1	1	1	3	3	3	3
Crisis Communications & Public Information										
Ability to disseminate/respond to information	3	3	3	3	3	3	3	3	3	3
Maintain crisis comm's/public info capability	3	3	3	2	3	1	3	3	3	2
Warning, Notifications & Communications										
Determine warning/notification/comm's needs	3	3	3	2	3	3	3	3	3	3
Systems are reliable/redundant/interoperable	3	3	3	3	2	3	3	2	3	3
Warning/notification/comm's protocol/procedures	3	3	3	3	3	3	3	3	3	3

METRICS KEY: 0 = Non-conforming 1 = Partially Conforming 2 = Substantial Conforming 3 = Conforming

**Table 1 (cont.) - Campus Self-Assessments - NFPA Standard Conformity
Systemwide Emergency Management Status Report
December 2015**

	Berkeley	Davis	Irvine	UCLA	Merced	Riverside	San Diego	UCSF	Santa Barbara	Santa Cruz
Standard Operational Procedures (SOPs)										
Implement response/recovery procedures	2	2	1	3	1	2	3	3	2	2
SOPs for EH&S/property/stabilization/continuity	3	2	2	3	2	2	3	2	3	2
Access controls/responder accountability/demob	3	2	2	0	3	0	3	3	3	2
Concurrent response/recovery/continuity	2	2	2	1	1	1	3	3	3	3
Incident Management										
Use ICS to manage response/recovery/continuity	3	3	3	1	3	2	3	3	3	3
Establish primary and alternate EOCs	3	3	3	3	2	1	3	3	3	3
Establish coordination procedures/policies	3	3	3	3	3	3	3	3	3	3
SOPs for damage/resource needs assessments	3	3	3	2	2	1	3	3	3	3
Incident action planning/mgmt by objectives	3	3	3	1	3	2	3	3	3	3
Establish resource management processes	1	2	3	1	3	0	3	3	2	2
Maintain current resource inventories	2	3	2	0	2	1	3	2	2	1
Manage donations/volunteers	1	2	2	0	2	0	3	1	3	3
Emergency Operations/Response Plan										
EOP defines operational responsibilities	3	3	3	3	3	1	3	3	3	2
EOP identifies protective/stabilization actions	3	3	3	2	1	2	3	2	3	2
EOP includes various required elements	2	2	3	2	1	2	3	2	3	2
Business Continuity & Recovery										
Continuity Plan has multiple required elements	2	1	2	3	1	2	2	3	2	3
Recovery Plan provides for campus restoration	1	0	1	1	1	1	2	3	2	3
Employee Assistance & Support										
Develop flexible comprehensive campus strategy	2	2	3	1	1	1	2	3	3	3
Promote family preparedness education	3	2	3	0	1	0	3	3	3	2
Training & Education										
Implement a competency-based curriculum	3	1	3	2	0	0	3	2	3	2
Identify scope and frequency of training	3	1	2	3	1	0	3	3	3	2
Train designated staff in SEMS/ICS roles	3	2	3	0	2	0	3	2	3	2
Implement campus public education program	3	2	3	1	0	0	3	3	3	3
Exercises & Tests										
Program evaluation through exercises and tests	3	3	3	3	3	3	3	3	3	3
Exercise/test design meets requirements	3	1	3	3	2	0	3	3	3	3
Program Maintenance & Improvement										
Program evaluation uses performance objectives	3	2	3	1	2	1	3	3	3	3
Reviews based on AARs/lessons learned	3	3	3	1	2	1	3	3	3	3
Establish corrective action for deficiencies	3	3	3	0	1	0	3	2	3	2
Continuous improvement process implemented	3	3	3	0	2	0	3	2	3	2

METRICS KEY: 0 = Non-conforming 1 = Partially Conforming 2 = Substantial Conforming 3 = Conforming

III. ERMIS Emergency Management Key Performance Indicator (KPI)

As part of its strategic approach to managing risk, the University has created the Enterprise Risk Management Information System (ERMIS), a centralized data warehouse that serves as the data repository for risk and controls related information. ERMIS provides a high level perspective that helps systemwide stakeholders quantify and track pre-defined Key Performance Indicators (KPIs).

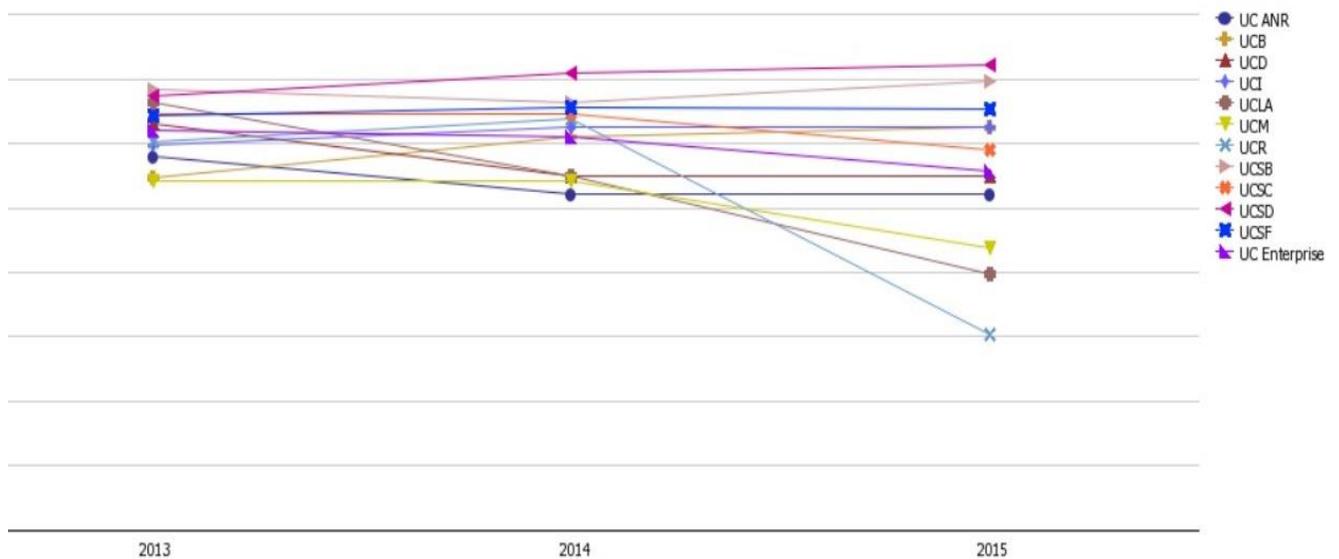
An 'Emergency Management' KPI has been developed as part of the Safety Index dashboard reporting tool. This KPI averages all of the NFPA Standard scoring metrics that campuses enter into the online NFPA survey portal to produce a single consolidated "NFPA score" for each campus. In addition to each campus KPI, there is also a University systemwide enterprise average NFPA Standard KPI based on the average scores reported at all campus locations.

As the graph below shows, the systemwide, or enterprise, KPI for conformity with all the NFPA Standard requirement declined over the last year, falling from an average NFPA score of (2.44) to (2.23), a decrease of 9%. However, a score greater than (2.0) still indicates 'substantial conformity' with the NFPA Standard program elements. As noted earlier, the systemwide decline was due to the re-evaluation of conformity with the NFPA Standard by three campus locations that resulted in significant downgrades to all of their self-assessment scores.

KPI 08 - NFPA Emergency Management Standard Conformity

Location : UC ANR, UCB, UCD, UCI, UCLA, UCM, UCR, UCSB, UCSC, UCSD, UCSF,
Period 1 : FY 2013-14
Period 2 : FY 2014-15

NFPA Average Scores By Year



IV. Program Executive Summaries

The following Emergency Management program executive summaries describe the overall status of Campus and Medical Center programs as well as the Lawrence Berkeley National Lab, Office of the President (UCOP) and Agriculture and Natural Resources (ANR) Division programs. Each University 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

In 2015, the UC Berkeley Office of Emergency Management (OEM) continued the development of the Emergency Operations Center (EOC) with a focus on internal processes and “soft” infrastructure. OEM developed an EOC handbook that consists of campus-specific forms, checklists, templates, and agendas; all of which support the EOC Action Planning process and EOC operations. All items in the handbook were developed by OEM and were designed for ease of use with the goal of assisting EOC staff in doing their jobs more efficiently. The campus also procured an EOC cache of supplies and equipment to support EOC personnel during a sustained activation. The cache includes food, water, cots, blankets, and comfort kits to support EOC operations for up to five days.

The campus established an Emergency Management (EM) Advisory Committee. The committee is responsible for providing guidance and input to, and/or assisting with the coordination of preparation, development, implementation, evaluation, and maintenance of the campus EM program. The committee includes membership from the Crisis Management Team, University Police (UCPD), Public Affairs, Risk Services, Health Services, and several other key campus units.

Considerable effort was also put into further developing the Building Coordinator program. Key protocols and documents that support emergency field operations were developed. These protocols support the collection of information from the field following a large-scale evacuation of campus buildings. OEM trained Building Coordinators on the updated procedures and documents and tested them during the *Great ShakeOut* earthquake drill.

OEM also coordinated with key campus units to complete six Emergency Support Function annexes. These documents are annexes to the campus Emergency Operations Plan and describe how specific functions will be carried out during an emergency. Completed annexes include Mass Care and Shelter, Public Health and Medical, Public Safety, Communications, Hazardous Materials, and Animal Welfare. The campus also updated its Hazard Vulnerability Assessment. This project was a collaborative initiative between Risk Services and OEM.

This year, the EOC staff received advanced training in their roles and responsibilities. OEM developed and delivered EOC section-specific training. Each training consisted of hands-on interactive activities, including a “placemat tabletop exercise” with the EOC Management Section and Section Chiefs. EOC staff also received training on the EOC Action Planning process. Action Planning is an essential process in the EOC because it helps coordinate activity and communication, as well as provides direction and documents actions. The training reviewed strategies for developing EOC objectives, conducting briefings, facilitating action planning meetings, and writing an EOC Action Plan. Additional training

developed and delivered this year includes: EOC Coordinator Training, Limited Emergency Response Coordinator Training, Emergency Management Area Training, and Building Coordinator 101 Training.

Several drills and exercises were conducted this year, including an EOC activation test, a campuswide radio communications test, and a campus functional exercise *Rising Bear 2015*. The functional exercise was designed to practice and evaluate the campus response to a 6.8-magnitude earthquake on the Hayward Fault. Nearly 150 campus staff participated in the disaster exercise, which coordinated the efforts of the Berkeley Seismological Lab, Residential and Student Services Programs, UCPD, the Office of Environment, Health and Safety and more than a dozen other departments. The exercise included the activation of the new Emergency Operations Center in Warren Hall, a central location for management-level coordination, decision-making, and support during emergencies. It also included the activation of seven Emergency Support Function Operations Centers.

Emergency preparedness outreach continues to be a critical component of OEM's mission. Last year, UC Berkeley launched its first student-oriented preparedness plan as a mobile application using the vendor "In Case of Crisis." This year, the campus also launched its first Faculty and Staff mobile plan. Both plans include Berkeley-specific emergency procedures, guidance, and tips. In addition, the campus also launched a new OEM website which completely re-envisioned the presentation of emergency preparedness information. The website uses an "Urban Survivalist" theme to get students interested in preparedness and create a sense of ownership. As a collaboration between the Residential Student Services Program and OEM, the campus also successfully launched a "Go Bag Initiative" that provided every student living in single unit housing with a starter Go Bag. In the coming year, the campus will continue to build on its outreach efforts with the goal of establishing best practices on how to engage students in emergency preparedness.

Lawrence Berkeley National Laboratory

The Lawrence Berkeley National Laboratory (LBNL) emergency management program experienced a productive year in 2014-15, with efforts aimed at solidifying its status as a comprehensive program with a commendable level of readiness. Staffing for LBNL's program increased with the hiring of both an exercise specialist and a training and drills specialist, bringing the dedicated emergency management program staffing to four full-time staff members. The exercise specialist left the laboratory in July, reducing the staffing levels to three staff members. Another exercise specialist has been hired and will start in 2016.

The LBNL emergency management program is compliant with the requirements found in Department of Energy (DOE) Order (O) 151.1C, Comprehensive Emergency Management System, and has completed the Technical Planning Basis phase of the program. This analysis is required to identify technical hazards versus more generic natural hazards and man-made emergencies. The documentation required for a hazardous material program, such as hazards assessments and emergency action levels, will be developed throughout 2016.

The LBNL Emergency Response Organization is comprised of the Incident Command Team (ICT), Emergency Management Team (EMT), and Emergency Oversight Team (EOT) and several Incident Command System (ICS)-based support groups including Logistics, Planning, Operations, and Finance Sections. The EMT was reviewed in 2014 and indicated the need for an Emergency Director (command

and control of the Emergency Operations Center), which was added as well as a Mission Support Officer to assist with continuity of operations.

Several drills were conducted in 2014-15. Site-wide earthquake drills were conducted in both 2014 and 2015, allowing LBNL personnel the opportunity to practice both “drop, cover, and hold on” and building evacuations and personnel accountability. Several drills and quarterly seminars were provided for Building Emergency Teams. The Smokehouse was brought onto the site to allow staff to identify the hazards of remaining in a building once a fire, earthquake, or hazardous material release has occurred.

Emergency Management staff participated in a wildland fire drill with the City of Berkeley Fire Department and Office of Emergency Management. Several drills, including the annual exercise, required set up of the Emergency Operations Center (EOC), allowing familiarization for Emergency Response Organization (ERO) personnel. The annual exercise was categorized as an ‘Operational Emergency, Not Further Classified’ and facilitated the activation of the EOC (EMT and EOT). The Incident Command Team (Alameda County Fire and UCPD) and Building Emergency Teams were simulated. The exercise was rated as effective overall, identifying three strengths and six findings. The After Action Report was approved in September 2015, and subsequent corrective action planning meetings and lessons learned are underway.

Training efforts for the EMT in 2015 focused on *WebEOC* and Incident Action Planning. Select personnel received EOC Team training, with certain members also receiving National Incident Management System (NIMS) training. Basic ERO training and position-specific training was provided in 2015 for all members of the EMT and EOT. To augment the ERO, a Damage Assessment Team (DAT) was stood up in order to conduct building and infrastructure assessments after an earthquake, storm, landslide, or fire. The DAT consists of five teams including personnel from Environment, Health and Safety (EHS); Facilities, and Protective Services. Several personnel were also trained for Community Emergency Response Teams (CERT) and Emergency Medical Technicians that will staff up a Medical Emergency Response Team (MERT). The CERT and MERT will be fully assembled in 2016.

In order to ensure timely emergency notifications and alerting and warning, LBNL continued to utilize *WARN* for mass notifications. Guidance documentation for the system’s use and various emergency notification groups exist. The duty officer program continues to field calls that do not warrant emergency response from fire, medical, and security staff. The duty officer consists of EHS, Facilities, and Protective Services personnel that provide a coordinated response for operations.

The LBNL continuity program is being implemented using existing resources within the emergency management program. The Continuity of Operations Plan is under review and a draft has been developed that includes pandemic planning and cyber events. Essential records have been identified and were evaluated in the annual exercise. Efforts in 2014-15 were impacted by the vacancy of a continuity specialist. The LBNL continuity program will continue to develop and improve through integration with the emergency management program.

Davis

UC Davis faced many challenges in the emergency management and mission continuity areas in 2014-15. However, protests and other activities allowed for continued refinement and enhancement of our practices and procedures.

One major accomplishment during the year was deployment of a new vendor platform for our emergency mass notification system. This new platform allows for significantly enhanced features including community sign-up capabilities and a mobile phone application linked to UCPD for enhanced personal safety. A campuswide test of the new system was successfully completed in the spring.

The campus conducted its annual emergency exercise with campus leadership during the fall. UCD also facilitated emergency exercises for the various high containment labs and an exercise for animal care staff. The ICS/EOC model was used during the annual Picnic Day event to train and reinforce campuswide coordination.

Staffing has been a challenge this year. The Emergency Manager position was vacated in January 2015 and the Mission Continuity position was vacated in March 2015. Recruitment to fill both positions is underway. Because of staff openings, UC Davis has not been able to deploy the new *UC Ready* tool or further campus adoption of this continuity planning effort.

Davis Health System

UC Davis Health System (UCDHS) Emergency Management Program is overseen by its Emergency Preparedness Committee and continues to excel through continuous improvement and achievements throughout the year.

UCDHS EM successfully complied with and completed all Emergency Management Joint Commission requirements. UCDHS continued to participate in the Federal Hospital Preparedness Program and received grant funding administered through Sacramento County. UCDHS also continued to provide leadership in the Sacramento County Hospital Preparedness Program Committee, the newly developed Sacramento County Healthcare Coalition, and the UC Medical Center/Stanford Emergency Management cohort.

During 2014-15, UCDHS activated its Emergency Operations Plan (EOP) five times in response to actual events and twice in response to functional or full-scale exercises including a loss of normal power, receiving a suspect Ebola Virus Disease patient, a fire in the Emergency Department, and two mock outbreaks of infectious illness. UCDHS also conducted several tabletop exercises to test new or revised emergency plans. After Action Report findings identified successes and opportunities for improvement. Planning and readiness efforts have been focused accordingly.

UCDHS EM continued to send staff to FEMA healthcare emergency management training courses at the Emergency Management Institute/Center for Domestic Preparedness in Anniston, Alabama. Consistent training of staff on emergency management has occurred throughout the year and will continue in order to empower staff with the necessary knowledge of emergency management and preparedness.

UCDHS achieved two of its three goals for 2014-15; one goal was not met as resources were reassigned to higher priority activities, including Ebola Virus Disease preparation and response. Goals for next year include finalizing and exercising a new mass casualty response plan, conducting an 'Active Shooter' exercise, and beginning implementation of the new *UC Ready* business continuity planning software.

Irvine

In 2014-15, UC Irvine continued to enhance its emergency management and business continuity programs. Accomplishments during the year included enhanced outreach, training and exercises; recognition of the campus Rapid Building Assessment Team at Risk Summit; implementation of the new *UC Ready* continuity planning tool; and continued implementation of key initiatives outlined in the 2014-2018 Strategic Plan.

UCI once again participated in the *Great ShakeOut* earthquake drill in October 2014. A campuswide email message was sent out a week prior to the event in order to inform the campus community about earthquake preparedness and to encourage participation on the day of the *Great ShakeOut*. On October 16, 2014 at 10:16 AM, a campuswide *zotALERT* was issued asking people to "drop, cover, and hold on" to practice earthquake safety and a follow-up "all-clear/thank you for participating" message was sent a few minutes later.

Section-specific trainings for Emergency Operation Center (EOC) staff and *WebEOC* training for EOC and Department Operations Center staff were held in January and February 2015. In March 2015, a functional exercise was held with the campus EOC and the Environmental Health and Safety, Facilities Management, and Student Housing Department Operations Centers. The *Formidable Flood* exercise involved a major water main break that displaced hundreds of students living on campus and required activation of the Care and Shelter Team (CAST) to set up a shelter. The following day, a shelter exercise was conducted with the CAST in conjunction with the American Red Cross at the Anteater Recreation Center. Teams worked at various stations including registration, feeding, and dormitory and obtained hands-on experience with "students" (volunteers) needing assistance and shelter.

In June 2014, UC Irvine was awarded the UC Systemwide 'Risk Services Spotlight Award on Collaboration' for developing the Rapid Building Assessment Team and post-earthquake damage assessment process. This award is a result of the collaboration between the UCIPD Emergency Services Unit, Facilities Management, EH&S, Design & Construction Services, and Housing Administrative Services. The leadership committee comprised of representatives from each of the aforementioned departments met on a monthly basis throughout 2014 to develop a process to systematically evaluate the 567 buildings on campus after an earthquake. Buildings were evaluated and ranked based on a set of criteria: fire risk, lab risk, research replacement risk, response needs, and housing population/density. UCI coordinated with the California Office of Emergency Services to host the ATC-20/Structural Assessment Program course on campus and trained 30 staff members as building evaluators. Additionally, UCI developed a team training and functional exercise with structural engineers from Miyamoto International, to further prepare the Rapid Building Assessment Team members to conduct post-earthquake building assessments.

UCI received access to the new *UC Ready* continuity planning tool in May of 2015. Since that time, UCI has begun implementing the tool to conduct a campuswide Business Impact Analysis which is Phase One of a multi-year effort in developing a Campus Continuity Plan. The initial tier of interviews includes all of the campus Administrative and Business Services units, most of which have been completed. More specifically, 12 interviews have been conducted over the past three months and 37 essential functions within these departments have been examined and assigned impact ratings. Additionally, a Campus Continuity Subcommittee of the larger Emergency Management Advisory Committee has been formed which will have direct oversight of the Business Impact Analysis process and development of the Campus Continuity Plan. This subcommittee will meet on a quarterly basis to review progress, provide input and be an advocate for business continuity support from upper level management.

Campus Search and Rescue, UCI's version of a campus emergency response team, finished its eighteenth and nineteenth training series and continues to see strong support from the campus community. More than 320 people on campus have completed the training since its inception. Momentum continues to grow and with the increase in awareness of natural and human-caused disasters, people are looking for ways to improve their level of preparedness. Building upon the refresher classes that were offered in the spring of 2014, four more refresher classes were offered in the spring of 2015. The goal is to continue to offer classes throughout the year to allow past Campus Search and Rescue graduates the opportunity to refresh their skills and receive any new content that has been added to the training.

In an effort to further increase awareness of emergency preparedness planning, UCI continues to utilize multiple social media platforms including an emergency management weblog, Facebook, Twitter, Google+ and Nixle to share both campus and personal preparedness information. Furthermore, the Emergency Services Manager partnered with a student group to develop the *ZotFinder* emergency mobile application for the campus.

UCI continues to implement the initiatives outlined in the 2014-2018 program strategic plan. Key activities for 2014-15 included: updates to the campus Shelter-In-Place Annex, implementation of the county-wide notification system, *AlertOC*, as a backup for the *zotALERT* system, and training on the Care and Shelter Annex for Care and Shelter Team members. Activities in the coming year will continue to focus on enhancements to the campus Rapid Building Assessment Team and Care and Shelter Team teams, roll out of the *ZotReady* emergency preparedness campaign, redesigned emergency procedures flip charts and emergency management website, completion of the Secure-In-Place Annex, and further roll out of the new *UC Ready* continuity planning tool.

Irvine Medical Center

In 2014-15, UC Irvine Health conducted emergency response exercises to meet The Joint Commission requirements as well as additional tabletop and functional exercises to address internal objectives and those related to concerns of the Ebola Virus Disease outbreak in Africa. By the end of 2015, UC Irvine Health will have participated in a countywide earthquake response drill involving a surge of pediatric patients, *Great ShakeOut* drill, and a Statewide Medical Health Exercise exercising our ability to respond to a bioterror attack involving aerosolized anthrax. In addition to these exercises, numerous projects have been initiated to better prepare the organization for future events including a new

Hospital Command Center, the hiring of a dedicated Mission Continuity Specialist as well as an Infection Prevention Emergency Management Specialist.

During the May countywide exercise, opportunities for improvement were identified related to operational coordination, incident notification and staff education. Action items related to these areas of focus have better prepared the organization for our statewide exercise this November. A new Command Center is under development to better serve the organization in times of emergency, as well as a new training schedule incorporating both Orange County and internal subject matter experts on disaster response.

This past year, UC Irvine Health organized, inventoried and incorporated our Ebola Virus Disease response equipment into the hospital's greater emergency response equipment inventory. UCI worked with the county-owned equipment to better prepare for emergency deployment when needed. New equipment was procured including external surge lighting, decontamination supplies, personal protective equipment and radiological monitoring equipment.

In the coming year, UC Irvine Health will be focusing on developing our emergency management program in the following areas: revised Surge Plan with whole-organization emphasis; Business Continuity Plan development using the *UC Ready* program; incorporating our response protocols with Orange County response plans; and staff development through emergency management course offerings.

Los Angeles

In 2014-15, the UCLA Office of Emergency Management (OEM) made a number of transitions. The office focused on aligning a strategic plan that would put the campus emergency plans fully in line with the NFPA 1600 Standard wherever possible. Some deliberate decisions were made to deviate from the standards in cases that seem to offer better results and enhance the emergency management program with different methods. A result of this re-focusing is a substantial downgrading in the rating of the emergency management program according to the NFPA Standard criteria. OEM assessed each of the individual program criteria in detail and assigned a rating based on a strict reading of the standard and Annex A of the standard.

During the year, OEM assisted with several campus emergencies including a fire in the Dental School and an explosion and resulting fire in the School of Engineering. These operations required less than full scale Emergency Operations Center (EOC) activation and in both cases, facilities were returned to normal operations in a matter of days. OEM also activated the UCLA EOC for the duration of the 2015 Special Olympics World Games. The EOC served as the coordination center for all support units working at UCLA from the time athletes moved into the residence halls until their departure. This event proved to be a great training vehicle for working with various local agencies.

OEM also completed rollout of the face-to-face version of Building, Floor and Area Warden training. Through an aggressive outreach program, all building coordinators should complete training during the 2015-16 year. An online refresher training is being developed for rollout in the coming year. An outcome of the 2015 EOC activations was identifying emergency management improvement projects to be completed in 2016. The Special Olympics operation identified a need to conduct an annual

training exercise involving the EOC staff and the Emergency Management Policy Group. In addition, the After Action Review of the 2014 flood response identified the need for UCLA to reorganize the EOC staff to reflect the standard Incident Command System positions. Our intent is to recruit a minimum of four people in each position and to train the members of the EOC staff in accordance with the EOC

Type Classification Standard put forth by the State Office of Emergency Services. This will ensure that EOC staff are trained and prepared to effectively respond to an emergency on campus. A larger number of trained staff will also allow for EOC positions to be filled 24 hours a day for an extended emergency operational period. In addition, this will enable a smoother partnership with local agencies as well as provide the ability to provide support to other entities as necessary during an emergency.

Los Angeles Health System

Last year, both UCLA Health medical center campuses continued participating in the Federal Hospital Preparedness Program (HPP), receiving grant funding administered through Los Angeles County. UCLA Health continued to provide leadership around hospital emergency management as a voting member of the Los Angeles County Healthcare Coalition. UCLA Health actively participated in the LA County Health Care Recovery workgroup to develop hospital business continuity planning guidance and educational opportunities for healthcare organizations across the county. As a Disaster Resource Center and designated Trauma Surge facility, Ronald Reagan Medical Center remained a regional resource for disaster planning, response and recovery efforts among the hospitals, clinics, and other healthcare partners on the west end of the county.

UCLA Health Emergency Management continued its focus on Communications, Resources and Assets, Safety and Security, Management of Staff, Utilities, and Management of Patients through the work of dedicated subcommittee members under the oversight of the Emergency Management Executive Steering Committee. Some of the many initiatives include further expansion of the *Everbridge* mass notification and desktop alert systems to enhance emergency communications capabilities; conversion to a new regulatory-compliant patient and staff disaster food product; upgrades and reorganization of disaster medical supply/equipment caches; development of additional patient surge plan annexes; implementation of a new Emergency Management rounding process to evaluate departmental readiness and train staff about emergency response procedures; and the development of emergency preparedness starter kits that have been made available for purchase by staff to further promote our personal preparedness initiative.

In 2015 UCLA Health received approval for a new position and successfully recruited an Infectious Disease Emergency Management and Safety Program Manager focused on planning, training and implementing program elements for emerging infectious disease response. UCLA Health developed a detailed Ebola Hemorrhagic Fever Virus (HFV) response plan, and was designed as an Ebola Treatment Center (ETC) in LA County. As an ETC, Ronald Reagan UCLA Medical Center has been activated to receive three rule-out Ebola HFV patients since its designation. Continued refinement of the plan based on lessons learned and changing public health guidance and policies remains an ongoing priority.

Actual events and incident responses over the last year included support during two large electronic health record system upgrades and planned downtime; several infrastructure-related incidents including an actual fire, flood, and several unplanned power and IT outages; and planning and

operational support for the Los Angeles Marathon and the Special Olympics World Games medical operations on the UCLA campus.

Emergency or disaster exercises over the last year included multiple decontamination drills; the 2014 Statewide Medical and Health Exercise simulating a Middle East Respiratory Syndrome Corona Virus (MERS-CoV) outbreak; an inpatient evacuation exercise series at both hospital campuses; the 2015

Disaster and Trauma Symposium which simulated a large plane crash at LAX; and the LA County Pediatric Surge Exercise.

Goals for the coming year include continued participation in the Federal HPP grant program, a redefined focus on department-level disaster and continuity planning, integrating the new *UC Ready* technology, and continued focus on staff outreach, education and training for various emergency responders and stakeholder groups.

Merced

UC Merced's Emergency Management Program continues to work toward creating a culture of preparedness focused on Prevention, Protection, Mitigation, Response, and Recovery. UCM does this by providing training opportunities that teach personal, workplace, and classroom safety strategies.

In January 2015, UC Merced hosted an Infectious Disease Preparedness tabletop exercise with representatives from both the campus and local allied agencies. Training goals were to assist in preparing for and responding to a patient infected with, or suspected to have, Ebola Virus Disease at UCM and to practice coordination and communication activities in a Ebola Virus Disease scenario among Student Health Services, first responders (Police, Fire and EMS), Communications and Student Affairs, the Emergency Operations Center, Merced County Public Health and Mercy Medical Center.

In March 2015, UCM Emergency Management, Risk Services and Merced City Fire partnered to host an impromptu emergency evacuation exercise for the Promenade, an off-campus site. The goal of the exercise was to identify the strengths/challenges of the building evacuation plan and increase the level of safety, security, and overall employee confidence during an actual event requiring an evacuation. The exercise was well received by staff and we will continue to test evacuation plans of other off-site locations in 2016.

In June 2015, UC Merced hosted a Federal Emergency Management (FEMA) Enhanced Threat and Risk Assessment course presented by Texas A&M Engineering Extension Service (TEEX). Participants from all disciplines were guided through all phases of the Department of Homeland Security (DHS) and FEMA risk management process, as applied to specific facilities within Merced County. Threats and hazards to pre-designated sites were prioritized, and vulnerabilities at different locations were identified through an on-site inspection by participant teams. The consequences of terrorist threats, man-made and natural hazards to the sites were estimated, and options for mitigation including equipment, training, and exercises were defined.

In August 2015, UC Merced hosted the FEMA Managing Critical Incidents for Higher Education Institutions course presented by TEEX. This class was similar to the FEMA Multi-Hazard Emergency

Planning for Higher Education class UCM hosted in January 2014. Participants were provided with a forum to address emergency preparedness prevention, protection, mitigation, response, and recovery related to critical incidents affecting the campus. Participants were walked through managing a critical incident by applying an all-hazard, multi-disciplinary community approach based on the National Incident Management System's (NIMS) Incident Command System (ICS) and Multi-Agency Coordination Systems. The course combined lecture and team activities and culminated with an instructor-led, role play exercise customized to UC Merced.

In conclusion, 2015 saw the retirement of UC Merced's Chief of Police/Director of Emergency Management and the hiring of Dr. Albert Vasquez. Dr. Vasquez is UC Merced's Assistant Vice Chancellor, Campus Safety and Chief of Police. His dual role allows him to combine Environmental Health and Safety, Risk Services, Public Safety, Inspection and Building Services, Parking Enforcement, and Workers' Compensation under a coordinated campus safety umbrella, creating a single point for management decision making.

In 2016, UCM will continue to use innovative approaches to educate, train and instill emergency preparedness in alliance with the '2020 Project', an ambitious campus initiative to cost-effectively and rapidly add new capital facilities and expand the UC Merced campus.

Riverside

In 2014-15, UC Riverside facilitated a significant response and recovery operation in reaction to a fire affecting the Human Resources building on campus. The department had worked with emergency personnel on evacuation procedures, accounting for staff, and developing a comprehensive continuity plan, which resulted in all HR essential functions being relocated and available to support campus services within six hours of the event. Although the building was rendered permanently inhabitable, the Emergency program was able to support the campus investigation, response, and operational recovery and subsequently developed a comprehensive After Action Report for campus including many lessons learned from the event.

During winter break the Emergency program, along with Environmental Health & Safety, hosted a large-scale multi-agency training and exercise drill for the Riverside Countywide Hazardous Operational Group. Scenarios included a propane tank terrorist threat and radiological explosion incident involving an irradiator, as well as laboratory tours including chemical, biological, physical and radiological research. As part of its emergency response efforts and to promote a culture of collaboration, over 120 participants from local agencies and jurisdictions including the State of California Office of Emergency Services (OES), Cal Fire, Riverside City Fire Department, Riverside County Environmental Health, Riverside County Disaster Preparedness, Riverside County Sheriff HDT (Hazardous Device Team), Corona Fire Department, March Air Reserve Base, Riverside Police Department, Riverside County Public Health, Federal Bureau of Investigation (FBI), City of Hemet Fire Department, Municipal Water District, along with the UC Police Department participated in the activities.

As a member of the UC systemwide Administrative Core Team, the continuity planning program was extensively involved in the development of the new *UC Ready* Fusion tool. Meeting several times a week with the Fusion development team and the UC Core Team of continuity staff, the system was completed and rolled out for use by all campus and medical center continuity programs. In-person

trainings were developed and delivered for both Northern and Southern California users along with bimonthly workgroup conference calls. While the new tool was being developed, the program supported several departments in updating their continuity plans further defining essential functions and the support structure of applications, equipment, and personnel requirements. As previously noted, the extensive work our Human Resources department did prior to their building fire directly led to their quick recovery and functional implementation of their continuity plan.

This year, the campus continued to search for an Emergency Manager that met the needs, mission and vision of the UC Riverside campus, recently hiring a candidate. Under the direction of the Vice Chancellor of Business and Administrative Services, the opportunity to reorganize and develop a robust Enterprise Risk Management division emerged that will be responsible for identifying, analyzing, mitigating, preparing for, responding to, and recovering from the multitude of risks UC Riverside faces every day. This newly developed ERM unit includes the following key independent enterprise functions: Continuity Planning; Emergency Management; Environmental Health & Safety; UC Police Department; and Risk Management. This organizational structure also clearly aligns with UC Riverside's Business and Administrative Services operational objectives to use industry best practices, eliminate duplication of efforts, create opportunities for collaboration, implement enabling technologies, and prioritize institutional responsibility for safety and risk management.

With the implementation of the new Enterprise Risk Management structure, the Emergency Management program had the opportunity to complete a candid re-evaluation of campus preparedness and compliance with the NFPA 1600 Standard. The results are driving the development of a strategic plan focused on improving campus preparedness, enhancing emergency response, developing vital plans, training essential personnel, exercising critical functions, and aligning with our campus strategic plan – 'UCR 2020: the Path to Preeminence.'

San Diego

FY 2014-15 resulted in a number of efforts to strengthen the Office of Emergency Management on the UC San Diego campus. The new Emergency Manager was hired in September of 2014 and has resulted in an enhanced regional approach based upon his previous 27 years of local emergency response experience. In addition, his familiarity with local emergency response resources has greatly assisted the efforts of this team throughout the year. This approach was evident in our participation in the regional power outage exercise in May 2015.

The annual updates to the campus Emergency Operations & Incident Management Plan occurred on schedule and included new personnel, including several within the Policy Group. Changes in personnel will continue to present challenges to updating contact information and will require briefing of new Policy Group members as well as those serving in critical roles within the Emergency Operations Center. In addition, the Campus Crisis Communication Plan was exercised to maximize the probability of a successful operation during an event requiring communication to our internal and external stakeholders.

Throughout the year a number of exercises were conducted to ensure familiarity among Executive Policy Group members. In addition, UCSD staff worked with staff from the Department of Energy National Nuclear Security Administration's (NNSA) Office of the Deputy Under Secretary for

Counterterrorism and the Office of Global Threat Reduction Initiative (GTRI) and the Federal Bureau of Investigation (FBI) to deliver *Triton Thunder*, an exercise focusing on a terrorist-created incident involving significant amounts of radioactive materials. Tabletop exercises and functional exercises occurred on several occasions with the campus emergency response team, based within Environment, Health & Safety, University Police, and Facilities Management. These included simulated responses to UCSD's Environmental Management Facility, active shooter, and building evacuations. These exercises had defined, pre-established program goals, and included tabletop exercises utilizing the elements of SEMS/NIMS and Incident Command System (ICS), and were concluded with post exercise debriefings.

Each academic year, the campus welcomes thousands of new students, faculty, and staff. As such, all of them need to be oriented to the campus Emergency Plan, safety policies, and what to do in the event of natural or man-made disasters. The Emergency Management Division takes great pride in speaking to every new student and their parents at a number of student orientation events. These discussions include information on our *Triton Alert* mass notification system (MNS). Students, faculty, staff and parents also received information regarding a change in our MNS. The system previously required any person desiring information to register with the *Triton Alert* system. Under the newly implemented changes, any 'ucsd.edu' email address is automatically entered into the system for notifications. This change will allow more students, faculty and staff to receive up-to-date information in an emergent situation. Students and their family members are also offered the opportunity to register with *Alert San Diego*, the local communication system which provides alert information about fires, floods, earthquakes, and other disasters that occur within the 400 square mile jurisdictional boundary of San Diego County.

The Campus Emergency Response Team (CERT) continued their efforts to recruit and train new volunteers, maintaining one of the largest CERT programs in San Diego County, with more than 300 members. In order to maintain CERT skills, we conducted an in-service training program intended to reinforce existing CERT member skills related to triage and first aid, along with refreshing their knowledge on issues related to other less frequently utilized emergency job skills. UCSD also uses CERT volunteers in campuswide exercises. These efforts will continue into the next year as we will build a team of trained campus volunteers, representing stakeholder interests from throughout the campus.

The Emergency Services Division has worked closely with Business Continuity to ensure a seamless operation. Since September 2014, as the new *UC Ready* business continuity tool was being developed, UCSD strategized use of this tool and redefined our method of planning, identifying critical departments, and conducting informational sessions with these departments. Upon receiving the tool in May 2015, we spent a limited amount of time configuring it to fit our campus, then began departmental planning in June 2015. As our new planning method developed, we conducted in-person interviews as the standard procedure for writing department plans. This face-to-face time has encouraged a vested interest in the process of planning, as well as in the quality of the information collected. It is our top priority to ensure the efficiency and effectiveness of the planning process, and we believe our campus planning strategy is accomplishing this.

As of September 1, 2015, we have had three months to deploy the new *UC Ready* tool. In strategizing our roll-out and use of the new tool, we kept in mind the goal of conforming to all NPFA 1600's continuity planning standards. Our campus goal is to have a complete continuity plan from every mission-critical unit on campus by December 2016, at which time we are confident in our ability to

rank ourselves as 'conforming' in every area under the NFPA Business Impact Analysis and Business Continuity & Recovery sections. At this time, we are 'substantially conforming' with these standards; we have kept all continuity plans written in the old program, and additionally, are at a 25% completion rate towards our December 2016 goal.

The next twelve months will provide the Emergency Management Team opportunities to advance additional initiatives and strengthen existing ones. In addition to having the Emergency Manager in place for a year, positions on the Executive Policy Group and several new senior administrative positions have been filled. We continue to work closely with the Medical Center team and the new emergency management team at the Health System facilities. The campus continues to construct and add to the inventory of buildings of all types (research, housing, academic, and administrative), which will continue to elevate the importance of our Emergency Management Teams efforts. These efforts will continue to include preparedness, training, equipping, and exercising to maximize UC San Diego's emergency management capabilities.

San Diego Health System

UC San Diego Health's (UCSDH) Emergency Management program currently encompasses education; drills and exercises; policy and program development; resource acquisition and tracking; operational plans to support all-hazard incidents and specific operational events; fulfillment of federal grant deliverables; improvement plans; and a broad community interface with multiple partnerships.

In 2014-15, UCSDH successfully established a Center for Disease Control & Prevention (CDC) approved Infectious Disease Care Unit (IDCU) to provide treatment for Ebola Virus Disease patients. More than 200 faculty and staff from the emergency room, critical care, medical/surgical, and trauma were trained to competency on two levels of personal protective equipment. Trained staff included physicians, nurses, respiratory technicians, radiology technicians, a minister, and environmental service workers. All trained staff participated in two separate 4 hour drills working in full gear inside the IDCU and running scenarios as if they were managing the care of an actual Ebola Virus Disease patient. Concurrently, Emergency Management conducted training and drills for the management of an Ebola Virus Disease patient with San Diego County Medical Examiner's Office, San Diego Hazardous Incident Response Team, two San Diego ambulance companies and San Diego City Fire Department. Trainings have continued throughout the year. Emergency Management actively participated in the CDC's Rapid Evaluation Program and was subsequently designated by the CDC as one of 55 designated Ebola Treatment Centers in the nation.

UCSDH continued to participate in the Federal Hospital Preparedness Program (HPP) and received grant funding for a broad and comprehensive statement of work and actively participated in the HPP bi-weekly workgroup. Emergency Management successfully trained 85 faculty and staff in the proficient use of 400 and 800-MHz radios. UCSDH continued our longstanding partnership with the San Diego Navy Nuclear Propulsion Program (NNPP) as care providers for Navy staff who may have been exposed to radiation. EM participated in a tabletop exercise with the NNPP staff. As a result of networking during the tabletop, UCSDH hosted 13 representatives from the Navy, including two physicists who flew in for the day from Bremerton, WA for a walk-through of our Hillcrest Medical Center. The purpose of the visit was to demonstrate to the NNPP staff our commitment to providing timely and appropriate care for Navy staff who may have been exposed to radiation.

UCSDH EM continued to foster other collaborative partnerships with all UC medical centers, the San Diego International Airport Authority, San Diego first responders, and all other hospitals in San Diego County through participation in the San Diego Healthcare Disaster Council.

San Francisco

The UCSF Homeland Security and Emergency Management (HSEM) Program operates within the Police Department, and in 2015 hired a new Director of Homeland Security and Emergency Management after the position was vacant for two years. The current HSEM team consists of one interim director, as assigned by the Chief of Police; Mission Continuity Manager; three Emergency Management Analysts; and one temporary Mission Continuity Consultant. This team continues to maintain and improve the campus' emergency management capabilities.

During 2013-14, the UCSF Police Department was re-accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA) for the third time, indicating that the department meets or exceeds homeland security and emergency management CALEA standards. A Public Safety and Emergency Management Advisory Group charter was approved by the end of the 2014 year. It replaces the Chancellor's Emergency Management Steering Committee, which was disbanded by the Chancellor in 2011.

A previously adopted UCSF HSEM five-year strategic plan outlined a strategy to identify training and resource needs and an EOC personnel chart. In 2014-15 efforts were made to schedule staff, faculty, and students for training in various emergency management roles, including but not limited to Campus Emergency Response Team (CERT), Floor Warden Program, and SEMS/NIMS training for the EOC environment.

Inventory management of emergency preparedness supplies continues to be a driving factor in keeping emergency supplies current and accessible for those who may need it during an actual emergency. A *Be Smart About Safety* grant was awarded to support emergency preparedness 'Go Kits' across the campus. A process for donating expiring care and shelter supplies to non-profit organizations creates resiliency capabilities in the areas that the University has presence and is championed by an Emergency Management Analyst.

UCSF HSEM continues to find ways to improve emergency alerts and notifications across the campus and includes ongoing collaboration using *WarnMe* and *AlertUS* applications. *AlertUS* electronic display boards provided added value to alert and notification for access and functional needs populations in that it provides both an audible and visual alert system for end users.

Drills, exercises, and events during 2014-15 included the *Great ShakeOut* functional exercise; SFGH select agent tabletop exercise; Golden Thunder radiological tabletop exercise; and multiple EOC/ICP activations in support of UC Regents meetings. UCSF HSEM purchased and implemented *Mission Manager*, a cloud-based incident management software tool. *Mission Manager* is an integrated software system that enhances interdepartmental and team communications, automates incident report functions, and provides situational awareness in the field with its robust mapping software capabilities. *Mission Manager* also has a wide variety of applications, commonly referred to as incident

command software, emergency management software/disaster management software and crisis management software. It is used for document tracking and reporting, emergency operations, incident command, training management and much more. In the coming year, UCSF HSEM will continue to seek opportunities to strengthen its continuous improvement capability. The Mission Continuity Program, a sub-group within HSEM, has also identified 452 departments or units with time-sensitive essential functions that may require a business continuity plan to be developed.

San Francisco Medical Center

UCSF Medical Center's (UCSFMC) Emergency Management has continued to excel through the implementation of consistent improvements and achievements in 2014-15.

UCSFMC Emergency Management continues to successfully comply and complete all Joint Commission emergency management requirements. Emergency Management continues to collaborate with and serve as a resource to community partners such as UCSF Campus Emergency Management, City & County of San Francisco (CCSF) Department of Public Health, CCSF Department of Emergency Management (DEM), Hospital Preparedness Council, and the UC Medical Center/Stanford Emergency Management cohort. UCSFMC Emergency Management continues to actively participate with community partners headed by CCSF DPH and CCSF DEM in planning for Chempack, mass casualty incidents, Ebola Virus Disease response and recovery, and exercise development and training. UCSFMC Emergency Management has the unique privilege of serving and being active on the CCSF DEM Tsunami Annex Planning Team and the CCSF DEM Training and Exercises Steering Committee to add a healthcare perspective within emergency management, trainings and exercises, and business continuity and planning. Furthermore, UCSFMC Emergency Management participated in introducing EM to students in 'SF Achievers', a community-based non-profit organization providing college scholarships and mentoring services to African-American male high school students in San Francisco.

This past year, the Hospital Incident Command System (HICS) was activated twice in response to "Operation Move" (February 1, 2015) and an infectious disease patient (July 10, 2015). The patient was suspected of Ebola Virus Disease due to travel history and symptoms, but was eventually ruled out fairly quickly due to the rapid response and testing. Additionally various other medical center-wide emergencies that happened throughout the year were managed outside the auspices of HICS/Hospital Command Center (HCC) activation but that structure was utilized during Ebola Virus Disease planning, San Francisco Winter Storm Pineapple Express (December 11, 2014), and Mt. Zion Power Outage (December 19, 2014), as well as various emergency exercises/drills throughout the year.

"Operation Move" was the opening day of the Mission Bay medical center and the movement of patients from both Parnassus and Mt. Zion to the new facility. The mission was to ensure a comprehensive and coordinated effort through unified command designed to minimize patient risk and operational disruption during the patient moves between Parnassus, Mt. Zion, and Mission Bay. It was the goal and commitment of UCSF Medical Center to ensure the utmost safety and care of patients during "Operation Move." HICS was activated at all three sites with one HCC and two Incident Command Posts (ICPs). With the streamlined command, control, and coordination with myriad internal departments and various City agencies, a total of 131 patients were successfully moved in 8.5 hours with 40 AMR ambulances, 300 staff and 100 emergency medical services personnel.

As a result of the successful “Operation Move,” UCSF Medical Center was awarded the prestigious EMS System Hospital Provider Award of 2015 from the City & County of San Francisco EMS Agency “for the planning and execution of a safe move for over 130 patients from the UCSF Parnassus and Mount Zion campuses to the new Benioff Children’s Hospital campus with minimal impact on EMS Services and enhancements of Disaster Preparedness at all sites.”

Before “Operation Move,” the campus utilized a unique training opportunity to conduct and film an active shooter drill in an empty emergency department with multiple external partners. Training videos were created for the drill, one of which can currently be viewed online at <https://vimeo.com/120533323>. The entire drill may now be utilized by any healthcare institution for conducting its own discussion-based exercises.

UCSFMC also had four recognized Best Practices at the 2015 10th Annual California Hospital Association Disaster Planning Conference:

- Ebola Virus Disease: Best practice for staff when training for, responding to, and caring for suspected or confirmed Ebola Virus Disease patients.
- Hospital First Receivers: Hospital personnel are trained to receive, decontaminate, and treat community members who may have been exposed to NBC materials and are seeking treatment at local hospital facilities.
- Managing and Organizing the Labor Pool: Assess skills of potential Labor Pool/Internal Volunteers and align them with available opportunities.
- Optimizing HICS Form 254 for the Electronic Medical Record: Customizing the HICS 245 Form (Disaster Victim Patient Tracking) for use with Epic® Electronic Medical Record and triage tags through multiple drills.

UCSFMC Emergency Management successfully hired its first Emergency Exercises and Trainings Manager. UCSFMC participated in various exercises with our community partners including the regional distance-based tabletop exercise coordinated by the Radiation Injury Treatment Network focusing upon the coordination and treatment of radiation mass casualty incidents with an emphasis on pediatric care. The comprehensive all-hazards EOP has been revised and incorporates the new Mission Bay Hospital as well as lessons learned from past exercises and actual emergency incidents/events.

UCSFMC also participated again in the annual *Great ShakeOut* statewide earthquake drill, with a coordinated “drop, cover, and hold on” drill along with related activities ranging from reviewing Department Emergency Action Plans, refreshing department emergency supplies including ‘Go Bags’, reviewing personal preparedness information, and offering drills.

Additional drills that UCSFMC participated in or conducted included: Cybersecurity tabletop; “Drop, cover, and hold on” during the UCSF Medical Center Security Symposium; two functional Ebola Virus Disease drills; Statewide Medical Health Exercise in Fall 2014 focusing on Points of Dispensing/Distribution in the context of an Anthrax scenario; Bay Area’s Cities Readiness Initiative Tabletop Exercise; Urban Shield and San Francisco Fleet Week Rehearsal of Concept Drill; and a Helipad drill at the new Mission Bay facility.

In 2014-15 UCSFMC acquired a new mass notification system, *Everbridge*. *Everbridge* communication functions ensures employee safety, staffing operations, incorporates situational intelligence, supports regulatory compliance and reporting, and much more during an emergency incident/event as well as supporting day-to-day communications dependent on departments, plans, policies, and procedures.

UCSFMC emergency management will continue to send staff to Federal Emergency Management Agency (FEMA) healthcare emergency management training courses at the Emergency Management Institute/Center for Domestic Preparedness in Anniston, Alabama. Consistent planning and training of staff on emergency management has occurred throughout the year and will continue in order to empower staff with the necessary knowledge of emergency management and preparedness. Despite all of the accomplishments this year, there are still many initiatives to be worked on in the coming year.

Santa Barbara

The UC Santa Barbara Emergency and Continuity Planning Program continues to enjoy strong campus leadership support. The campus Emergency Planning Committee meetings consist of a monthly tabletop exercise focused on possible events affecting campus. Scenarios have ranged from a student protest, community shelter operations, earthquake, flooding and a public health event. Campus partnerships were strengthened through emergency planning workshops with departments ranging from Facilities Management, Student Health, and Student Affairs.

The campus evacuation committee planned and conducted an emergency evacuation drill with local partners. The drill occurred during the 2015 UCSB graduation ceremony with 900 vehicles leaving campus through a bus gate not normally used by the public. UCSB hosted a FEMA Multi-Hazard Emergency Planning for Higher Education class in April 2015. UC campus participants included UCSB, UCR, UCI, and UCOP staff in the three day training.

The campus activated the EOC and declared a campus emergency when it became apparent the Refugio Beach oil spill would affect the UCSB Coal Oil Point Reserve. University staff and scientists worked nearly nonstop to mitigate potential impacts to the federally endangered snowy plovers during the extended 40 day response.

UCSB continues its leadership role with the community through the Aware and Prepare Initiative. The Initiative helps foster county-wide programs including Community Emergency Response Team (CERT), Emergency Public Information Communicators (EPIC), Voluntary Organizations Active in Disasters (VOAD) and the grass roots Spanish preparedness program "Listos." The campus community also remembered those lost during the horrific night of May 23, 2014 in a series of memorial events in May 2015 including a candlelight vigil. The Isla Vista Love and Remembrance Garden was formally dedicated to memorialize the six students whose lives were tragically lost.

The Emergency Management Program was bolstered with the hiring of Amy Shadkamyian as the Business Continuity Specialist in October of 2014. Ms. Shadkamyian, MA, CEM, is a UCSB graduate and served as an intern with Santa Barbara County OEM before joining the UCSB team.

Santa Cruz

In 2014-15, UC Santa Cruz established the newly formed Office of Emergency Services (OES), a function that was formerly situated within the UCSC Fire Department. UC Santa Cruz OES instituted biannual campus safety and resource fairs, reinstated the campus Community Emergency Response Team (CERT) program and began the redevelopment of our Emergency Operations Center (EOC) with an Emergency Support Functions structure. OES provided extensive training for senior administrators and campus demonstration response staff in Incident Command System (ICS), crowd control, and effective communication techniques.

OES has conducted tabletop exercises with several of our campus Department Operations Centers and our campus CERT team. We are now conducting campuswide monthly radio drills. Updates are being made to our Campus Emergency Operations Plan and we are in the process of working with UC Riverside to adapt their online OSHA Emergency Action Plan training for our campus.

OES is also in the process of creating a comprehensive campus resource directory that will serve as a central repository for all campus resource inventories and caches with an online version to be updated quarterly and an annually updated hard copy version to be kept in our EOC.

Office of the President

UCOP Risk Services (OPRS) continues 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 internal crisis/emergency management function for the UCOP organization.

OPRS coordinated the University's systemwide planning, preparation, and situational awareness for the West African Ebola Virus Disease outbreak in Fall 2014. OPRS provided technical assistance to UC Health related to University Medical Center clinical and regulatory compliance issues and PPE requirements. OPRS also compiled and issued weekly systemwide situation status reports to all University clinical and emergency management staff related to the Ebola Virus Disease outbreak as well as rapidly evolving state and federal regulatory agency guidance for seventeen consecutive weeks between October 2014 - March 2015.

OPRS maintained situational awareness, coordinated with various campuses and stakeholders, and provided UCOP executive notifications for fourteen (14) major incidents across the state that impacted or could potentially impact UC facilities or community members. These events included five major wildfires; one major campus building fire; two hazmat release incidents; one flooding event; one significant campus protest; one off-campus multiple shooting incident; and one off-campus multiple fatality accident. OPRS also coordinated with various outside agencies as needed to manage and support these incidents.

OPRS continued to work closely with systemwide continuity planners to design and configure the new *UC Ready* continuity planning software tool. The software incorporates all the functionality of the old *UC Ready* tool as well as *UC Resilient*, and will support campuswide planning by enabling continuity planners to conduct Business Impact Analyses; quantify dependencies across departments; knit

existing departmental plans into a coherent campus plan; prioritize our allocation of resources; specify and track best practices; tailor modes of planning to suit different types of units; accommodate differences between campuses and hospitals; organize and track exercises; roll up data for reports at any level of the organization; provide IT disaster recovery staff with a specialized disaster recovery tool, and provide emergency managers with a means to create OSHA-required emergency evacuation plans. The new *UC Ready* enables continuity planning staff at each location to orchestrate a new level of campuswide preparedness. It should also enable campus leadership to exert better control over the factors that determine campus readiness. 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.

OPRS has deployed and manages a systemwide Mobile Satellite Radio (MSAT) system at all locations to support both emergency operations and interoperable communications in the event of conventional telecommunications systems failure. This “failsafe” satellite-based system operates independently of any ground-based communications architectures and serves as the only functional systemwide inter-campus communications system. The system can be used to coordinate inter-campus mutual aid as well as University mutual aid coordination with statewide public safety agencies via the California Office of Emergency Services (Cal-OES) “SKYMARS” mutual aid talkgroup. It can also be deployed in the field at Incident Command Posts in direct support of campus emergency operations. OPRS coordinates monthly tests of the system with all campus and medical center locations.

OPRS coordinated and collaborated with UC Merced emergency management staff and the UC Emergency Management Council on the planning, logistics, and conduct of the twenty-first annual systemwide emergency management and continuity planning conference held at UC Merced in October 2014. OPRS also developed and issued this systemwide Emergency Management Status Report to senior University management. The annual status report is posted online at: http://www.ucop.edu/risk-services/files/emergency/em_annual_rpt.pdf

OPRS oversaw the planning, development, coordination, logistics, and conduct of the annual UCOP functional emergency exercise in March 2015 involving about fifty (50) UCOP senior executives and key designated Response Support Team and Crisis Communications Team staff. The catastrophic earthquake scenario tested and validated UCOP’s Management Response Plan protocol and procedures; tested the UCOPA/ert emergency notification system for team activations; and allowed designated executive, response support, and communications staff to practice their emergency roles and responsibilities. This entire exercise design and conduct process was successfully accomplished without the use of external consulting resources for the first time, resulting in a more effective and cost-efficient exercise. A hot wash debriefing was conducted immediately after the exercise for all participants including senior executives and recommendations were developed for improvement.

In 2014, OPRS rolled out UCOPA/ert, a mass emergency notification system for use in notifying UCOP staff on their personal phones or by personal email outside normal business hours about emergencies or other critical situations that affect the UCOP work environment. UCOP staff work email addresses and phone numbers are also programmed into the system that is regularly updated and maintained by OPRS. The capacity of the system was expanded to include all staff working outside of Oakland, and to accommodate future expansion if needed. Standard operating procedures, initiator instructions, and

message templates were developed for use of the system in coordination with UCOP Communications. The system has been successfully used to notify staff of mass transit commuting disruptions.

OPRS coordinated with UCOP Building Services, Security, Communications, senior executives, and the UCPD on planning, preparation, and response to a number of local incidents that had potential to disrupt UCOP operations including civil unrest, protests, and hazmat incidents in downtown Oakland. OPRS maintains UCOP's functional Emergency Operations Center (EOC) and dual-use conference facility that enables UCOP to effectively direct, control, and coordinate major systemwide and UCOP emergency response and recovery efforts and support operations. In coordination with UCOP Financial Management, OPRS also maintains an emergency procurement card purchasing system to enhance UCOP's ability to quickly repair/replace critical infrastructure or purchase whatever supplies and equipment needed to maintain or restore UCOP operations and facilities.

OPRS coordinates and manages the UCOP Automated External Defibrillator (AED) program. The AED program was further augmented with additional AED devices and portable oxygen units installed at all major UCOP facilities. The staff volunteer training program was also significantly increased by conducting twenty-three American Heart Association classes that boosted the number of CPR/AED certified staff from one hundred fifty (150) to nearly two hundred fifty (250) currently trained staff, so now about one in every eight UCOP staff are trained, representing an increase of 75% over the last year. Staff training was expanded to include certified First Aid classes offered with priority given to CPR/AED trained staff and floor wardens to create a cadre of emergency first responders. Quarterly CPR/AED refresher skills practice sessions were also offered to all UCOP trained staff.

OPRS continues to act as the University's systemwide liaison to the Cal-OES Statewide Emergency Planning Committee (SWEPC), State Hazard Mitigation Planning Committee, and Standardized Emergency Management System (SEMS) Technical Advisory Group. OPRS also maintains an UC Emergency Management 'Special Interest Group' with 'Virtual Command Center' capability on the FBI Law Enforcement Online secure website. OPRS maintains emergency contact information for UCOP senior executives and also manages the federal Government Emergency Telecommunications Service (GETS) priority calling program for UCOP. UCOP also participated in the *Great ShakeOut* statewide earthquake response 'duck-cover-hold' drill for the sixth straight year.

Agriculture & Natural Resources

ANR has two primary types of facilities that are managed differently for emergency planning and response purposes.

UC Cooperative Extension (UCCE) is ANR's outreach arm, a statewide system that brings the research and education power of the University of California to people in their local communities. UCCE offices are located in County-owned and operated facilities. Each County or multi-County partnership is responsible for emergency planning and response within County facilities with ANR serving as a resource for the UC staff. As such, the emergency planning for UCCE offices defers to individual County specific plans and response activities.

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 ten to over one hundred 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 is established and defines roles to manage small-to-moderate emergencies that can be dealt with by REC staff. For larger scale emergency situations, local public safety agencies (police, fire, EMS) would assume incident command and REC staff would have a support role to provide site and project-specific information.

Benchmarked against the NFPA 1600 Standard, ANR's primary program areas identified with a rating of "partially conforming" are due to either budgeting or financial procedures specific to emergencies and public awareness. While there are not universal specific procedures for emergencies, ANR maintains a centrally administered external communications unit and has established a communication protocol for serious incidents. Similarly, for financial and administrative support, standard procedures exist in the organization to address any financial or budgetary needs resulting from an emergency situation. At present, these procedures seem appropriate for the nature of operations and anticipated emergency conditions at the RECs.

ANR Risk & Safety Services has developed an emergency management program area on the EH&S website to share information with REC and UCCE locations, as well as our campus partners. Risk & Safety Services is continually revising and refining the Emergency Preparedness, Response and Recovery plans. Plan revisions have incorporated an 'all-hazards' approach to identifying response measures for various potential incidents. Additionally, ANR has implemented the *UC Ready* program for ensuring continuity of the University's research, teaching, and public service mission following any disaster or extraordinary disruption. Safety and preparedness plans are exercised and practiced with key role players, including administrative and field personnel.

A plethora of risk and safety resources are available to all ANR personnel, volunteers, guests, and office locations. Templates, such as an Injury & Illness Prevention Program and an Emergency Action and Fire Prevention Plan, have been created and distributed to ANR offices for their use, among other resources. Safety Coordinators are appointed to represent each ANR location, and facilitate the flow of environmental, health, and safety information and programs from Risk and Safety Services to all ANR locations.

The following goals for the ANR Emergency Management Program have been identified: refine ANR's crisis communication plan and guidelines; establish an Emergency Management (or Risk & Safety) Advisory Committee; arrange NIMS/ICS/SEMS training (or refresher) for key personnel; refine a standardized schedule and parameters to test and evaluate the effectiveness of emergency and continuity plans; continue to incorporate elements of emergency management and continuity planning into the checklist used for annual assessment (audit) of EH&S programs at ANR locations; and continue to work with the UCCE 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*, 2013 Edition

<i>NFPA 1600</i> Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>Chapter 4. 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>	+ resources to adequately support program and corrective actions pursuant to Section 9.2	<p>Policies, plans, and procedures are in place per 4.1.2(1).</p> <p>Reviews, evaluations, <i>and</i> many corrective actions are in place per 4.1.2(3)(4).</p> <p>Resources are available to maintain and support <i>many</i> program elements, but <i>not</i> 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; only able to maintain and support 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>4.3.3 Committee includes EM coordinator and others with expertise/knowledge/capabilities</p>	Committee actively provides input and/or assistance with program	An EM program advisory committee exists but does <i>not</i> actively provide input, guidance, and/or assistance (particularly for program priorities and resources).	<p>Some other type of program advisory mechanism exists or a multi-purpose committee.</p> <p>(No dedicated EM program advisory committee).</p>
<p>4.4 Program Administration.</p> <p>4.4.1 (1) Executive policy including vision, mission statement, roles and responsibilities, and enabling authority.</p>	+ vision and mission	Policy sets forth roles and responsibilities <i>and</i> enabling authority.	Policy sets forth roles and responsibilities only. (No enabling authority).
<p>4.4.1 (2)* Program scope, goals, performance objectives, and metrics for program evaluation.</p> <p>4.4.1 (7) Change management process</p>	+ change management process	Program goals, performance objectives, <i>and</i> metrics.	Program goals and performance objectives only. (No metrics).
<p>4.4.1 (4) Program budget and schedule, including milestones.</p> <p>4.4.1 (5) Program plans and procedures include anticipated cost, priority, and resources required.</p>	Dedicated EM budget with milestones	Program budget and milestones developed but budget is ad hoc/not dedicated to EM program.	Costs, priorities, and resources required identified per (5). (No EM program budget or schedule per 4.4.1(5)).
<p>5.5 Performance Objectives.</p> <p>5.5.1* Campus shall establish performance objectives for the program.</p> <p>5.5.2 Performance objectives shall address the results of the HVA and BIA.</p> <p>5.5.3 Performance objectives shall address both short-term and long-term needs as defined (5.5.4).</p> <p>5.5.4* Campus shall define terms <i>short-term</i> and <i>long-term</i>.</p>	Objectives address <i>both</i> HVA and BIA <i>and</i> address both short-term and long-term needs.	Performance objectives exist for >50% of program elements and requirements. <i>and</i> Performance objectives address results of HVA (but not BIA).	Performance objectives exist for <50% of program elements and requirements
<p>4.2* PROGRAM COORDINATOR/MANAGER.</p> <p>The program coordinator shall be appointed by the campus and authorized to develop, implement, administer, evaluate, and maintain the program.</p>	FTE = 100% Dedicated EM	FTE with ≤20% other job responsibilities.	Partial FTE or FTE with ≥50% other job responsibilities.

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>4.5 COMPLIANCE WITH LAWS & AUTHORITIES.</p> <p>4.5.1* Program shall comply with SEMS/NIMS and other regulatory requirements.</p>	Fully complies all regulatory req's	>75% compliance with SEMS/NIMS metrics	>50% compliance SEMS/NIMS metrics
<p>4.5.1 Program shall comply with UCOP and Campus policies/directives (SS&EM Policy; local campus policies).</p>	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
<p>4.6 FINANCE & ADMINISTRATION.</p> <p>4.6.1 Campus shall develop financial and administrative procedures to support the program before, during, and after an incident.</p> <p>4.6.4 The procedures specified above shall include:</p> <p>(1) Responsibilities for program finance authority, including reporting relationships to the program coordinator</p> <p>(2)* Program procurement procedures</p> <p>(3) Payroll</p> <p>(4)* Accounting systems to track/document costs</p> <p>(5) Management of funding from external sources</p> <p>(6) Crisis management procedures that coordinate authorization levels and control measures</p> <p>(7) Documenting financial expenditures incurred as a result of an incident and for compiling claims for future cost recovery</p> <p>(8) Identifying and accessing alternative funding</p> <p>(9) Managing budgeted and specially appropriated \$</p>	+ procedures for <i>before</i> an incident. <i>and</i> All (9) procedures are in place	Both financial <i>and</i> administrative procedures in place to support EM during and after incident. <i>and</i> At least 6/9 procedures listed in 4.6.4 are in place.	Administrative procedures in place (but <i>not</i> financial procedures). <i>and</i> At least 3/9 procedures listed in 4.6.4 are in place.
<p>4.6.2* There shall be a responsive finance and administrative framework that does the following:</p> <p>(1) Complies with the campus' program requirements.</p> <p>(2) Is uniquely linked to response, continuity, and recovery operations.</p> <p>(3) Provides 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.</p>	Framework uniquely linked EM per (2) <i>and</i> Framework funds both situations per (3)	Framework in place but not uniquely linked to EM operations per (2) <i>and</i> Funding framework in place for both emergency situations and non-emergency conditions per (3)	Framework in place but not uniquely linked to EM operations per (2) <i>or</i> Funding framework does not apply to emergency situations per (3)
<p>4.6.3 Procedures are created and maintained for expediting fiscal decisions in accord with established authorization levels and (financial control measures and fiscal policy).</p>	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)

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>4.7 RECORDS MANAGEMENT.</p> <p>4.7.1 Campus shall develop, implement, and manage a records management program to ensure that records are available to the campus following an incident.</p> <p>4.7.2 Records management program shall include:</p> <ul style="list-style-type: none"> (1) ID of records (hard copy or electronic) vital to continue campus operations (2) Backup of records on a frequency necessary to meet program goals and objectives (3) Validation of the integrity of records backup (4) Implementation of procedures to store, retrieve, and recover records onsite or offsite (5) Protection of records (6) Implementation of a record review process (7) Procedures coordinating records access 	All (7/7) program requirements listed in 4.7.2 are in place.	At least 5/7 of program requirements listed in 4.7.2 are in place.	At least 3/7 of program requirements listed in 4.7.2 are in place.
<p>Chapter 5. PLANNING.</p> <p>5.1 PLANNING & DESIGN PROCESS.</p> <p>5.1.1* The program shall follow a planning process that develops strategies, plans, and required capabilities to execute the program.</p>	+ Capabilities are in place	Plans and strategies are fully developed (but <i>not</i> required capabilities)	Plans are fully developed (but <i>not</i> strategies or capabilities)
<p>6.1 Common Plan Requirements.</p> <p>6.1.1* Plans shall address the health and safety of personnel.</p> <p>6.1.2 Plans shall identify and document:</p> <ul style="list-style-type: none"> (1) Assumptions made during the planning process (2) Functional roles and responsibilities of internal and external agencies, organizations, departments, and positions. (3) Lines of authority (4) Process for delegation of authority (5) Lines of succession for the campus (6) Liaisons to external entities (7) Logistics support and resource requirements <p>6.1.4* Campus shall make sections of the plans available to those assigned specific tasks and responsibilities therein and to key stakeholders</p>	All (7/7) Plan req's listed in 6.1.2 are in place	At least 5/7 of Plan requirements listed in 6.1.2 are in place.	At least 3/7 of Plan requirements listed in 6.1.2 are in place.
<p>4.4.2 Program scope shall be determined through an "all-hazards" approach and the risk assessment.</p> <p>4.4.3 Program requirements shall be applicable to prevention, mitigation, preparedness, response, continuity, and recovery.</p>	Program scope and requirements cover all areas listed in 4.4.3	Program scope based on <i>both</i> all-hazards approach and HVA.	Program scope based on all-hazards approach.
<p>5.1.2 Strategic planning shall define the campus program vision, mission, and goals.</p>	+ vision included	Strategic planning defines program goals <i>and</i> mission.	Strategic planning defines program goals only
<p>5.1.5 Crisis management planning shall address issues that threaten the strategic, reputational, and intangible elements of the campus.</p>	Addresses <i>all</i> three elements.	Crisis management planning addresses <i>two</i> issues or elements listed.	Crisis management planning addresses only <i>one</i> issue or element listed.

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>5.2* RISK ASSESSMENT (HVA).</p> <p>5.2.1 Campus shall conduct a risk assessment to develop required strategies and plans.</p> <p>5.2.2 Campus shall identify hazards and monitor those hazards and the likelihood of their occurrence.</p>	+ campus monitors hazards per 5.2.2	Campus has conducted a full risk assessment (HVA) per 5.2.1	Campus has identified hazards and likelihood of occurrence per 5.2.2.
<p>5.2.2.1* Hazards to be evaluated shall include:</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>	+ Human-caused events evaluated per (2)	Natural hazards <i>and</i> technologically-caused events have been evaluated per (1) and (3)	All natural hazards have been evaluated per (1)
<p>5.2.2.2 The vulnerability of people, property, operations, the environment, and the campus shall be identified, evaluated, and monitored.</p>	+ monitored	Vulnerabilities have been identified <i>and</i> evaluated.	Vulnerabilities have been identified (but not evaluated).
<p>5.2.3 Campus shall conduct an analysis of the impacts of the hazards identified in 5.2.2 on:</p> <p>(1) Health and safety of persons in the affected area</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 conditions</p> <p>(9) Regulatory and contractual obligations</p> <p>(10) Reputation of or confidence in the campus</p>	Analysis of impacts have been conducted on all ten (10/10) areas listed in 5.2.3.	Analysis of impacts have been conducted on at least 7/10 areas listed in 5.2.3.	Analysis of impacts have been conducted on at least 5/10 areas listed in 5.2.3.
<p>5.2.5 Risk Assessment shall evaluate the adequacy of existing prevention and mitigation strategies.</p>	Evaluation is current/ updated	Adequacy of <i>both</i> prevention and mitigation strategies evaluated	Adequacy of prevention strategies evaluated (but <i>not</i> mitigation).
<p>5.3* BUSINESS IMPACT ANALYSIS (BIA).</p> <p>5.3.1 Campus shall conduct a Business Impact Analysis.</p> <p>5.3.2 BIA shall evaluate the potential impacts resulting from interruption or disruption of individual functions, processes, and applications.</p>	+ evaluates impacts of applications.	BIA evaluates impacts of campus functions <i>and</i> processes (but <i>not</i> applications).	BIA evaluates impacts of campus functions (but <i>not</i> processes or applications).
<p>5.3.3* BIA shall identify those functions, processes, infrastructure, systems, and applications that are critical to the campus and the point in time (RTO) when the impact of the interruption or disruption becomes unacceptable to the campus.</p>	RTOs developed for ALL critical functions (ID'd in BIA)	Recovery Time Objectives (RTOs) developed for >50% of critical campus functions, processes, infrastructure, systems, and applications (identified in BIA).	BIA identifies all critical campus functions, processes, infrastructure, systems, and applications (but <i>not</i> RTO).
<p>5.3.5* BIA shall evaluate the potential loss of information and the point in time (RPO) that defines the potential gap between the last backup of information and the time of the interruption or disruption.</p>	Recovery Point Objective (RPO) determined.	Potential loss of information and potential time gaps evaluated (but <i>no</i> RPO determined).	Potential loss of information has been evaluated (but <i>not</i> RPO).

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
5.3.4 BIA shall identify dependencies and interdependencies across functions, processes, and applications to determine potential for compounding impact.	All major campus inter-dependences identified	Interdependencies identified for campus functions and processes (but <i>not</i> applications).	Interdependencies identified for campus functions (but <i>not</i> processes or applications)
5.4* RESOURCE NEEDS ASSESSMENT. 5.4.1* Campus shall conduct a resource needs assessment based on the hazards identified in 5.2 (HVA) and 5.3 (BIA).	Based on hazards from <i>both</i> HVA and BIA	Needs assessment based on all HVA hazards but <i>not</i> BIA.	Needs assessment complete but <i>not</i> based on all hazards identified in HVA or BIA.
5.4.2 The resource needs assessment shall include: (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 liabilities	Needs assessment includes <i>all</i> items listed in (1) and (2)	Needs assessment includes <i>all</i> items listed under (1) and some items listed under (2)	Needs assessment includes most items listed under (1).
5.4.3* Campus shall establish procedures to locate, acquire, store, distribute, maintain, test, and account for services, human resources, equipment, and materials procured or donated to support the program.	Procedures in place for <i>all</i> items listed.	Procedures to manage <i>most</i> of the items listed are in place.	Procedures in place to manage <i>some</i> of the items listed are in place.
5.4.4 Facilities capable of supporting response, continuity, and recovery operations shall be identified.	+ continuity facilities	Facilities capable of supporting response <i>and</i> recovery identified.	Facilities capable of supporting only response identified.
5.4.5* The need for mutual aid/assistance or partnership agreements shall be determined; if needed, agreements shall be established and documented.	+ partnership agreements as needed	Mutual aid/assistance agreements established; need for partnership agreements determined.	Mutual aid/assistance agreements established as needed.
6.2 INCIDENT PREVENTION. 6.3 HAZARD MITIGATION. 6.2.1* Campus shall develop a strategy to prevent an incident that threatens life, property, and the environment (see Annex A.6.2.1 for strategies). 6.2.2* Prevention strategy shall be kept current using information collection and intelligence techniques. 6.2.4 Campus shall have a process to monitor the identified hazards and adjust the level of preventive measures to be commensurate with the risk.	+ campus <i>also</i> adjusts preventive measures relative to risk per 6.2.4.	Campus prevention strategy includes <i>most</i> of the (10) measures listed in Annex A.6.2.1 <i>and</i> also a process to monitor identified hazards per 6.2.4.	Campus prevention and deterrence strategies include <i>some</i> of the (10) measures listed in Annex A.6.2.1
6.3.1* 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 (see Annex A.6.3.1 for list of mitigation strategies).	+ strategy <i>also</i> includes funding mechanism	Mitigation strategy includes <i>most</i> of the (13) measures listed in Annex A.6.3.1	Mitigation strategy includes <i>some</i> of the (13) measures listed in Annex A.6.3.1
6.2.3 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. 6.3.2* 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.	+ prevention strategy based on the criteria listed in 6.2.3	Mitigation strategy based on <i>most</i> of criteria in 6.3.2 <i>and</i> Some type of prevention strategy also in place.	Mitigation strategy based on <i>some</i> of criteria in 6.3.2 (No prevention strategy in place).

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
6.3.3 The mitigation strategy shall include interim and long-term actions to reduce vulnerabilities.	+ Long-term actions	Mitigation strategy includes <i>only</i> interim actions	Some type of mitigation strategy is in place.
6.4 CRISIS COMMUNICATIONS & PUBLIC INFORMATION. 6.4.1* The campus shall develop a plan and procedures to disseminate and respond to requests for information to and from the following audiences before, during, and after an incident: (1) Internal audiences including employees (2) External audiences including the media, functional needs population, and other stakeholders	+ Plan and procedures include functional needs populations	Plan and procedures in place for <i>both</i> external and internal audiences including campus employees.	Plan and procedures in place for external audiences including media (but <i>not</i> internal audiences).
6.4.2* Campus shall establish and maintain a crisis communication or public information capability that includes: (1)* Central contact facility or communications hub (2) Physical or virtual information center (3) System for gathering, monitoring, and disseminating information (4) Procedures for developing and delivering coordinated messages (5) Protocol to clear information for release	All (5) capabilities listed are in place.	Capability includes at least 4/5 of items listed in 6.4.2	Capability includes at least 2/5 items listed in 6.4.2
6.5 WARNING, NOTIFICATIONS & COMMUNICATIONS. 6.5.1* Campus shall determine warning, notification, and communications needs.	Needs determined for all (3) areas listed	Warning <i>and</i> notification needs determined (but <i>not</i> communications needs)	Warning needs determined (but <i>not</i> notification or communications needs)
6.5.2* Warning, notification, and communications systems shall be reliable, redundant, and interoperable.	C&WNS are <i>also</i> inter-operable.	Both warning <i>and</i> notification systems are reliable and redundant.	Warning systems are reliable and redundant.
6.5.3* Emergency warning, notification, and communications protocols and procedures shall be developed, tested, and used to alert stakeholders potentially at risk from an actual or impending incident. 6.5.4 Procedures shall include issuing warnings through authorized agencies if required by law as well as the use of pre-scripted information bulletins or templates.	+ use of pre-scripted bulletins or templates per 6.5.4	Compliant with 6.5.3 <i>and</i> procedures to issue warnings thru authorized agencies per 6.5.4	Compliant with 6.5.3 but <i>not</i> 6.5.4
6.6 OPERATIONAL PROCEDURES (SOPs). 6.6.1 Campus shall develop, coordinate, and implement operational procedures to support the program. 6.6.2* Procedures shall be established and implemented for response to and recovery from the impact of hazards identified in 5.2.2 (HVA).	SOPs in place for response <i>and</i> recovery from <i>all</i> hazards identified in HVA.	SOPs established and implemented for response to all hazards <i>and</i> recovery from <i>major</i> hazards only.	SOPs established and implemented <i>only</i> for response to all hazards (but <i>not</i> recovery)
6.6.3* Procedures shall provide for life safety, property conservation (minimizing damage), incident stabilization, continuity, and protection of the environment under campus jurisdiction.	+ SOPs for continuity.	SOPs in place for life safety, property conservation, <i>and</i> incident stabilization, <i>and</i> protection of environment.	SOPs in place <i>only</i> for life safety and property conservation.

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6.6.4 Procedures shall include: (1) Control of access to area affected by incident (2) Identification of personnel engaged in activities at the incident (3) Accounting for personnel engaged in incident activities (4) Mobilization and demobilization of resources	+ mobilization and demobiliztn of resources (4)	SOPs in place for access control, ID of responders, <i>and</i> personnel accountability (3)	SOPs in place <i>only</i> for access control (1) and ID of responders (2)
6.6.5 Procedures shall allow for concurrent activities of response, continuity, recovery, and mitigation.	+ continuity activities.	SOPs allow concurrent response, recovery, <i>and</i> mitigation activities.	SOPs allow for concurrent response and recovery activities <i>only</i> .
6.7 INCIDENT MANAGEMENT. 6.7.1* Campus shall use [ICS] to direct, control, and coordinate response, continuity, and recovery operations. 6.7.2 [ICS] shall describe specific organizational roles, titles, and responsibilities for each incident management function.	ICS used to manage response, recovery, <i>and</i> continuity operations	Campus uses ICS to manage <i>both</i> response and recovery operations, but <i>not</i> continuity operations.	Campus uses ICS to manage response but <i>not</i> recovery or continuity operations.
6.7.1.1* Emergency Operations Centers (EOCs) 6.7.1.1.1* Campus shall establish primary and alternate EOCs capable of managing response, continuity, and recovery operations. 6.7.1.1.2* EOCs shall be permitted to be physical or virtual. 6.7.1.1.3 On activation of an EOC, communications and coordination shall be established between Incident Command and EOC.	Primary and alternate <i>physical</i> EOCs established	Primary physical EOC established <i>and</i> virtual alternate EOC established.	Primary physical EOC has been established but <i>no</i> alternate EOC.
6.7.3 Campus shall establish procedures and policies for coordinating mitigation, preparedness, response, continuity and recovery activities. 6.7.4 Campus shall coordinate the activities specified above with stakeholders.	+ coordinate with stakeholders per 6.7.4	Procedures/policies <i>also</i> in place to coordinate continuity and recovery activities per 6.7.3	Procedures/policies in place to coordinate mitigation, preparedness, and response activities per 6.7.3.
6.7.5 Procedures shall include a situation analysis that incorporates a damage assessment and a needs assessment to identify resources to support activities.	SOPs include needs assessment	SOPs include situation analysis that incorporates damage assessment.	SOPs include situation analysis but <i>not</i> damage assessment.
6.7.6* Emergency operations/response shall be guided by an Incident Action Plan (IAP) or management by objectives.	Also uses After Action Report	Emergency operations uses formal IAP process.	Emergency operations uses management by objectives.
6.7.7 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 established [ICS] (4) Conducting contingency planning for resource deficiencies	+ resource typing or categorizng per (2)	Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3). <i>and</i> Contingency planning conducted for resource deficiencies per (4).	Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3)
6.7.8 A current inventory of internal and external resources shall be maintained.	Both inventories current	Inventory of internal <i>and</i> external resources but <i>not</i> current.	Inventory of internal resources maintained (but <i>not</i> external).
6.7.9 Donations of human resources, equipment, material, and facilities shall be managed.	+ equipment and facilities	Donations of human resources <i>and</i> materials managed (but <i>not</i> equipmnt)	Donations of only human resources managed (but <i>not</i> other types of resources)

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<p>6.8 EMERGENCY OPERATIONS/RESPONSE PLAN.</p> <p>6.8.1* [EOP] shall define responsibilities for carrying out specific actions in an emergency.</p>	+ SOPs to notify/recall key EOC staff	ICS-based EOP <i>and</i> Job aids developed (SOPs, checklists, action lists) to assist roles/responsibilities.	ICS-based EOP.
<p>6.8.2* [EOP] shall identify actions to be taken to protect people including those with access and functional needs, property, operations, the environment, and the campus.</p> <p>6.8.3* [EOP] shall identify actions for incident stabilization.</p>	+ persons with special needs	EOP <i>also</i> identifies actions to protect operations and the environment.	EOP identifies actions to protect people, property, and provide incident stabilization (but <i>not</i> operations or the environment).
<p>6.8.4 [EOP] shall include:</p> <p>(1) Protective actions for life safety (per 6.8.2)</p> <p>(2) Warning, notifications, and communication (per Section 6.5)</p> <p>(3) Crisis communication and public information (per Section 6.4)</p> <p>(4) Resource management (per 6.7.7)</p> <p>(5) Donation management (per 6.7.9)</p>	EOP includes all five (5/5) elements listed	EOP includes at least 3/5 of elements listed in 6.8.4	EOP includes at least 2/5 of elements listed in 6.8.4
<p>6.9 BUSINESS CONTINUITY & RECOVERY.</p> <p>6.9.1* Continuity Plan shall include recovery strategies to maintain critical or time-sensitive functions and processes identified during the BIA.</p> <p>6.9.2* Continuity Plan shall identify stakeholders that need to be notified; critical and time-sensitive applications; alternative work sites; vital records, contact lists, functions, and processes that must be maintained; and personnel, procedures, and resources that are needed while the campus is recovering.</p>	All Plan elements in place per <i>and</i> Complies with all <i>UC Ready</i> UCOP performance objectives.	Continuity Plan identifies <i>most</i> of the elements listed in 6.9.1 and 6.9.2 <i>and</i> >75% compliance <i>UC Ready</i> UCOP performance objectives.	Continuity Plan identifies <i>some</i> of the elements listed in 6.9.1 and 6.9.2 <i>and</i> >50% compliance <i>UC Ready</i> UCOP performance objectives.
<p>6.9.3* Recovery Plan shall provide for restoration of functions, services, resources, facilities, programs, and infrastructure.</p> <p>Recovery Plan elements (per Annex A.6.9.3):</p> <p>(1) Facilities and equipment</p> <p>(2) Critical infrastructure</p> <p>(3) Telecommunications and cyber protection systems</p> <p>(4) Distribution systems for essential goods</p> <p>(5) Transportation systems, networks, infrastructure</p> <p>(6) Human resources</p> <p>(7) Psychosocial services</p> <p>(8) Health services</p>	All eight (8/8) Recovery Plan elements listed in Annex A.6.9.3 are in place.	At least 5/8 of Recovery Plan elements listed in Annex A.6.9.3 are in place.	At least 3/8 of Recovery Plan elements listed in Annex A.6.9.3 are in place.
<p>6.10* EMPLOYEE ASSISTANCE & SUPPORT.</p> <p>6.10.1* Campus shall develop a strategy for employee assistance and support that includes:</p> <p>(1) Communications procedures</p> <p>(2)* Contact information, including emergency contact outside anticipated hazard area</p> <p>(3) Accounting for persons affected, displaced, or injured by the incident</p> <p>(4) Temporary, short-term or long-term housing, feeding and care of those displaced by an incident</p> <p>(5) Mental health and physical well-being of individuals affected by the incident</p>	All six (6/6) elements listed in 6.10.1 are in place.	At least 4/6 of elements listed in 6.10.1 are in place.	At least 3/6 of elements listed in 6.10.1 are in place.

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(6) Pre-incident and post-incident awareness 6.10.2 Strategy shall be flexible for use all incidents			
6.10.3* Campus shall promote family preparedness education and training for employees	All Annex I req's met	Campus implements a preparedness program (per Annex I)	Campus plans a family preparedness program (per Annex I).
Chapter 7. TRAINING & EDUCATION. 7.1* Curriculum. Campus shall develop and implement a competency-based training and education curriculum that supports all employees who have a role in the program (see Annex A.7.1). 7.2 Goal of Curriculum. 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.	Includes <i>both</i> skills training as well as education curriculum per Annex A.7.1.	Campus has developed and implemented a <i>performance-based</i> curriculum with specified goals and objectives used to measure and evaluate compliance per Annex A.7.1.	Campus has developed and implemented some type of training and education curriculum.
7.3 Scope and Frequency of Instruction. The scope of the curriculum and frequency of instruction shall be identified. 7.5 Recordkeeping. Records of training and education shall be maintained as specified in Section 4.7.	+ education records per 7.5	Campus <i>also</i> maintains training records per 7.5 (but <i>not</i> education records).	Campus has identified scope of curriculum and frequency of instruction per 7.3 (but <i>no</i> recordkeeping).
7.4 [ICS] Training. Personnel shall be trained in SEMS/ICS and other components of the program to the level of their involvement. 7.6 Regulatory and Program Requirements. The curriculum shall comply with applicable regulatory and program requirements.	Campus has trained >90% of staff requiring training.	Campus has trained at least 75% of personnel who require training.	Campus has trained at least 50% of personnel who require training.
7.7* Public Education. A public education program shall be implemented to communicate: (1) Potential impact of a hazard (2) Preparedness information (3) Info needed to develop a preparedness plan	+ preparedness plan info per (3).	Campus <i>also</i> provides info on campus-specific hazards and impacts per (1) and (2).	Campuswide preparedness information program per (2).
Chapter 8. EXERCISES & TESTS 8.1 Program Evaluation. Campus shall evaluate program plans, procedures, training, and capabilities and promote continuous improvement through periodic exercises and tests. 8.1.2 Campus shall evaluate the program based on post-incident analyses, lessons learned, and operational performance. 8.1.3 Exercises and tests shall be documented. 8.2* Exercise and Test Methodology. 8.2.1 Exercises shall provide a standardized methodology to practice procedures and interact with other entities (internal and external) in a controlled setting. 8.2.2 Exercises shall be designed to assess the maturity of program plans, procedures, and strategies. 8.2.3 Tests shall be designed to demonstrate capabilities. 8.4 Exercise and Test Evaluation. 8.4.1 Exercises shall evaluate program plans, procedures, training, and capabilities to identify	Campus evaluates program through <i>annual functional or full-scale</i> exercises, or actual EOC activation in last year with AAR.	Campus evaluates program through periodic <i>functional or full-scale</i> exercises, or actual EOC activation with AAR within last two years.	Campus evaluates program through periodic <i>tabletop</i> exercises, or actual EOC activation with AAR within last three years.

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<p>opportunities for improvement</p> <p>8.4.2 Tests shall be evaluated as either pass or fail.</p> <p>8.5* Frequency. Exercises and tests shall be conducted on the frequency needed to establish and maintain required capabilities.</p>			
<p>8.3* Design of Exercises and Tests</p> <p>8.3.1 Exercises and tests shall be designed to do the following:</p> <ol style="list-style-type: none"> (1) Ensure the safety of people, property, operations, and the environment involved in the exercise or test (2) Evaluate the program (3) Identify planning and procedural deficiencies (4) Test or validate recently changed procedures or plans (5) Clarify roles and responsibilities (6) Obtain participant feedback and recommendations for program improvement (7) Measure improvement compared to performance objectives. (8) Improve coordination between internal and external teams, organizations, and entities (9) Validate training and education (10) Increase awareness and understanding of hazards and the potential impact of hazards on the campus (11) Identify additional resources and assess the capabilities of existing resources including personnel and equipment needed for effective response and recovery (12) Assess the ability of the team to identify, assess, and manage an incident (13) Practice the deployment of teams and resources to manage an incident (14) Improve individual performance 	<p>Exercise design includes all fourteen (14/14) elements listed in 8.3.1.</p>	<p>Exercise design includes at least 8/14 elements listed in 8.3.1.</p>	<p>Exercise design includes at least 5/14 elements listed in 8.3.1.</p>
<p>Chapter 9. PROGRAM MAINTENANCE & IMPROVEMENT</p> <p>9.1* Program Reviews. Campus shall maintain and improve program by evaluating its policies, program, procedures, and capabilities using performance objectives.</p> <p>9.1.1* Campus shall improve effectiveness of the program through evaluation of implementation of changes resulting from preventive and corrective action.</p> <p>9.1.2* Evaluations shall be conducted on a regularly scheduled basis, and when the situation changes to challenge the effectiveness of the existing program.</p> <p>9.1.3 The program shall be re-evaluated when a change in any of the following impacts the campus program:</p>	<p>+ program reevaluation when any of the listed changes impact program per 9.1.3</p>	<p>Campus conducts <i>regularly</i> scheduled program evaluations that <i>also</i> include review of performance objectives and changes resulting from preventive and corrective actions per 9.1.1 and 9.1.2.</p>	<p>Campus conducts periodic program evaluations of policies and evaluation of program implementation per 9.1.1.</p>

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(1) Regulations (2) Hazards and potential impacts (3) Resource availability or capability (4) Campus organization (5)*Funding changes (6) Infrastructure including technology environment (7) Economic and geopolitical stability (8) Campus operations			
9.1.4 Reviews shall include post-incident analyses, reviews of lessons learned, and reviews of program performance. 9.1.5 Campus shall maintain records of its reviews and evaluations in accordance with the records management practices developed under Sect 4.7. 9.1.6 Documentation, records, and reports shall be provided to management for review and follow-up.	+ documents and reports provided to executive management per 9.1.6.	Campus reviews are conducted based on post-incident analyses, lessons learned, and program performance per 9.1.4. <i>and</i> Records of reviews/evals maintained per 9.1.5.	Campus reviews are conducted based on post-incident analyses, lessons learned, and program performance per 9.1.4
9.2* Corrective Action. 9.2.1* Campus shall establish a corrective action process. 9.2.2* Campus shall take corrective action on deficiencies identified.	+ Funding long-term solutions or taking interim actions per 9.2.2	Campus has established a corrective action process per 9.2.1 <i>and</i> Campus is implementing <i>some</i> corrective actions per 9.2.2.	Campus has established a corrective action process per 9.2.1 but is <i>not</i> implementing any corrective actions.
9.3 Continuous Improvement. Campus shall effect continuous improvement of the program through the use of program reviews and the corrective action process.	+ Corrective action process	Campus uses program reviews to implement continuous improvement.	Campus has some type of continuous improvement process in place.

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

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

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