An aerial, top-down view of a large group of cyclists riding on a paved plaza. The cyclists are scattered across the frame, moving in various directions. They are wearing colorful clothing and helmets. The plaza is paved with light-colored rectangular tiles. The text "Systemwide Emergency Management Status Report" is overlaid in white on the right side of the image.

Systemwide Emergency Management Status Report

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I. Introduction

This FY 2016-17 annual report is based on programmatic self-assessments completed by each of the ten campuses, and includes program executive summaries for all locations including UC Health medical centers, Lawrence Berkeley National Lab, UCOP and Agriculture & Natural Resources Division (ANR). Campus program self-assessments are benchmarked against the National Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs (National Fire Protection Association [NFPA] Standard 1600 - 2016 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 National 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, UCOP Risk Services in collaboration 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-three (73) programmatic criteria. This comprehensive benchmarking guide was revised by the Emergency Management Council corresponding to the 2016 triennial update of the NFPA Standard and 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.

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 2016 triennial update of the NFPA Standard primarily focused on continuity planning and enhanced both the Business Impact Analysis (BIA) and the Continuity & Recovery program elements. The BIA is a key continuity planning element that evaluates the potential operational and financial impacts resulting from interruption or disruption of mission-critical campuswide essential functions, processes, infrastructure, systems, and personnel and identifies resources that may be needed to recover from any disruption in order to continue the University’s mission of teaching, research, and patient care. The BIA will be used to develop campuswide continuity and recovery strategies and plans.

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

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

- 0 = Non-Conforming
- 1 = Partially Conforming
- 2 = Substantially Conforming
- 3 = Conforming

This section 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. Trends and changes in systemwide conformity since last year are also summarized.

Summary of Systemwide Conformity with NFPA Standard Program Elements

1. *Program Management.*
Nearly all (9/10) of the campuses conform or substantially conform with the six criteria, a decrease of one (-10%) campus since last year; one (1/10) campus reported complete conformity with all six criteria, a decrease of three (-30%) campuses since last year.
2. *Program Coordinator/Manager.*
Most (8/10) of the campuses conform or substantially conform with the single criterion, a decrease of one (-10%) campus since last year; eight (8/10) campuses remain in complete conformity with the single criterion.
3. *Compliance with Laws/Requirements.*
All (10) of the campuses continue to conform or substantially conform with the two criteria; eight (8/10) campuses now completely conform with both criteria, an increase of one (+10%) campus since last year.
4. *Finance and Administration.*
Most (7/10) of the campuses continue to conform or substantially conform with the four criteria; two (2/10) campuses reported complete conformity with all four criteria, a decrease of two (-20%) campuses since last year.
5. *Planning and Design Process.*
Most (8/10) of the campuses conform or substantially conform with the five criteria, a decrease of two (-20%) campuses since last year; half (5/10) of the campuses now completely conform with all five criteria, an increase of two (+20%) campuses since last year.
6. *Hazard Vulnerability Assessment.*
Nearly all (9/10) of the campuses conform or substantially conform with the six criteria, a decrease of one (-10%) campus since last year; three (3/10) campuses report complete conformity with all six criteria, a decrease of one (-10%) campus since last year.

7. *Business Impact Analysis.*
Three (3/10) campuses conform or substantially conform with the four criteria, a decrease of one (-10%) campus since last year; one (1/10) campus remains in complete conformity with all four criteria.
8. *Resource Needs Assessment.*
Most (6/10) of the campuses conform or substantially conform with the five criteria, a decrease of one (-10%) campus since last year; one (1/10) campus reports complete conformity with all five criteria, a decrease of two (-20%) campuses since last year.
9. *Incident Prevention and Hazard Mitigation.*
Most (7/10) of the campuses conform or substantially conform with the four criteria, a decrease of two (-20%) campuses since last year; two (2/10) campuses report complete conformity with all four criteria, a decrease of two (-20%) campuses since last year.
10. *Crisis Communications and Public Information.*
Nearly all (9/10) of the campuses conform or substantially conform with the two criteria, a decrease of one (-10%) campus since last year; six (6/10) campuses report complete conformity with both 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; eight (8/10) campuses remain in complete conformity with all three criteria.
12. *Standard Operating Procedures (SOPs).*
Most (8/10) of the campuses continue to conform or substantially conform with the four criteria; one (1/10) campus reports complete conformity with all four criteria, a decrease of one (-10%) campus since last year.
13. *Incident Management.*
Most (7/10) of the campuses conform or substantially conform with the eight criteria, a decrease of three (-30%) campuses since last year; one (1/10) campus remains in complete conformity with all eight criteria.
14. *Emergency Operations/Response Plan.*
Most (8/10) of the campuses conform or substantially conform with the three criteria, a decrease of one (-10%) campus since last year; four (4/10) campuses report complete conformity with all three criteria, a decrease of two (-20%) campuses since last year.
15. *Business Continuity and Recovery.*
Half (5/10) of the campuses now conform or substantially conform with the four criteria, an increase of one (+10%) campus since last year; none (0/10) of the campuses report complete conformity with all four criteria.
16. *Employee Assistance and Support.*
Most (7/10) of the campuses conform or substantially conform with the two criteria, a decrease of one (-10%) campus since last year; four (4/10) campuses now completely conform with both criteria, an increase of two (+20%) campuses since last year.

17. *Training and Education.*

Most (8/10) of the campuses now conform or substantially conform with the four criteria, an increase of one (+10%) campus since last year; half (5/10) of the campuses now completely conform with all four criteria, an increase of one (+10%) campus since last year.

18. *Exercises and Tests.*

All (10/10) of the campuses now conform or substantially conform with the two criteria, an increase of one (+10%) campus since last year; six (6/10) campuses remain in complete conformity with both criteria.

19. *Program Maintenance and Improvement.*

Most (8/10) of the campuses conform or substantially conform with the four criteria, a decrease of two (-20%) campuses since last year; six (6/10) campuses report complete conformity with all four criteria, a decrease of one (-10%) campus since last year.

Summary of Systemwide Conformity with NFPA Standard Program Elements

All or nearly all (at least nine of ten) campus locations reportedly conform or substantially conform with the following six (of nineteen total) NFPA Standard programmatic elements: program management; compliance with University requirements and state/federal laws; hazard vulnerability assessment; crisis communications and public information; warning, notifications, and communications; and exercises and tests. In addition, most (at least seven of ten) campus locations reportedly conform or substantially conform with the following ten NFPA program elements: program coordinator/manager; finance and administration; planning and design process; incident prevention and hazard mitigation; standard operating procedures; incident management; emergency operations/ response plan; employee assistance and support; training and education; and program maintenance and improvement. On a systemwide basis, most campus locations therefore conform or substantially conform with sixteen of the nineteen NFPA Standard programmatic elements (or 84% systemwide conformity). This represents a slight decrease in the level of systemwide NFPA conformity from what was reported by the campuses last year (89%).

In terms of achieving substantial conformity with the NFPA Standard, the campuses reported incremental improvement in the following three program element areas: business continuity and recovery; training and education; and exercises and tests. However, there was systemwide deterioration reported in campus conformity with the following four NFPA program elements: planning and design process; incident prevention and hazard mitigation; incident management; and program maintenance and improvement.

In terms of both breadth (the number of campuses) and magnitude (degree of change), the greatest systemwide improvement in achieving conformity with NFPA programmatic criteria was reported over the last year in the following four NFPA Standard program elements: training and education; business continuity and recovery; Business Impact Analysis; and standard operating procedures. In contrast, slight systemwide regression was observed in conformance with the criteria associated with the following three NFPA program elements: incident prevention and mitigation; program management; and resource needs assessment.

In terms of individual NFPA program criteria, the greatest systemwide improvement was reported in developing a recovery plan; conducting a business impact analysis; identifying the scope and frequency of training; and developing standard operating procedures for access controls, responder accountability, and demobilization. Notably, the Emergency Management Council cohort developed a model campus recovery plan last year,

and the new UC Ready continuity planning software supports business impact analysis, which led directly to the systemwide improvement in those particular program elements. In contrast, the greatest systemwide deterioration in terms of conformity with individual NFPA program criteria was reported in the resource needs assessment including multiple required elements; developing and implementing a campus mitigation strategy; and basing the campus prevention and mitigation strategies on the results of the HVA and other factors.

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

Table 1: Campus Self-Assessments - NFPA Standard Conformity, December 2017

NFPA Program Element	Berkeley	Davis	Irvine	UCLA	Merced	Riverside	San Diego	UCSF	Santa Barbara	Santa Cruz
Program Management										
Leadership commitment and resources	2	3	3	3	2	3	3	3	3	3
Program review/support committee	3	3	3	1	2	3	3	1	3	3
Executive policy and enabling authority	3	3	3	1	3	3	3	3	3	3
Program scope/goals/perf objectives/metrics	3	3	3	1	2	3	3	3	3	2
Prioritized budget and schedule/milestones	2	3	2	3	2	3	2	3	2	2
Establish program performance objectives	2	3	1	1	1	1	2	3	2	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	3	2	3	3	3	3	2
SFMS/NIMS requirements	3	3	3	3	3	3	3	3	3	3
Finance & Administration										
Develop financial/administrative procedures	2	3	2	0	2	0	3	2	3	2
Framework uniquely linked to emergency ops	2	3	3	0	2	1	3	2	3	2
Expedited fiscal decision-making procedures	2	3	3	0	1	0	3	3	3	2
Records management program	2	3	3	0	1	0	3	2	2	2
Planning & Design Process										
Planning process to develop plans/strategies	3	3	3	3	1	0	3	3	2	2
Common plan content requirements	3	3	3	3	1	1	3	3	2	2
Use 'all-hazards' approach and HVA	3	3	3	3	2	3	3	3	3	2
Strategic planning defines vision/mission/goals	3	3	3	2	2	2	3	3	3	2
Crisis management planning addresses issues	3	3	3	1	2	3	3	3	3	3
Hazard Vulnerability Assessment										
Identify/monitor hazards and probabilities	3	3	3	2	3	2	3	3	3	3
Evaluate 'all-hazards' applicable to campus	3	3	3	3	3	3	3	3	3	3
Assess campus vulnerability to all hazards	3	3	3	3	3	2	3	3	2	3
Conduct campus-wide impact analysis	3	1	3	3	2	2	2	3	3	2
Considers impact escalation due to time/external e	3	1	3	3	2	0	3	3	3	1
Evaluate existing prevention/mitigation strategies	3	3	3	3	2	0	3	3	2	2
Business Impact Analysis										
BIA has mission-critical functions/assesses impacts	1	3	3	2	1	2	1	2	2	1
BIA has mission-critical resources as specified	1	3	2	2	1	1	1	1	2	1
BIA has MTD and breadth of disruption impacts	1	3	3	2	1	1	1	1	2	1
BIA has RPO and RTO-RPO gaps as specified	1	3	0	1	1	2	1	1	2	0
Resource Needs Assessment										
Conduct needs assessment based on HVA/BIA	1	3	2	3	1	1	3	2	2	1
Assessment considers multiple factors	1	1	1	1	1	0	3	2	2	1
Establish resource management procedures	3	3	2	2	1	2	3	2	2	1
Identify operational support facilities	3	3	3	2	1	2	3	2	3	1
Establish mutual aid/partnership agreements	3	3	3	1	2	1	3	2	3	1
Incident Prevention & Hazard Mitigation										
Develop/implement prevention strategy	3	3	3	1	1	3	3	3	3	3
Develop/implement mitigation strategy	2	1	2	1	1	2	3	3	2	2
Base strategies on HVA/experience/costs	3	1	3	1	1	1	3	3	2	2
Interim and long-term mitigation actions	3	3	3	1	1	1	3	3	2	2
Crisis Communications & Public Information										
Ability to disseminate/respond to information	3	2	3	0	3	3	3	3	3	2
Maintain crisis comm's/public info capability	3	2	3	3	3	2	3	3	3	2

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

Table 1: Campus Self-Assessments - NFPA Standard Conformity, December 2017

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

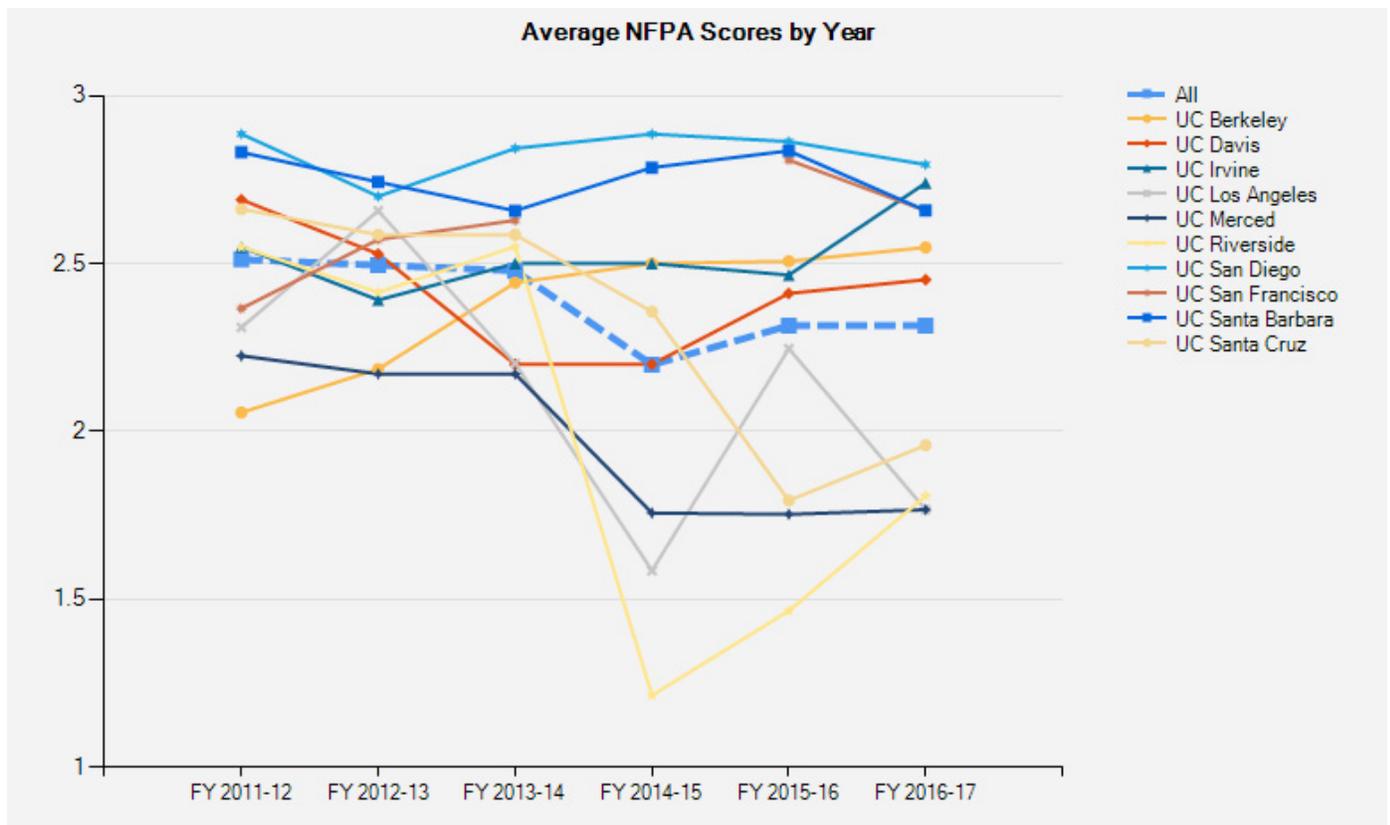
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III. ERMIS Emergency Management Key Performance Indicator (KPI)

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 dashed line on graph below shows, the systemwide (or enterprise) KPI for conformity with all the NFPA Standard programmatic requirements was unchanged over the last year, averaging (2.32). Note that a score greater than (2.0) indicates 'substantial conformity' with the NFPA Standard program elements, so overall the entire University system remains in substantial conformity with the NFPA Standard programmatic criteria.



IV. Individual Program Executive Summaries

The following Emergency Management program executive summaries describe the overall status of all University Campus and UC Health medical center programs as well as the Lawrence Berkeley National Lab, Office of the President (UCOP) and Agriculture & 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 2017, UC Berkeley was the site of several high-profile protest events, including a violent protest in February that caused significant damage to the campus. For each event, the campus Office of Emergency Management (OEM) played a significant role in response activities. Starting with a planned speech by Ann Coulter in April, OEM created a reporting format that allowed for in-depth media intelligence gathering and monitoring to keep UCPD and other partners informed, aware, and knowledgeable. This report became a standard component of protest planning for the rest of the year. As OEM refined this approach, we were also redefining the use of social media monitoring, before, during and after an event. Lessons learned were applied to each successive event and UC Berkeley has been able to share these lessons with colleges and universities across the country as others are faced with the potential for similar incidents. The campus hopes to continue to share lessons learned and best practices going forward.

In August 2017, OEM conducted a full-scale exercise, *Golden Alliance*, on the UC Berkeley campus. The exercise included the participation of approximately 400 employees and volunteers and evaluated campus response to a major earthquake on the Hayward Fault. The execution of *Golden Alliance* required teamwork, collaborative planning, and coordination across multiple campus units.

In addition to *Golden Alliance*, several other drills and exercises were conducted this year. OEM conducted tabletop exercises with the following campus Emergency Support Functions: Communications, Infrastructure and Utilities, Mass Care and Shelter, Public Health and Medical, Animal Welfare, Hazardous Materials, Public Affairs, and the Berkeley Seismological Lab. OEM also delivered tailored classroom-based training to these groups as part of the preparation efforts for *Golden Alliance*. In a continued effort to strengthen campuswide evacuation efforts, OEM also developed and delivered new evacuation training for Building Coordinators and other building support staff.

In planning activities, the campus completed the first UC Volunteer and Donations Management Plan. This plan is an important step forward in the utilization and management of volunteers and donations during a significant campus emergency. Additionally, the campus issued its first policy related to emergency management and continuity of operations. This policy was written and spearheaded by OEM.

Berkeley was the first campus to roll out the new Emergency Action Plan (EAP) template in the *UC Ready* planning software platform. As part of this effort, OEM developed and delivered classroom training to end users and developed an end user guidance document for EAPs.

The campus continues to explore unique ways to get students more engaged in preparedness and disaster

response. This year, OEM helped established a student-led organization, Berkeley Disaster Team (BDT), to give students an opportunity to help the campus prepare for disasters and aid in non-medical disaster response. BDT augments campus response by staffing the campus EOC, registering and supervising spontaneous volunteers, monitoring on-the-ground conditions and relaying updates, distributing food and supplies, and providing mass care and shelter support.

This year, OEM responded to more than ten limited scale emergencies on campus. As part of these responses, OEM provided critical coordination support to responding and impacted units, assisted with public messaging and campus mass notifications, and provided status updates to campus partners. Additionally, the campus responded to the Grizzly Peak Fire in the Berkeley Hills. This wildland fire triggered a voluntary evacuation of the hill area campus, as well as the activation of the campus EOC.

OEM continues to lead continuity planning efforts on campus. As part of this program, OEM created a comprehensive continuity plan template, a continuity-specific tabletop exercise template for campus departments, and has completed several key plans for the campus.

Lawrence Berkeley National Laboratory

The Lawrence Berkeley National Laboratory (LBNL) Emergency Management Program had an active year in 2016-17. There were numerous activations of the Emergency Operations Center due to several protests, power outages, and brush fires. A wildland fire near the Laboratory resulted in a lab-wide evacuation and declaration of an Operational Emergency/Not Further Classified. In addition to these real events and the annual emergency response exercise, the Laboratory conducted 91 building evacuation drills, over a dozen drills for the disaster assistance teams, and two drills on active shooter events. The Lab also participated in the annual *Great ShakeOut* earthquake drill, which consisted of an all-inclusive approach including 'drop-cover-hold on' and evacuation protective actions. Emergency Management staff won safety awards for their involvement with an all-access campaign assisting individuals with access and functional needs with implementing protective actions.

A Continuity Program Plan was developed based on the framework outlined in Department of Energy (DOE) Order (O)150.1A and approved by the Laboratory Director. Continuity is represented before, during, and after emergencies on the Emergency Response Organization (ERO) through the Mission Support Officer (MSO) position.

The Emergency Management staff supported DOE Headquarters' revision to and development of the Emergency Management requirements in DOE Order (O)151.1D. Additionally, a series of crosswalks for NFPA 1600 inclusion and comparison to DOE Order (O)151.1C were also developed. The Emergency Management staff assisted Oakridge National Laboratory, Y-12 Plant, Oakridge Service Support Center, and East Tennessee Technical Park with a full-scale natural phenomenon exercise and provided subject matter expert support and evaluation for UC Berkeley's annual full-scale exercise.

The foundational documents for the Emergency Management Program including the Emergency Hazards Planning Survey, Bounding Hazards Analysis, and five Emergency Planning Hazards Assessments were developed, published, and approved by DOE. These documents outline the potential consequences from a hazardous materials release resulting in the dispersal of chemicals exceeding quantities of concern. Based on this analysis, the geographical area with the potential for impacts from a hazardous materials release occurring at LBNL

(the Emergency Planning Zone) was developed and approved by DOE. As part of this analysis, the Emergency Management Program also completed a Threat and Hazards Identification Risk Assessment (THIRA).

The Emergency Management Program was awarded one of five East Bay resiliency awards from the Earthquake County Alliance. This award was in response to establishing the disaster teams noted below, which includes the first class of Lab employees qualified as Emergency Medical Technicians. In addition, other disaster teams trained, qualified, and drilled include Community Emergency Response Team (CERT - 60 members); Damage Assessment Team (DAT - 25 members); Medical Emergency Response Team (MERT - 14 members). Two other teams making up the ERO - Emergency Management Team (EMT - 61 members) and Building Emergency Team (BET - 418 members) were also trained and qualified in 2017.

Not only was 100% of the ERO trained for their emergency response positions, the Laboratory launched PSD-0135, General Emergency Management Training, which identifies the hazards and protective actions for the Laboratory. To date over 3500 employees have completed the training. Protective actions (i.e., Shelter-in-Place, Evacuate, Lockdown) are trained with an emphasis on conducting drills that allow Lab personnel to practice implementing these actions.

In terms of emergency equipment and facilities, the Laboratory established a DHS 'Stop the Bleed' Program with bleeding control kits installed in the Automated External Defibrillator (AED) device cabinets. LBNL also established zone disaster containers strategically placed throughout the Laboratory with basic life safety and emergency medical supplies. The containers also house sanitation and survival equipment and can support a make-shift Emergency Operations Center (EOC) or Incident Command Post (ICP) if necessary. Lastly, the Emergency Management Program continues to make progress implementing DOE Order (O)151.1D and is currently more than 90% complete.

Davis

The UC Davis Emergency Management and Mission Continuity (EM&MC) Program continues to improve overall community preparedness and response capabilities and strives to develop a robust and comprehensive emergency management and mission continuity program.

UC Davis had many accomplishments in 2017. EM&MC completed its annual update of the campus Emergency Operations Plan by assigning departments as functional leads rather than using a volunteer-based EOC team approach. We also increased our emphasis on administrative unit business impact analysis as a critical component of institutional resilience to support campuswide recovery planning. Another important step was increased use of the Virtual EO/SharePoint site to share information across the UC Davis enterprise, as was rebuilding the emergency management website to expand on student, faculty and staff preparedness at home and in the workplace. Emergency preparedness at two remote off-campus locations – Bodega Bay Marine Lab and Lake Tahoe Research Center – was enhanced by expanding the campus' mass notification communications capabilities to these sites and by holding on-site safety awareness fairs that focused on increasing community, research, lab, and field safety.

In 2017, EM&MC made additional progress in training and exercises. All campus executive leadership participated in multiple emergency management trainings including event management protocols, crisis communication coordination, and international incident response. More specifically, the Event and Crisis

Management Team conducted tabletop exercises that offered senior leadership opportunities to address issues associated with a protest, a controversial speaker on campus, as well as a kidnap/ransom scenario coordinated with UCOP to provide an understanding of initial coordination and communication requirements following an international kidnap/ransom incident.

EM&MC reached out to students through orientations that educated students on emergency preparedness. Students were offered water bottles, key chains, and first aid kits as part of the effort to encourage increased awareness for the *Crisis Manager* and *Guardian Personal Safety* mobile applications. Students were also engaged during the campus participation in National Preparedness Month and the *Great ShakeOut* earthquake drill, which included encouraging students to visit the emergency management website and familiarize themselves with how to receive emergency mass notifications.

EM&MC provided ongoing technical support to Sacramento campus partners to ensure emergency management plans are linked and to support a comprehensive program that seeks to leverage all UC Davis resources in support of disaster/emergency response and recovery across the UC Davis enterprise. EM&MC also created and trained a team of CERT volunteers to engage with members of the campus community to promote emergency preparedness resources on campus. The CERT team participated in the annual UC Davis Resource Fair, handing out preparedness materials to students.

In the area of mission continuity, EM&MC completed an overall update of the mission continuity plan template. These improvements enhance the operational viability of the plans and provide a streamlined approach to outlining essential functions, recovery strategies, and communication of resource requirements. Enhancements to the *UC Ready* software platform were developed. UCD staff initiated the process with *UC Ready* administrators to enhance current capabilities to better fit plan development and life cycle. Further, the business impact analysis portion of mission continuity plan development was finalized for all Tier I groups. EM&MC staff presented trainings on mission continuity program parameters, enhanced plan template, and plan life cycle to members of Tier I groups as well as to the leadership of the School of Medicine, and the School of Veterinary Medicine. Lastly, EM&MC engaged with partners in information technology to share results of the business impact analysis related to critical application maximum tolerable downtimes.

Davis Health System

The 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.

During 2016-17, UCDHS activated its Emergency Operations Plan once in response to a utility loss event and an After Action Report was subsequently completed. Additionally, our Home Care and Hospice programs responded to three potential flood risk incidents including the Garden Highway, Point Pleasant, and Oroville Dam incidents. UCDHS also conducted a Clinical Operations functional exercise at each clinic location; two tabletop exercises; four functional drills; and two mass triage full-scale exercises in the last year. Exercise scenarios included clinic lockdown, a radiological accident, community terrorism, and a highway-speed bus crash. The full-scale exercises conducted in 2016-17 were designed and evaluated in compliance with Homeland Security Exercise and Evaluation Program (HSEEP) requirements. UCDHS identifies and tracks completion of improvement actions

identified after all disaster exercises and responses to actual emergencies. Additionally, UCDHS participated in the Sacramento County tabletop exercise, as well as both the Sacramento International Airport and Urban Shield full-scale exercises.

UCDHS achieved three of its four goals for 2016-17, including conducting a tabletop of its newly developed mass casualty response plan, conducting additional functional exercises related to mass triage response, achieving a 66% BIA completion rate using the *UC Ready* continuity planning software, and updating the ChemPack policy and Code Triage checklists. The fourth goal to develop a plan for HICS documentation was deferred pending a review of options.

Goals for next year include updating the Emergency Management Plan; updating Emergency Operations Plan Annexes A-L; completing the Business Impact Analysis within the *UC Ready* continuity planning software; and developing an enterprise continuity plan.

Irvine

In 2016-17, UC Irvine continued to enhance its emergency management and business continuity programs. Accomplishments during the year included enhanced student and faculty outreach, training and exercises, completion of the Hazard Vulnerability Analysis and the Hazard Mitigation Annex, continued implementation of the new *UC Ready* continuity planning tool, completion of Phase I of the Business Impact Analysis, and continued implementation of key initiatives outlined in the 2014-2018 Strategic Plan.

Section-specific training for EOC staff was held in February 2017. In May 2017, a full-scale exercise was held with the campus Emergency Operations Center (EOC) and the Environmental Health and Safety and Facilities Management Department Operations Centers. Additionally, the Chancellor's Executive Policy Group (CEPG) participated for the first time with the EOC during the full-scale exercise. The scenario, *Concert Calamity*, focused on a fire and explosion during a music concert on campus causing multiple casualties.

Additional training and exercise opportunities were held throughout the year including multiple tabletop exercises with the EOC staff, building walk-throughs and pre-incident assessments with the Rapid Building Assessment Team (RBAT), and a power outage tabletop exercise with key stakeholders. Emergency Management continued the development of the Care and Shelter Team (CAST) by offering training on both American Red Cross Psychological First Aid and Shelter Fundamentals.

In 2015, UCI began the Business Impact Analysis (BIA) that concluded in November 2016. During this 18-month period, a total of 104 department-level interviews were conducted that reviewed the anticipated impacts on 527 essential functions in the event these were unable to continue during a disruption on campus. The Campus Continuity Subcommittee, responsible for overseeing the BIA process, selectively adopted 82 specific essential functions performed by 37 high-priority departments to be represented in the Campus Continuity Framework. The Framework and its accompanying annex to UCI's Emergency Operations Plan (EOP) now serve as the fundamental documents which drive all campus business continuity efforts.

In Spring 2017, the business continuity program transitioned to Phase II of its enhanced approach focusing on the development of 37 department-level plans for those departments that have primary responsibility for the continued delivery of the essential functions identified within the Campus Continuity Framework. This phase is both crucial and time consuming as it requires all stakeholders within a department to conduct a business process

analysis as it relates to the people, resources, IT applications/systems, leadership, space, and dependencies that are required to deliver a service or function. To date, 10 of the 37 departments have begun development of their continuity plans which account for 25 of the 82 essential functions that are imperative to the campus mission. The enhanced approach that UCI has taken towards business continuity planning is gaining recognition as a best practice not only within the UC system but throughout the nation as well.

In an effort to further engage faculty, UCI developed and implemented a Classroom Emergency Preparedness training series, installed 'Alertus' classroom beacons in seven of the largest lecture halls, and placed classroom emergency procedures posters in all general assignment classrooms. Additionally, UCI continues to utilize several social media sites including an emergency management blog, Facebook, Twitter, Google+ and Nixle to share both campus and personal preparedness information.

In October 2016, UCI was awarded the 'Excellence in Disaster Preparedness' award by the Orange County Chapter of the American Red Cross. Additionally, UCI was awarded the 'Spotlight on Collaboration Award' at the 2017 UCOP Risk Summit. This award recognizes the work of the Campus Continuity Subcommittee and completion of the campuswide Business Impact Analysis (BIA).

UCI continues to implement the program initiatives outlined in the 2014-2018 Strategic Plan. Key activities for 2016-17 included completion of the Hazard Vulnerability Assessment (HVA) and development of the Hazard Mitigation Plan; completion of the Recovery Annex; development of the Continuity Plan; and hosting the NCBRT MGT-324: Campus Emergencies Prevention, Response and Recovery course for campus EOC and DOC members. Activities in the coming year will continue to focus on further development of the campus Medical Emergency Response Team (MERT); roll out of Phase II of the classroom beacon project; and program evaluation and development of the 2019-2024 Emergency Management Strategic Plan. Additionally, the UCI Emergency Management program is taking part in the UC systemwide peer review process in August 2017 to further evaluate our NFPA 1600 self-assessment and identify areas for improvement as well as identify best practices that may be shared across the system.

Irvine Health System

In 2016-17, UC Irvine Health conducted emergency response exercises to meet The Joint Commission requirements as well as additional tabletop exercises to address internal objectives related to patient surge events. By the end of 2017, UC Irvine Health will have participated in a countywide mass casualty exercise involving a surge of trauma patients, the *Great ShakeOut* drill and the Statewide Medical Health Exercise testing our ability to respond to a major earthquake, identified as the organization's top hazard. In addition to these exercises, numerous projects are underway including developing an Emerging Infectious Disease Response Team and implementing the Health System's first mass notification system hosted on the Everbridge platform to ensure the organization is better prepared for future events.

In September 2017, the organization conducted a highly infectious disease response drill testing our ability to respond, handle, transport and isolate a sample from a suspected highly infectious patient. This drill highlighted our need to better prepare our departments for low-frequency high-risk events that may seriously disrupt normal hospital operations. Numerous After Action items were developed as a result of the drill to ensure our staff have the knowledge and skills necessary to complete these challenging activities.

In the coming year, UC Irvine Health will continue to focus on developing our emergency management and continuity program in the following areas: rewrite our emergency operations plan (with emphasis on off-site location response); Business Continuity Plan development using the *UC Ready* platform; developing staff education for emergency management topics in conjunction with county resources; and creating staff resources for personal preparedness activities.

Los Angeles

UCLA Office of Emergency Management (OEM) continued to make improvements in 2016-17. These program improvements were in the areas of program management, communications, and community training/outreach.

UCLA completed the transition of the Campus Emergency Operations Group (CEOG) to a more traditional ICS structure. As a part of this transition, a structured training plan was developed in accordance with the California Office of Emergency Services standard for personnel typing classification. The program will progress the entire CEOG to a Type II classification at its conclusion. The end goal is to have four shifts (96 people) trained to the appropriate level. Currently, one complete shift has completed training for Type III certification in preparation for the next level.

As a result of the Safety Task Force recommendations after the June 2016 shooting incident, UCLA introduced two new communications platforms. We currently offer a mobile safety application *Bruins Safe* that gives wireless users access to condensed versions of campus emergency plans even if they do not have internet or cellular connectivity. The application is also linked to the *BruinAlert* emergency notification system and provides *BruinAlert* twitter messages in real time.

A second initiative from the Safety Task Force was the creation of an emergency notification website: bso.ucla.edu (bso stands for Bruins Safe Online) that is always live. It displays a campus status of "Operating Normally" with links to the UCLA Newsroom, *BruinAlert* and download sites for the *Bruins Safe* app. In the event of an emergency the website shows an "emergency" condition, identifies the type of emergency and gives appropriate individual procedures.

Finally, UCLA OEM has increased our level of community training and outreach. After the Safety Task Force determined that faculty were not receiving as much emergency management training as staff or students, we conducted 12 training sessions specifically for faculty groups during the spring. We continue to offer those trainings on an as-needed basis. Additionally, emergency management training was added to New Student Orientation and Resident Advisor training. The result is much better penetration of emergency management messaging and training on campus. In addition, we began conducting Community Emergency Response Training for students, staff, and faculty. We are offering one class for students and one for staff/faculty each quarter. The classes are currently running at capacity and are fully booked two quarters out. We also offer this training to departments if they have a sufficient need or interest.

Los Angeles Health System

UCLA Health continued to provide leadership around hospital emergency management with membership on the California Hospital Association Emergency Management Advisory Committee, the Los Angeles County Healthcare Coalition, and the LA County Health Care Recovery (HCR) workgroup. As a Disaster Resource Center

and designated Trauma Surge facility, Ronald Reagan UCLA Medical Center remained a regional resource for disaster planning, response and recovery efforts among the hospitals, clinics, and other partners on the west end of Los Angeles County. Last year, UCLA Health continued participating in the Federal Hospital Preparedness Program (HPP) at both medical center campuses, receiving grant funding administered through Los Angeles 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 our many accomplishments include a successful Joint Commission Triennial Survey of UCLA Medical Center Santa Monica in August 2017 with no negative findings in Emergency Management; launching of UCLA Health & David Geffen School of Medicine emergency notification system data collection tool through Human Resources IT database to enhance our mass notification capabilities; implementation of desktop alert pop-up notifications for routine emergency codes at both hospital campuses; development of several standby orders and a disaster supply chain contingency plan with our primary medical supply vendor; and development of improved emergency code guides for all hospital Disaster & Emergency Response Manuals.

UCLA Health remains a leader in Emerging Infectious Disease (EID) planning efforts, working closely with LA County Public Health and Emergency Medical Services Agency. The Infectious Disease Safety and Emergency Management Program has continued refinement of Emerging Infectious Disease (EID) plans and maintained capabilities as a designated infectious disease receiving facility in LA County. This year Ronald Reagan UCLA Medical Center signed onto the Federal Hospital Preparedness Program grant program as an Ebola Treatment Center (ETC) and obtained additional funding to support the program for the next three years.

Actual events and incident responses over the last year included standby support for the 2017 Los Angeles Marathon; planning and operational support for a significant electronic health record upgrade; pre-incident planning and command center operations for two labor actions; and several activations for planned and unplanned internal infrastructure incidents, such as a localized water shutdown, information system and telecommunications outages, and floods.

Emergency or disaster exercises over the last year included multiple decontamination drills, disaster paging drills, and downtime drills; hosting the 2017 Disaster Symposium and associated exercise series focused on a catastrophic earthquake in Southern California; and conducting a Neonatal Intensive Care Unit (NICU) functional evacuation drill. UCLA Health also launched a quarterly mass casualty activation and setup drill series with the Emergency Departments at both hospitals. Additionally, Office of Emergency Preparedness has completed a full year of divisional tabletop exercises in coordination with Environmental Health & Safety and Security Services to promote collaboration and cross-departmental training.

Goals for the coming year include continued participation in the Federal HPP grant program; continued focus on department-level disaster planning; rollout of the UC Ready continuity planning tool; and increased focus on staff outreach, education and training across UCLA Health.

Merced

UC Merced's Emergency Management Program continues to work toward creating a culture of preparedness focused on Prevention, Protection, Mitigation, Response, and Recovery. We do this in part by providing training opportunities that teach personal, workplace, and classroom safety strategies. In January 2017, UCM hosted

a FEMA Emergency Operations Center (EOC) Operations and Planning for All-Hazards Event training course. This course offered participants the opportunity to practice emergency management and to gain practical experience in individual and group processes required to successfully manage an EOC. Participants gained a better understanding of the management requirements and skills necessary to effectively coordinate and support emergency response.

As part of UC Merced's 2020 Project, the developer requested to see the EOC in its operating configuration. In March 2017, UCM used this as an opportunity to activate its EOC in a training mode. The purpose of the training exercise was to ensure EOC facilities were adequate for sustaining the administrative management of a short or long term critical incident. Our goals included responding and activating the EOC; ensuring the ability to view/communicate between Facilities A & B conference rooms through Skype or video conferencing capabilities; ensuring efficient and effective communication/documentation through utilization of Resource Request Message and General Message (ICS 213) forms; ensuring that EOC team members were familiar with their roles and responsibilities according to the EOP; and ensuring that EOC team members were familiar with the state of UCM's Emergency Preparedness and Management at a level that would sustain timely, collaborative success in managing critical incidents that affect UCM. The training exercise involved a flooding incident and volunteers were used to simulate telephone calls and radio traffic into the EOC. It was an excellent training with approximately 40 participants.

UCM Police Department has been coordinating with area first responders and the construction management team to perform monthly construction site walks. This effort is to help everyone continually gauge, understand and plan for emergency situations across the site. Beginning in December 2016, the Police Department began to aggressively look at emergency preparedness related to the new Downtown Center Campus located in the heart of downtown Merced. In order to address public safety radio communication challenges, the department actively worked with key campus stakeholders to upgrade and expand the coverage and capability of the existing radio communication system. This project is scheduled to be completed by January 2018 and will put the campus in a more strategic position to better serve its expanding community.

In Fall 2017, a campuswide emergency preparedness campaign was undertaken to install Automated External Defibrillators (AEDs) throughout the campus. Hands-only CPR training was made available to the campus community at no expense to the attendees. A current emergency preparedness project seeks to provide emergency evacuation chairs in all multi-story buildings on campus.

Since mid-Spring 2017, the campus has been discussing a need to hire a dedicated Emergency Manager. It remains uncertain if this position will be associated with campus police or a new separate unit. We are excited the campus will finally have a dedicated full-time staff member for this very critical area and we look forward to the coming growth of the program with the new staff resources. UCM will also continue to use innovative approaches to educate, train and instill emergency preparedness in alliance with the 2020 Project.

Riverside

Under the direction of the new Executive Director of the UCR Enterprise Risk Management (ERM) division, the Office of Emergency Management (OEM) continued to support the Riverside campus and the UC System through continuous improvement and significant achievements throughout 2016-17. With the continued support of the Executive Management Policy Group (EMPG) and a focus on increasing visibility and confidence of the campus community, the emergency management and mission continuity program made substantial strides in planning, training, and support of strategic initiatives.

Following an update of the Crisis Management Plan, all members of the EMPG participated in an active shooter exercise focusing on policy decisions, strategic communications, and interactions with the EOC. Continuing the emphasis on training, we participated in the Department of Homeland Security National Seminar, various FEMA coursework, and provided First Responder and Emergency Management training for UCR's newly built Biosafety Level 3 (BSL-3) laboratory.

After hiring an Emergency Management Coordinator we began upgrading our radios for our Building Safety for Emergency Conditions staff, built out and tested our equipment in the EOC, and began the selection process of 120+ hand-picked individuals to serve in the 30 positions within our EOC. The EOC was activated on several occasions for situational awareness, most notably during a teamsters union strike and for the 2017 Presidential Inauguration Day.

This year also marked the emergence of new campus partnerships both internally and externally. Working with the Computer Science & Engineering department, we submitted a National Institute of Standards and Technology (NIST) grant proposal for *Adaptive Sensing, Communications, and Computing for Human-Centered Resilience in Urban Infrastructures*. Additionally, we began exercise planning for the Riverside County Hazardous Operations Group, which will include 120+ first responders functionally exercising a medical and decontamination response in a BSL-3 lab and a radiological release. We also trained new academic chairs in emergency planning. Partnering with the campus Capital Planning department resulted in our participation in project concept development, exploration of project implementation options, and selecting developers for capital projects on campus. The Mobility Hub, an Outpatient Healthcare Pavilion, the Barn Expansion, smaller classroom and lab modifications, and especially our Public-Private Partnership of the North District are highlighted projects of our newly formed relationships.

In response to mid-size events and conferences hosting several thousand people, OEM developed plans and templates for these special events such as Convocation, Winter SOULstice, UCR's Signature Event, graduations, homecoming, and large student-supported meetings such as the Muslim Student Association West Conference. Additionally, OEM assisted the School of Medicine in developing emergency plans for all UCR medical clinics in the Inland Empire in support of the medical school's recovery planning and accreditation.

In 2016-17 OEM also worked closely with Computing & Communications, the UCR Police Department, and the Center of Excellence Training Department on evaluating, purchasing, training, and testing the *Alertus* emergency notification system. An array of speakers located at the top of UCR's Bell Tower alerts the campus community to an emergency and provides immediate instruction for how to respond.

Despite our accomplishments, there are still many initiatives to work on in the coming year. OEM will focus on training EOC staff, county hazardous first responder teams, building safety personnel, and the Executive Management Policy Group. We will also host several FEMA trainings. Progress continues with our Mission Continuity planning on campus but we look to bolster that program and implement OSHA Emergency Action Plans (EAP) across campus. Although training and plan development continue to take precedence, continuing to build relationships with city and county agencies, internal stakeholders, and UCR executive leadership are also top priorities.

San Diego

UC San Diego's Emergency Management Division (EMD) efforts for 2016-17 were focused on maintaining and enhancing existing programs. Refinements to our *Triton Alert* mass notification system have continued, EOC staff training was expanded, AED/CPR and CERT training was provided and education programs in place were maintained to assist UCSD to be prepared to prevent, respond and recover to all types of incidents. The transition from an 'opt-in' to an 'opt-out' emergency notification system resulted in unexpected challenges. The opt-out model increased the numbers of users in the *Triton Alert* mass notification system to over 80,000 causing the system to underperform on the delivery of messages. Delivery methods were subsequently modified to maximize the performance of our mass notification system. A project team from UCSD is evaluating new vendor proposals including conducting pilot tests. The new system is expected to be operational in 2018.

Throughout the year EOC tabletop exercises and seminars were conducted to ensure familiarity among Executive Policy Group (EPG) and EOC staff. EOC staff training has been increased to a bi-monthly schedule. EOC tabletop exercises included participating in *Coastal Warrior*, a regional full-scale exercise modeled after the Paris multi-attacker, multi-location attacks. These exercises had defined, pre-established program goals, and included utilizing the elements of SEMS/NIMS/ICS, and concluded with post-exercise debriefings. EMD makes an effort to speak to as many members of our community as possible. These events include student, faculty and staff presentations and student/parent orientation events. Outreach includes information on the activities conducted by EMD including emergency preparedness activities and the *Triton Alert* mass notification system. EMD will continue to take a multi-media approach to presenting emergency information to members of our community.

EMD currently maintains 154 AEDs located on campus and at various off-site locations. We provided annual CPR/AED training on the UCSD campus, Scripps Institution of Oceanography and to departments upon request. In January 2016, EMD implemented a new award program, the 'Hero Award for Excellence.' This award commends UCSD faculty, staff and students for their acts of courage and bravery. The Campus Emergency Response Team (CERT) continued their efforts to recruit and train new personnel, maintaining one of the largest CERT programs (currently 380 members) in San Diego County. In order to maintain CERT skills, we have expanded CERT training to include bi-annual refresher training and bi-monthly drills. Our trained volunteers are supported by over 150 AEDs and 13 emergency supply containers placed throughout campus. Our trained campus volunteers are EMD's force multiplier in the event that we need response support with little advance notice.

The Business Continuity Manager (BCM) focused on updating continuity plans within Business & Financial Services. This entailed 10 units including Logistics, Cashiering, Disbursements, General Accounting, and Procurement. In April 2017, the Logistics unit experienced a major disruption when their warehouse was flooded from a pipe break in the fire riser system which led to the Logistics operations being relocated to a cold site. The BCM was tasked with managing the response and recovery aspect of the incident and coordinated efforts with internal UCSD departments as well as outside agencies to bring the Logistics operations back to a normal state. Business continuity planning was put on hold for over four months as the BCM served as the recovery project manager. As of September 2017, the BCM has resumed continuity planning yet is still managing the financial reimbursement aspects with the insurance company.

The coming year will provide the Emergency Management team with opportunities to continue efforts to prepare our community for any incident that may impact our campus. A new mass notification system vendor along with other technologies will be evaluated and implemented. Opportunities will be explored to reach more members of our community with emergency preparedness information. Training and exercises will continue to build

upon the foundation that has been established. CERT and AED/CPR training will be continued and expanded as opportunities arise.

San Diego Health System

UC San Diego Health's (UCSDH) Emergency Management program currently includes 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.

UCSDH Emergency Management continued to focus efforts on Communications, Resources and Assets, Safety and Security, Utilities, Patient Management, and Management of Staff through the Emergency Management Committee and supporting workgroups. Initiatives this year included the successful opening of the Jacobs Medical Center, a 364-bed acute care hospital located in La Jolla. Support and planning continued for the completion and opening of the new Outpatient Pavilion building slated to open in early 2018 on our La Jolla campus. A storage building for disaster response equipment and supplies was built just outside of our La Jolla emergency department. This building will contain resources and assets to support the growing medical campus needs.

UCSD Health responded to 27 actual events including the successful move of 129 patients into our newest facility, Jacobs Medical Center. Patients from Hillcrest, Thornton and the Sulpizio Cardiovascular Center were moved into the newly opened acute care facility without incident. The move included the transport of 35 NICU babies and 8 antepartum moms from Hillcrest to La Jolla. Additional events included command center activations for the 2017 UCSD commencement activities with his holiness the Dalai Lama; response to the 'Wanna-Cry' virus; two brief power outages; an outlet fire in a housekeeping closet on a patient floor; and a telemetry outage.

Accomplishments this year included a successful Joint Commission Triennial Survey of our Hillcrest and La Jolla facilities. A program was launched to train key department representatives in exercise development to empower teams to create drills and exercises tailored to their team's needs. UCSD Health hired a Business Continuity Planner to work with key department personnel to increase resiliency. Disaster reference charts were edited, redesigned, distributed and installed in inpatient and off-site locations. In addition, Emergency Management partnered with physicians from Trauma Services to launch the 'Stop the Bleed' campaign with efforts focused on training faculty, staff and volunteers to intervene with lifesaving actions to control critical bleeding before professional help arrives.

UCSDH EM will continue to foster collaborative partnerships with all UC medical centers, the San Diego International Airport Authority, San Diego first-responders, San Diego Homeland Security, Military/Civilian Coalition, and all other hospitals in San Diego County through participation in the San Diego Healthcare Disaster Coalition. Our collaboration with the Navy Nuclear Propulsion Program (NNPP) will build on a training session provided to our decontamination team to conducting a tabletop and eventually a functional exercise. 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 on the HPP bi-weekly workgroup as well as actively participating and providing leadership for the San Diego Healthcare Disaster Coalition.

Goals for the upcoming year include continued training for the 'Stop the Bleed' campaign; installing STB multi-pack cabinets in public facing areas; educating faculty and staff on the new 400-MHz radio capabilities; continued

rollout of the continuity program; and continued outreach, education and training.

San Francisco

The UCSF Homeland Security Emergency Management Division (HSEM) is responsible for implementing advance emergency preparedness protocols in support of UCSF's Emergency Operations Plan (EOP), coordinating the Emergency Operations Center (EOC), planning and training for "all hazard" response, and participating in continuous readiness for the Commission on Accreditation of Law Enforcement Agencies (CALEA). HSEM Division is part of the UCSF Police Department led by Chief Mike Denson. HSEM Division has one director, one deputy director (who leads Mission Continuity Programs), one mass notification program manager (EH&S III), and one emergency management specialist (EH&S III). Last Fall, the HSEM Division aligned with UCSF Career Tracks and updated job classifications for all staff. This year, HSEM contributed to successful UCPD accreditation requirements for CALEA 2017 Gold Standard.

HSEM continues to work towards mass notification program improvements, including expanding communications programs and services to UCSF Fresno. Quarterly and annual resource and asset inventories are a requirement of CALEA, and a new mechanism for tracking these requirements was instituted and documented. HSEM continues to provide safety and security services to UCSF and its enterprise. HSEM also supports the public safety mission of UC Hastings and champions awareness campaigns, including becoming a National Weather Service 'Ambassador Program' with positive outcomes following last year's winter storms. This year, an A3-Kaizen workshop was held to define safety and security responsibilities between the campus and hospital. In addition, next year a feasibility study will be conducted by a third-party vendor for security services on the campus and hospital environments.

HSEM continues to provide training and education in a variety of areas including American Heart Association Heartsaver CPR/AED courses for staff and the general public. The Community Emergency Response Team (CERT) program continues to grow across the campus with two classes graduated this year. Increasingly, HSEM is collaborating and embedding real-time monitoring with San Francisco response agencies, including the SFDEM EOC and SFPD DOC to monitor large population gatherings and its effects on emergency response. HSEM continues to monitor events locally, regionally, nationally, and internationally.

HSEM supports the facilities management coordination of East and West Campus environments to keep a pulse on overall UCSF facilities operations and emergency utility management. This is invaluable during power outages, such as the Spring 2017 widespread outage in San Francisco that greatly affected both the UCSF campus and medical center environments.

HSEM Division participated in a full-scale exercise between the police department and the medical center that greatly assisted staff in better understanding internal/external community partners, often including patients and their families. In better understanding our patients and their families' needs and to support our departments vision of community policing, the department often hosts "Coffee with Cops," "Dr. Seuss Day—Reading with Kids," "Cooking with Kids" at Ronald McDonald House at UCSF Benioff Children's Hospitals, and the Chancellor's New Student Welcome. Additionally, HSEM Division regularly participates in regional planning that affects our greater communities including Urban Shield training at UCSF Benioff Children's Hospitals in Oakland and the California Office of Emergency Services Coastal Region Mutual Aid Regional Advisory Committee.

San Francisco Health System

Throughout 2017, UCSF Medical Center Emergency Management (UCSFMC EM) continued to successfully comply with all Joint Commission emergency management requirements in addition to the new Centers for Medicare & Medicaid Services (CMS) emergency preparedness rule. UCSFMC EM also continued to serve as a resource to community partners such as UCSF Campus Emergency Management, City & County of San Francisco (CCSF) Department of Public Health (DPH), CCSF Department of Emergency Management (DEM), Healthcare Coalition Emergency Preparedness Partnership (EPP – CCSF DPH), and the UC Medical Center/Stanford Emergency Management cohort by actively participating in planning, training, and exercise events.

The Hospital Incident Command System (HICS) was activated three times to manage both internal and external emergencies. In January 2017, HICS was activated to effectively maintain business continuity during a one-day clerical union strike. During September, San Francisco experienced an unusual heat wave which impacted internal cooling capabilities within the Parnassus Hospital, and created a surge of patients suffering from heat-related illnesses to the emergency departments at both Parnassus and Mission Bay. The HICS heat wave response was coordinated to support both the internal facilities issues and patient surge efforts. In October, HICS was activated in conjunction with state, regional and city emergency operations in response to the Northern California wildfires. For this event, a successful unified response was coordinated through the joint activation of HICS and the campus EOC to support the UCSF enterprise.

When HICS was not activated, consistent planning, training and exercises continued to empower staff and leadership preparedness. The comprehensive all-hazards Emergency Operations Plan (EOP) and Comprehensive Exercise Program (CEP) were revised and updated with lessons learned from both exercises and emergency activations. UCSFMC EM continued to participate in the Business Impact Analysis (BIA) outreach, coordinated by UCSF IT to identify and evaluate the potential effects (financial, life/safety, regulatory, legal/contractual, reputational, etc.) of disasters and man-made events on business operations. This information was analyzed and reported to leadership for the development of disaster recovery planning solutions.

Numerous training opportunities were facilitated throughout the year. First Receiver training courses were offered to maintain patient decontamination capabilities. UCSFMC EM continued to send staff to the Federal Emergency Management Agency (FEMA) healthcare emergency management training courses at the Emergency Management Institute/Center for Domestic Preparedness in Anniston. A series of internal Hospital Incident Command System (HICS) trainings were provided for Medical Center leadership. UCSFMC EM also partnered with Medical Center Security Services to deliver 'Code Silver' active shooter training to over 1000 UCSFMC personnel.

To effectively test planning assumptions and resource capabilities, UCSFMC Emergency Management participated in various exercises with our community partners. These included a Chempack Emergency Operations drill in May with San Francisco's Department of Emergency Management, Department of Public Health, San Francisco Fire Department, and San Francisco Sheriff's Department, and a HazMat Tsunami Operations exercise in June with San Francisco's Department of Emergency Management, San Francisco Fire Department, UCSF Facilities Services, UCSF Emergency Department, Security Services, and Campus Emergency Management. In November, UCSFMC EM coordinated a tabletop exercise with leadership to enhance contingency planning and test HICS communications through video-teleconferencing during a unified activation of the hospital command center and incident command posts across all three UCSF medical center campuses (Parnassus, Mission Bay, and Mount Zion).

UCSFMC EM expanded its social media presence beyond Twitter to include Instagram, Pinterest, and Vimeo

@UCSFMC_EM. Lastly, UCSF EM supported continuing education in the field of healthcare emergency management by once again presenting at the California Hospital Association's Disaster Planning Conference, on the topic "Using Technology to Streamline Emergency Exercises."

Santa Barbara

The UCSB Emergency Management and Continuity program continues to enjoy strong campus leadership support. The Campus Emergency Planning Committee monthly meetings included tabletop exercises focused on potential events affecting campus. Scenarios included an earthquake (continuity and recovery focus), cybersecurity, the campus evacuation plan, guest speakers on the Emergency Operations Center (EOC) planning process, and lessons learned from the 2003 San Simeon earthquake.

UCSB hosted a SoCal UC Business Continuity Managers summit in December 2016. The summit reviewed and shared best practices for business continuity as well as created injects for the UCSB EOC earthquake exercise. UCSB also conducted its second annual Department Safety Representative (DSR) summit in March 2017 in partnership with EH&S and UCPD. Over 150 DSRs participated in the summit that focused on a hostile intruder scenario.

Winter storm systems in January-February 2017 impacted the UCSB student population in Isla Vista. In January, 32 students were evacuated when cliff erosion undercut their apartment building. In February, Santa Barbara County Emergency Management evaluated the need to evacuate a major part of Isla Vista due to continued cliff erosion. UCSB was placed on standby to open a shelter operation on campus if the area was deemed unsafe. While the evacuation did not occur, UCSB took the opportunity to review and update its shelter operations plan in partnership with the American Red Cross.

UCSB continues its leadership role in the community through the "Aware and Prepare Initiative." This initiative helps foster countywide programs including Community Emergency Response Team (CERT), Emergency Public Information Communicators (EPIC), Voluntary Organizations Active in Disasters (VOAD) and the grassroots Spanish preparedness program "Listos." UCSB recently completed its 45th CERT class since 2010 with over eight hundred volunteers trained in the CERT program to date.

Santa Cruz

During this fiscal year, UCSC Office of Emergency Services (OES) continued its focus on program assessment and protocol improvements. While the 2017 goal of OES was to strengthen its foundational programs and begin implementation and training, the implementation timeline had to be adjusted to accommodate for several changes and introductions in universal programming, such as the removal of business continuity end user access in *UC Ready*, the addition of Emergency Action Plans in *UC Ready*, and the addition of an Information Technology Disaster Plan in *UC Ready*. Due to these programmatic changes, it was necessary to review, assess, plan and rewrite several training manuals and modify protocols accordingly.

New program developments for OES included a *UC Ready* User Manual and Resumption Annex, which includes a risk and hazard assessment tool and a business impact analysis assessment tool. OES also completed a campus Emergency Operations Plan and developed a uniform template for building emergency processes, known as the Building Emergency Coordinator Program (and Floor Marshals). OES introduced Personal Emergency Preparedness (PEP) programming as a baseline training for staff. OES also introduced a program overview briefing

document for principal officers that outlined roles and responsibilities, especially highlighting the principal officer role in emergency preparedness and staffing assignments for Business Continuity Coordinators, Building Emergency Coordinators and Floor Marshals. OES has also begun implementation of annual evacuation drills for administrative, academic and ancillary buildings and has successfully restructured and made staffing assignments for the Emergency Operations Center. With some of the larger program pieces now complete, OES staff will increase its focus on continuity program development.

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 and mission continuity planning programs. OPRS also currently staffs and leads the internal crisis/emergency management function for the UCOP organization. OPRS continues to act as the University's primary liaison to the State Office of Emergency Services, and serves on the OES Statewide Emergency Planning Committee (SWEPC) and State Hazard Mitigation Planning Team. In June 2017, OPRS staff was also appointed by President Napolitano to serve on her behalf as a member of the California Earthquake Early Warning Advisory Board.

In 2016-17, OPRS responded to twenty-five (25) significant local, statewide and international incidents that impacted or could potentially impact UC facilities and/or community members. OPRS maintained situational awareness, coordinated with various campuses and stakeholders, and provided UCOP executives with notifications, intelligence/situational awareness and decision-making support. These events included nine (9) local/campus protests/civil unrest events; five (5) major wildfires near UC reserves/campuses; three (3) major winter storms/severe weather events; two (2) campus-related threat/security or targeted violence incidents; two (2) major off-campus structure fires; two (2) significant terrorist attacks in Europe; one (1) widespread power outage; and one (1) campus public health outbreak. OPRS coordinated with internal stakeholders as well as travel/security contractors as needed to either manage or support both campus and Education Abroad Program response to international terrorism incidents.

As a member of the OES State Hazard Mitigation Team, OPRS staff worked on updating the State Hazard Mitigation Plan (SHMP) pursuant to the five-year planning and revision cycle. UC inclusion in the state plan meets the federal mitigation plan requirement that allows UC to be eligible for FEMA mitigation grant funding. OPRS coordinated with UCOP Capital Assets on the UC seismic program status update for inclusion in the state report. In conjunction with the SHMP update, OPRS staff revised and issued the UC Hazard Mitigation Progress Report that compiled applicable campus BSAS mitigation projects implemented through 2016. OPRS staff reviewed the SHMP Administrative Draft for UC-related information and provided feedback and edits to State OES for the final state plan.

OPRS developed several expert reference or guidance documents for UCOP/UC staff including wildland fire safety (in cooperation with the UC Field Safety Center of Excellence); civil unrest personal safety; and fire safety in public buildings/hotels. In addition, OPRS coordinated with UCI and UCSB emergency managers to develop a model UC Campus Recovery Plan that provides for restoration of campus processes, technology, information, services, resources, facilities, programs, and infrastructure following any major disruption. This guidance plan greatly enhances our systemwide capability to provide for continuity of operations to return campus infrastructure and the entire campus community back to an acceptable level. In support of UCOP continuity of operations/governance, OPRS facilitated the signing of an MOU between UCOP and the UC Davis campus

to serve as an executive operations alternate location in the event of catastrophic disaster disrupting UCOP operations in Oakland.

OPRS continued to work closely with systemwide continuity planners to design, configure, and refine the upgraded *UC Ready* continuity planning software tool. In 2016, OPRS led a collaborative project to develop a second module within the *UC Ready* tool to incorporate OSHA-mandated Emergency Action Plans (EAPs) for both buildings and departments. The new module was launched in January 2017, and represents a quantum leap in the ability of our campuses and medical centers to create, update, manage and track these required evacuation plans online. As of June 2017, 130 Emergency Action Plans have been constructed in the new module. OPRS led another collaborative project with the IT Disaster Recovery planners to facilitate systemwide IT Disaster Recovery (ITDR) planning. The team designed a third module within the *UC Ready* software that was launched in April 2017 for use by the systemwide IT units to create online ITDR plans at both the campus and department level. OPRS continues 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 developed and issued this systemwide Emergency Management Status Report to senior University management and other stakeholders. The report is posted on the OPRS website to make it easily available for the public to promote transparency and accountability for emergency preparedness as a public university. The report also helps OPRS and the Emergency Management Council to identify common systemwide gaps and deficiencies that can be addressed through collaborative and cooperative workgroup efforts. OPRS also coordinated and collaborated with UCSF emergency management staff and the UC Emergency Management Council on the planning, logistics, and conduct of the twenty-second annual systemwide emergency management and continuity planning conference held at UCSF in October 2016.

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 downtown Oakland civil unrest and protests targeting UCOP. 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. OPRS has also 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. OPRS also maintains *UCOPAlert*, 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. In coordination with UCOP Financial Management, OPRS maintains an emergency procurement card purchasing system to enhance UCOP's ability to quickly repair/replace critical infrastructure or purchase whatever supplies and equipment are needed to maintain or restore UCOP operations and facilities. 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 on' drill for the eighth consecutive year.

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 annual staff volunteer training program conducted multiple American Heart Association classes that maintained the number of CPR/AED certified staff at nearly two hundred fifty (250) staff, so nearly one in every eight UCOP staff have been trained. Staff training also included offering certified First Aid classes with

priority given to CPR/AED trained staff and floor wardens to create a cadre of emergency first responders. Quarterly CPR/AED refresher practice sessions were also offered to all UCOP trained staff, providing staff with an opportunity to maintain their life-saving skills.

Agriculture & Natural Resources

ANR has two primary types of facilities that are managed differently for emergency planning and response purposes – UC Cooperative Extension offices and Research & Extension Centers.

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

While there is not a set of 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.

Risk and Safety Services resources are available to all ANR personnel, volunteers, guests, and office locations. Safety Coordinators are appointed to represent each of the 50+ ANR locations, and facilitate the flow of environmental, health, and safety information and programs.

Appendix I: Self-Assessment Benchmarking Guide for Conformity with *NFPA 1600*, 2016 Edition

NFPA 1600 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> <ol style="list-style-type: none"> 1. Policies, plans, and procedures to develop, implement and maintain the program 2. Resources to support the program 3. Reviews and evaluations to ensure program effectiveness 4. Correction of deficiencies <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)).

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>5.5 Performance Objectives. 5.5.1* Campus shall establish performance objectives for the program. 5.5.2 Performance objectives shall address the results of the HVA and BIA. 5.5.3 Performance objectives shall address both short-term and long-term needs as defined (5.5.4). 5.5.4* Campus shall define terms <i>short-term</i> and <i>long-term</i>.</p>	<p>Objectives address <i>both</i> HVA and BIA <i>and</i> address both short-term and long-term needs.</p>	<p>Performance objectives exist for >50% of program elements and requirements. <i>and</i> Performance objectives address results of HVA (but not BIA).</p>	<p>Performance objectives exist for <50% of program elements and requirements</p>
<p>4.2* PROGRAM COORDINATOR/MANAGER. The program coordinator shall be appointed by the campus and authorized to develop, implement, administer, evaluate, and maintain the program.</p>	<p>FTE = 100% Dedicated EM</p>	<p>FTE with <20% other job responsibilities.</p>	<p>Partial FTE or FTE with >50% other job responsibilities.</p>
<p>4.5 COMPLIANCE WITH LAWS & AUTHORITIES. 4.5.1 Program shall comply with SEMS/NIMS and other regulatory requirements.</p>	<p>Fully complies all regulatory req's</p>	<p>>75% compliance with SEMS/NIMS metrics</p>	<p>>50% compliance SEMS/NIMS metrics</p>
<p>4.5.1 Program shall comply with UCOP and Campus policies/directives (SS&EM Policy; local campus policies).</p>	<p>Fully complies all UC req's</p>	<p>Complies with SS&EM Policy. >75% compliance with local policies and directives</p>	<p>Complies with SS&EM Policy. >50% compliance with local policies and directives</p>
<p>4.6 FINANCE & ADMINISTRATION. 4.6.1 Campus shall develop financial and administrative procedures to support the program before, during, and after an incident. 4.6.4 The procedures specified above shall include: 1. Responsibilities for program finance authority, including reporting relationships to the program coordinator 2. * Program procurement procedures 3. Payroll 4. * Accounting systems to track/document costs 5. Management of funding from external sources 6. Crisis management procedures that coordinate authorization levels and control measures 7. Documenting financial expenditures incurred as a result of an incident and for compiling claims for future cost recovery 8. Identifying and accessing alternative funding 9. Managing budgeted and specially appropriated \$</p>	<p>+ procedures for <i>before</i> an incident. <i>and</i> All (9) procedures are in place</p>	<p>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.</p>	<p>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>

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>4.6.2* There shall be a responsive finance and administrative framework that does the following:</p> <ol style="list-style-type: none"> 1. Complies with the campus' program requirements. 2. Is uniquely linked to response, continuity, and recovery operations. 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)</p>	<p>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)</p>	<p>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>
<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>	<p>All financial controls in place.</p>	<p>General authorization levels and <i>some</i> financial controls in place.</p>	<p>General authorization levels in place (but <i>no</i> financial controls)</p>
<p>4.7* RECORDS MANAGEMENT. 4.7.1 Campus shall develop, implement, and manage a records management program to ensure that records are available to the campus to continue essential functions as identified in BIA 4.7.2 Records management program shall include:</p> <ol 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 	<p>All (7/7) program requirements listed in 4.7.2 are in place.</p>	<p>At least 5/7 of program requirements listed in 4.7.2 are in place.</p>	<p>At least 3/7 of program requirements listed in 4.7.2 are in place.</p>
<p>Chapter 5. PLANNING. 5.1 PLANNING & DESIGN PROCESS. 5.1.1* The program shall follow a planning process that develops strategies, plans, and required capabilities to execute the program.</p>	<p>+ Capabilities are in place</p>	<p>Plans and strategies are fully developed (but <i>not</i> required capabilities)</p>	<p>Plans are fully developed (but <i>not</i> strategies or capabilities)</p>

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<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> <ol 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>	<p>ALL (7/7) Plan requirements listed in 6.1.2 are in place</p>	<p>At least 5/7 of Plan requirements listed in 6.1.2 are in place.</p>	<p>At least 3/7 of Plan requirements listed in 6.1.2 are in place.</p>
<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 preparedness including the planning, implementation, assessment, and maintenance of programs for prevention, mitigation, preparedness, response, continuity, and recovery.</p>	<p>Program scope and requirements cover all areas listed in 4.4.3</p>	<p>Program scope based on <i>both</i> all-hazards approach and HVA.</p>	<p>Program scope based on all-hazards approach.</p>
<p>5.1.2 Strategic planning shall define the campus program vision, mission, and goals.</p>	<p>+ vision included</p>	<p>Strategic planning defines program goals <i>and</i> mission.</p>	<p>Strategic planning defines program goals only</p>
<p>5.1.5 Crisis management planning shall address an event or series of events that severely impacts or has potential to severely impact campus operations, reputation, ability to do business, or relationships with key stakeholders.</p>	<p>Addresses all four elements.</p>	<p>Crisis management planning addresses three issues or elements listed.</p>	<p>Crisis management planning addresses only <i>one or two of</i> (4) issues or elements listed.</p>
<p>5.2* RISK ASSESSMENT (HVA).</p> <p>5.2.1 Campus shall conduct a risk assessment.</p> <p>5.2.2 Campus shall identify hazards and monitor those hazards and the likelihood and severity of their occurrence over time.</p>	<p>+ campus monitors hazards over time per 5.2.2</p>	<p>Campus has conducted a full risk assessment (HVA) per 5.2.1</p>	<p>Campus has identified hazards and likelihood of occurrence per 5.2.2.</p>
<p>5.2.2.1 Hazards to be evaluated shall include specified list of:</p> <ol style="list-style-type: none"> 1. Natural hazards (geological, meteorological, and biological) 2. Human-caused events (accidental and intentional) 3. Technologically caused events 	<p>+ Human-caused events also evaluated</p>	<p>Natural hazards <i>and</i> technologically-caused events listed in (1) and (3) have been evaluated</p>	<p>All applicable natural hazards have been evaluated</p>
<p>5.2.2.2* The vulnerability of people, property, operations, the environment, the campus, and the supply chain operations shall be identified, evaluated, and monitored.</p>	<p>+ monitored</p>	<p>Vulnerabilities have been identified <i>and</i> evaluated.</p>	<p>Vulnerabilities have been identified (but not evaluated).</p>

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>5.2.3 Campus shall conduct an analysis of the impacts of the hazards identified in 5.2.2 on:</p> <ol style="list-style-type: none"> 1. Health and safety of persons in the affected area 2. Health and safety of personnel responding to the incident 3. Security of information 4. * Continuity of operations 5. Continuity of government 6. * Property, facilities, assets, and critical infrastructure 7. Delivery of campus services 8. Supply chain 9. Environment 10. * Economic and financial conditions 11. Legislated, regulatory and contractual obligations 12. Reputation of or confidence in the campus 13. Work and labor arrangements 	<p>Analysis of impacts have been conducted on ALL thirteen (13) areas listed in 5.2.3.</p>	<p>Analysis of impacts have been conducted on (7-12) of (13) areas listed in 5.2.3.</p>	<p>Analysis of impacts have been conducted on less than seven of (13) areas listed in 5.2.3.</p>
<p>5.2.4 Risk assessment shall include an analysis of the escalation of impacts over time. 5.2.5* Analysis shall evaluate the potential effects of regional, national, or international incidents that could have cascading impacts.</p>	<p>+ evaluates effects of cascading incidents</p>	<p>Analysis <i>also</i> identifies incidents that could have cascading impacts per 5.2.5</p>	<p>Analysis conducted on escalation of impacts over time per 5.2.4</p>
<p>5.2.6 Risk Assessment shall evaluate the adequacy of existing prevention and mitigation strategies.</p>	<p>Evaluation is current/ updated</p>	<p>Adequacy of <i>both</i> prevention and mitigation strategies evaluated</p>	<p>Adequacy of prevention strategies evaluated (but <i>not</i> mitigation).</p>
<p>5.3* BUSINESS IMPACT ANALYSIS (BIA).</p> <p>5.3.1 Campus shall conduct a Business Impact Analysis that includes an assessment of how a disruption could affect campus operations, reputation, and market share, ability to do business, or relationships with key stakeholders 5.3.1.1* BIA shall identify processes that are required for the campus to perform its mission.</p>	<p>BIA is 100% complete and assesses impacts of all five (5) areas identified in the UC Ready tool.</p>	<p>BIA identifies mission-critical essential functions per 5.3.1.1, and assesses impacts on teaching, research, compliance, finances, and operations, AND is >50% complete</p>	<p>BIA identifies mission-critical essential functions per 5.3.1.1, and assesses impacts on teaching, research, compliance, finances, and operations, AND is <50% complete</p>
<p>5.3.1.2* BIA shall identify resources that enable mission-critical campus processes including personnel, equipment, infrastructure, technology, information, and supply chain. 5.3.2* BIA shall evaluate dependencies; single-source and sole-source suppliers; single points of failure; and potential impacts from disruption to mission-critical resources identified in 5.3.1.2.</p>	<p>BIA is 100% complete</p>	<p>BIA identifies mission-critical resources listed in 5.3.1.2 and evaluates all applicable elements listed 5.3.2, AND is >50% complete</p>	<p>BIA identifies mission-critical resources listed in 5.3.1.2 and evaluates all applicable elements listed in 5.3.2, AND is <50% complete</p>

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>5.3.2.1* BIA shall determine the point in time (recovery time objective or RTO) when the impacts of the disruption become unacceptable to the campus.</p>	<p>BIA is 100% complete; identifies disruption tolerance and breadth of impact</p>	<p>BIA identifies disruption tolerance (MTD) and the breadth of impacts to campus if mission-critical essential functions are disrupted, AND is >50% complete.</p>	<p>BIA identifies disruption tolerance (MTD) and the breadth of impacts to campus mission-critical essential functions are disrupted, AND is <50% complete.</p>
<p>5.3.3* BIA or IT DR shall identify the acceptable amount of data loss for physical and electronic records to identify the recovery point objective (RPO). 5.3.4 BIA shall identify gaps between the RTOs and RPOs and demonstrated capabilities.</p>	<p>BIA is 100% complete; RPOs and gaps identified</p>	<p>BIA/IT DR determines the RTO for critical IT apps/ databases, identifies gaps between RTO and RPO as described in 5.3.4, and BIA is >50% complete.</p>	<p>BIA/IT DR determines the RTO for critical IT apps/ databases, identifies gaps between RTO and RPO as described in 5.3.4, and BIA is <50% complete.</p>
<p>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 the Business Impact Analysis (5.3).</p>	<p>Based on hazards from <i>both</i> HVA and BIA</p>	<p>Needs assessment based on all HVA hazards but not BIA.</p>	<p>Needs assessment complete but <i>not</i> based on all hazards identified in HVA or BIA.</p>
<p>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</p>	<p>Needs assessment includes <i>all</i> items listed in (1) and (2)</p>	<p>Needs assessment includes <i>all</i> items listed under (1) and some items listed under (2)</p>	<p>Needs assessment includes most items listed under (1).</p>
<p>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.</p>	<p>Procedures in place for <i>all</i> items listed.</p>	<p>Procedures to manage <i>most</i> of the items listed are in place.</p>	<p>Procedures in place to manage <i>some</i> of the items listed are in place.</p>
<p>5.4.4 Facilities capable of supporting response, continuity, and recovery operations shall be identified.</p>	<p>+ continuity facilities</p>	<p>Facilities capable of supporting response <i>and</i> recovery identified.</p>	<p>Facilities capable of supporting only response identified.</p>
<p>5.4.5* Agreements. The need for mutual aid/assistance or partnership agreements shall be determined; if needed, agreements shall be established and documented.</p>	<p>+ partnership agreements as needed</p>	<p>Mutual aid/assistance agreements established; need for partnership agreements determined.</p>	<p>Mutual aid/assistance agreements established as needed.</p>

NFPA 1600 Program Elements	Conforming	SUBSTANTIALLY Conforming	PARTIALLY Conforming
<p>6.2 PREVENTION. 6.3 MITIGATION.</p> <p>6.2.1* Campus shall develop a strategy to prevent an incident that threatens life, property, operations, information, and the environment (see Annex A.6.2.1 for ten common prevention strategies).</p> <p>6.2.2* Prevention strategy shall be kept current using information collection and intelligence techniques (see Annex A.6.2.2 for eight techniques to consider)</p> <p>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.</p>	<p>+ campus <i>also</i> adjusts preventive measures relative to risk per 6.2.4.</p>	<p>Campus prevention strategy includes more than five of the (10) measures listed in Annex A.6.2.1 <i>and</i> most of the (8) techniques listed in Annex A.6.2.2 <i>and</i> also a process to monitor identified hazards per 6.2.4.</p>	<p>Campus prevention and deterrence strategies include less than five of the (10) measures listed in Annex A.6.2.1 <i>and</i> some of the (8) techniques listed in Annex A.6.2.2.</p>
<p>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).</p>	<p>+ strategy <i>also</i> includes funding mechanism</p>	<p>Mitigation strategy includes <i>most</i> of the (13) measures listed in Annex A.6.3.1</p>	<p>Mitigation strategy includes <i>some</i> of the (13) measures listed in Annex A.6.3.1</p>
<p>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.</p> <p>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.</p>	<p>+ prevention strategy based on the criteria listed in 6.2.3</p>	<p>Mitigation strategy based on <i>most</i> of criteria in 6.3.2 <i>and</i> Some type of prevention strategy also in place.</p>	<p>Mitigation strategy based on <i>some</i> of criteria in 6.3.2 (No prevention strategy in place).</p>
<p>6.3.3 The mitigation strategy shall include interim and long-term actions to reduce vulnerabilities.</p>	<p>+ Long-term actions</p>	<p>Mitigation strategy includes <i>only</i> interim actions</p>	<p>Some type of mitigation strategy is in place.</p>
<p>6.4 CRISIS COMMUNICATIONS & PUBLIC INFORMATION.</p> <p>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:</p> <ol style="list-style-type: none"> 1. Internal audiences including employees 2. External audiences including the media, access and functional needs populations, and other stakeholders 	<p>+ Plan and procedures include functional needs populations</p>	<p>Plan and procedures in place for <i>both</i> external and internal audiences including campus employees.</p>	<p>Plan and procedures in place for external audiences including media (but <i>not</i> internal audiences).</p>
<p>6.4.2* Campus shall establish and maintain a crisis communication or public information capability that includes:</p> <ol style="list-style-type: none"> 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 	<p>All (5) capabilities listed are in place.</p>	<p>Capability includes at least 4/5 of items listed in 6.4.2</p>	<p>Capability includes at least 2/5 items listed in 6.4.2</p>

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<p>6.5 WARNING, NOTIFICATIONS & COMMUNICATIONS.</p> <p>6.5.1* Campus shall determine its warning, notification, and communications needs.</p>	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)
<p>6.5.2* Warning, notification, and communications systems shall be reliable, redundant, and interoperable.</p>	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.
<p>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.</p> <p>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.</p>	+ 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
<p>6.6 OPERATIONAL PROCEDURES (SOPs).</p> <p>6.6.1 Campus shall develop, coordinate, and implement operational procedures to support the program.</p> <p>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).</p>	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 only for response to all hazards (but <i>not</i> recovery)
<p>6.6.3* Procedures shall provide for life safety, property conservation (minimizing damage), incident stabilization, continuity, and protection of the environment under campus jurisdiction.</p>	+ 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.
<p>6.6.4 Procedures shall include:</p> <ol style="list-style-type: none"> Control of access to area affected by incident Identification of personnel engaged in activities at the incident Accounting for personnel engaged in incident activities Mobilization and demobilization of resources 	+ mobilization and demobilization 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)
<p>6.6.5 Procedures shall allow for concurrent activities of response, continuity, recovery, and mitigation.</p>	+ continuity activities.	SOPs allow concurrent response, recovery, <i>and</i> mitigation activities.	SOPs allow for concurrent response and recovery activities <i>only</i> .

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<p>6.7 INCIDENT MANAGEMENT.</p> <p>6.7.1* Campus shall use [ICS] to direct, control, and coordinate response, continuity, and recovery operations.</p> <p>6.7.2 [ICS] shall describe specific organizational roles, titles, and responsibilities for each incident management function.</p>	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.
<p>6.7.1.1* Emergency Operations Centers (EOCs)</p> <p>6.7.1.1.1* Campus shall establish primary and alternate EOCs capable of managing response, continuity, and recovery operations.</p> <p>6.7.1.1.2* EOCs shall be permitted to be physical or virtual.</p> <p>6.7.1.1.3 On activation of an EOC, communications and coordination shall be established between Incident Command and EOC.</p>	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.
<p>6.7.3* Campus shall establish procedures and policies for coordinating prevention, mitigation, preparedness, response, continuity and recovery activities.</p> <p>6.7.4 Campus shall coordinate the activities specified above with stakeholders.</p>	+ 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 prevention, mitigation, preparedness, and response activities per 6.7.3.
<p>6.7.5 Procedures shall include a situation analysis that incorporates a damage assessment and a needs assessment to identify resources to support activities.</p>	SOPs include needs assessment	SOPs include situation analysis that incorporates damage assessment.	SOPs include situation analysis but <i>not</i> damage assessment.
<p>6.7.6* Emergency operations/response shall be guided by an Incident Action Plan (IAP) or management by objectives.</p>	IAP updated regularly and includes safety	Large-scale operations uses formal IAP process.	Field operations uses management by objectives established by IC
<p>6.7.7 Resource management shall include the following tasks:</p> <ol style="list-style-type: none"> 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 categorizing per (2)	Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3). <i>and</i> Contingency planning conducted for resource deficiencies per (4).	Processes established for inventorying, requesting, tracking, mobilizing, and demobilizing resources per (1) and (3)
<p>6.7.8 A current inventory of internal and external resources shall be maintained.</p>	Both inventories current	Inventory of internal <i>and</i> external resources but <i>not</i> current.	Inventory of internal resources maintained (but <i>not</i> external).
<p>6.7.9 Donations of human resources, equipment, material, and facilities shall be managed.</p>	+ equipment and facilities	Donations of human resources <i>and</i> materials managed (but <i>not</i> equipment)	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>	<p>+ SOPs to notify/ recall key EOC staff</p>	<p>ICS-based EOP <i>and</i> Job aids developed (SOPs, checklists, action lists) to assist roles/responsibilities.</p>	<p>ICS-based EOP.</p>
<p>6.8.2* [EOP] shall identify actions to be taken to protect people including people with disabilities and other access and functional needs, information, property, operations, the environment, and the campus.</p> <p>6.8.3* [EOP] shall identify actions for incident stabilization.</p>	<p>+ persons with access and functional needs</p>	<p>EOP <i>also</i> identifies actions to protect information, operations and the environment.</p>	<p>EOP identifies actions to protect people, property, and provide incident stabilization (but <i>not</i> information, operations or the environment).</p>
<p>6.8.4 [EOP] shall include:</p> <ol style="list-style-type: none"> 1. Protective actions for life safety (per 6.8.2) 2. Warning, notifications, and communication (per Section 6.5) 3. Crisis communication and public information (per Section 6.4) 4. Resource management (per 6.7.7) 5. Donation management (per 6.7.9) 	<p>EOP includes all five (5/5) elements listed</p>	<p>EOP includes at least 3/5 of elements listed in 6.8.4</p>	<p>EOP includes at least 2/5 of elements listed in 6.8.4</p>
<p>6.9 CONTINUITY & RECOVERY.</p> <p>6.9.1 Continuity.</p> <p>6.9.1.1 Continuity Plan shall include strategies to continue critical and time-sensitive processes and as identified in the BIA.</p>	<p>100% of continuity strategies identified.</p>	<p>Identification of continuity strategies for mission-critical processes and enabling resources (personnel, facilities, equipment, etc.) is >50% complete.</p>	<p>Identification of continuity strategies for mission-critical processes and enabling resources (personnel, facilities, equipment, etc.) is <50% complete.</p>
<p>6.9.1.2* Continuity Plan shall identify and document the following:</p> <ol style="list-style-type: none"> 1. Stakeholders that need to be notified 2. Processes that must be maintained 3. Roles and responsibilities of the individuals implementing the continuity strategies 4. Procedures for activating the plan, including authority for plan activation 5. Critical and time-sensitive technology, application systems, and information 6. Security of information 7. Alternative work sites 8. Workaround procedures 9. Vital records 10. Contact lists 11. Required personnel 12. Vendors and contractors supporting continuity 13. Resources for continued operations 14. Mutual aid or partnership agreements 15. Activities to return critical and time-sensitive processes to the original state <p>6.9.1.3 Continuity plan shall be designed to meet the RTO and RPO.</p>	<p>Continuity Plans address all (15) elements, meet mission-critical MTDs, and are 100% complete.</p>	<p>Continuity Plans address all elements listed in 6.9.1.2, are designed to meet mission-critical MTDs, and are >50% complete.</p>	<p>Continuity Plans address all elements listed in 6.9.1.2, are designed to meet mission-critical MTDs, and are <50% complete.</p>

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<p>6.9.2 Recovery. 6.9.2.1 Recovery Plan shall provide for restoration of processes, technology, information, services, resources, facilities, programs, and infrastructure.</p>	<p>Recovery Plan addresses all elements and 100% complete</p>	<p>Recovery Plan addresses restoration of all elements listed in 6.9.2.1 and is >50% complete</p>	<p>Recovery Plan addresses restoration of all elements listed in 6.9.2.1 and is <50% complete</p>
<p>6.9.2.2* Recovery Plan shall document following:</p> <ol style="list-style-type: none"> 1. Damage assessment 2. Coordination of the restoration, rebuilding, and replacement of facilities, infrastructure, materials, equipment, tools, vendors, and suppliers 3. Restoration of the supply chain 4. Continuation of communications with stakeholders 5. Recovery of critical and time-sensitive processes, technology, systems, applications, and information 6. Roles and responsibilities of the individuals implementing the recovery strategies 7. Internal and external (vendors and contractors) personnel who can support the implementation of recovery strategies and contractual needs 8. Adequate controls to prevent the corruption or unlawful access to the campus' data during recovery 9. Compliance with regulations that would become applicable during the recovery 10. Maintenance of pre-incident controls 	<p>Recovery Plan documents ALL (10) elements and is 100% complete</p>	<p>Recovery Plan documents all elements listed in 6.9.2.2 and is >50% complete</p>	<p>Recovery Plan documents all elements listed in 6.9.2.2 and is <50% complete</p>
<p>6.10* EMPLOYEE ASSISTANCE & SUPPORT. 6.10.1* Campus shall develop a strategy for employee assistance and support that includes:</p> <ol style="list-style-type: none"> 1. * Communications procedures 2. * Contact information, including emergency contact outside anticipated hazard area 3. Accounting for persons affected, displaced, or injured by the incident 4. Temporary, short-term or long-term housing, feeding and care of those displaced by an incident 5. Mental health and physical well-being of individuals affected by the incident 6. Pre-incident and post-incident awareness <p>6.10.2 Strategy shall be flexible for use all incidents</p>	<p>All six (6/6) elements listed in 6.10.1 are in place.</p>	<p>At least 4/6 of elements listed in 6.10.1 are in place.</p>	<p>At least 3/6 of elements listed in 6.10.1 are in place.</p>

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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).
<p>Chapter 7. TRAINING & EDUCATION.</p> <p>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).</p> <p>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.</p>	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.
<p>7.3 Scope and Frequency of Instruction. The scope of the curriculum and frequency of instruction shall be identified.</p> <p>7.5 Recordkeeping. Records of training and education shall be maintained as specified in Section 4.7.</p>	+ 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).
<p>7.4 [ICS] Training. Personnel shall be trained in SEMS/ICS and other components of the program to the level of their involvement.</p> <p>7.6 Regulatory and Program Requirements. The curriculum shall comply with applicable regulatory and program requirements.</p>	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.
<p>7.7* Public Education. A public education program shall be implemented to communicate:</p> <ol style="list-style-type: none"> 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).	Campus-wide preparedness information program per (2).
<p>Chapter 8. EXERCISES & TESTS</p> <p>8.1 Program Evaluation. Campus shall evaluate program plans, procedures, training, and capabilities and promote continuous improvement through periodic exercises and tests.</p> <p>8.1.2 Campus shall evaluate the program based on post-incident analyses, lessons learned, and operational performance.</p> <p>8.1.3 Exercises and tests shall be documented.</p> <p>8.2* Exercise and Test Methodology.</p> <p>8.2.1 Exercises shall provide a standardized methodology to practice procedures and interact with other entities (internal and</p>	Campus evaluates program through <i>annual functional</i> or <i>full-scale</i> exercises, or actual EOC activation in last year with AAR.	Campus evaluates program through periodic <i>functional</i> or <i>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>external) in a controlled setting.</p> <p>8.2.2 Exercises shall be designed to assess the maturity of program plans, procedures, and strategies.</p> <p>8.2.3 Tests shall be designed to demonstrate capabilities.</p> <p>8.4* Exercise and Test Evaluation.</p> <p>8.4.1 Exercises shall evaluate program plans, procedures, training, and capabilities to identify opportunities for improvement</p> <p>8.4.2 Tests shall be evaluated as either pass or fail.</p> <p>8.5* Frequency.</p> <p>8.5.1 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 (8-13) of the (14) elements listed in 8.3.1.</p>	<p>Exercise design includes at less than eight of the(14) elements listed in 8.3.1.</p>

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<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> <ol style="list-style-type: none"> 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. Critical suppliers 	+ program reevaluation when any of the listed changes impact program per 9.1.3	Campus conducts <i>regularly</i> scheduled program evaluations that also include review of performance objectives and changes resulting from preventive and corrective actions per 9.1.1 and 9.1.2.	Campus conducts periodic program evaluations of policies and evaluation of program implementation per 9.1.1.
<p>9.1.4 Reviews shall include post-incident analyses, reviews of lessons learned, and reviews of program performance.</p> <p>9.1.5 Campus shall maintain records of its reviews and evaluations in accordance with the records management practices developed under Sect 4.7.</p> <p>9.1.6 Documentation, records, and reports shall be provided to management for review and follow-up.</p>	+ 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/ evaluations maintained per 9.1.5.	Campus reviews are conducted based on post-incident analyses, lessons learned, and program performance per 9.1.4
<p>9.2* Corrective Action.</p> <p>9.2.1* Campus shall establish a corrective action process.</p> <p>9.2.2* Campus shall take corrective action on deficiencies identified.</p>	+ 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.
<p>9.3 Continuous Improvement. Campus shall effect continuous improvement of the program through the use of program reviews and the corrective action process.</p>	+ 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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