OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   Form 10:**  **EMERGENCY PREPAREDNESS REPORT** | **FOR HRSA USE ONLY** | |
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| **Grant Number** | **Application Tracking Number** |
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| **SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT (EPM) PLAN** | | |
| 1. Has your organization conducted a thorough Hazards Vulnerability Assessment?   If Yes, date completed:\_\_\_\_\_\_\_ | [\_] Yes [\_] No | |
| 1. Does your organization have an approved EPM plan?   If Yes, date that the most recent EPM plan was approved by your Board:\_\_\_\_\_\_  If No, skip to the Readiness section below. | [\_] Yes [\_] No | |
| 1. Does the EPM plan specifically address the four disaster phases?   (This question is mandatory if you answered Yes to Question 2.) |  | |
| 3a. Mitigation | [\_] Yes [\_] No | |
| 3b. Preparedness | [\_] Yes [\_] No | |
| 3c. Response | [\_] Yes [\_] No | |
| 3d. Recovery | [\_] Yes [\_] No | |
| 1. Is your EPM plan integrated into your local/regional emergency plan?   (This question is mandatory if you answered Yes to Question 2.) | [\_] Yes [\_] No | |
| 1. If No, has your organization attempted to participate with local/regional emergency planners?   (This question is mandatory if you answered Yes to Question 2 and No to Question 4.) | [\_] Yes [\_] No | |
| 1. Does the EPM plan address your capacity to render mass immunization/prophylaxis?   (This question is mandatory if you answered Yes to Question 2.) | [\_] Yes [\_] No | |
| **SECTION II - READINESS** | | |
| 1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during emergency? | [\_] Yes [\_] No | |
| 1. Does your organization conduct annual planned drills? | [\_] Yes [\_] No | |
| 1. Does your organization's staff receive periodic training on disaster preparedness? | [\_] Yes [\_] No | |
| 1. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for the local community? | [\_] Yes [\_] No | |
| 1. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data? | [\_] Yes [\_] No | |
| 1. Does your organization have a back-up communication system? | [\_] Yes [\_] No | |
| 6a. Internal | [\_] Yes [\_] No | |
| 6b. External | [\_] Yes [\_] No | |
| 1. Does your organization coordinate with other systems of care to provide an integrated emergency response? | [\_] Yes [\_] No | |
| 1. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies? | [\_] Yes [\_] No | |
| 1. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure) | [\_] Yes [\_] No | |
| 1. Does your organization have an off-site back up of your information technology system? | [\_] Yes [\_] No | |
| 1. Does your organization have a designated EPM coordinator? | [\_] Yes [\_] No | |

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