INSTRUCTIONS:

1. Complete all applicable areas

2. Transfer all information onto POD Site Plan

3. Delete this page.

.

POD Site Assessment Worksheet

Date: _____   Evaluator(s): _____

Site contact: _____

General Information

Name:	
Address:	
Hours of Operation: (Doors unlocked and locked)	
Main Phone Number:	
Alternate Phone Number:	
Command Post Phone Number	
Fax Number:	
Web Site:	
Other Contact Information	

Site Contacts

	Name	**Work Phone**	**Cell Phone**	**Home Phone**
Main Administrative Contact				
Alternate Administrative Contact(s)				
After Hours Contact				
Maintenance Contact				
IT Support Contacts				
IT Support Contacts				

Site Information

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Square Footage of Operational Area?		
On-site equipment	**Photo**	**Comments**
Emergency Power/Lighting		
Number of Tables		
Number of Chairs		
Hand trucks/pallet jacks		
Kitchen facilities		
Refrigerators		
Public Address		
Internet access		
Fax/phone lines		
Exit/Entry points		
Loading Dock		
Handicap Accessible		
Reproduction equipment/supplies		
Staff parking access points/streets		
Client parking access points/streets		
EMS & Delivery access points/streets		
Ask for floor plan	Alternate Dispensing Strategies?	

Comments:

Security Support Agency & Contact Information

Agency	
Phone number	
Contact name	
Contact title	
Contact work phone	
Contact cell phone	
Contact other	
Contact e-mail	
Backup Contact name	
Backup Contact title	
Backup work phone	
Backup cell phone	
Backup other	
Backup e-mail	

Reminder: The agency or agencies (local law enforcement) responsible for security functions at the POD should be consulted in regard to the security and vulnerability assessment and should also sign-off on the final POD security plan. Please keep in mind that this document includes site specific information that CDC has identified as necessary components in a security plan.

SECURITY & VULNERABILITY ASSESSMENT

Determine what potential security assets exist at the site and what additional resources may be needed and where they may be obtained.

SECURITY ASSETS	ONSITE? Y/N DETAILS	NEEDED? Y/N	IF NEEDED WHERE, CAN IT BE OBTAINED?
Existence of perimeter access controls (fences, gates, etc.)			
Closed circuit television or other surveillance.			
Adequate area lighting. (Timers?)			
Locks, alarms, etc?			
Signage/			
Auxiliary power, etc.			
Other:			

Determine what potential weaknesses or possible threats exist at the site. What can be done to mitigate these hazards?

SECURITY THREATS	ONSITE? Y/N, DETAILS	LOCATION	MITIGATION
Unsecured Access			
Landscaping or geographical challenges.			
Power or communication difficulties.			
Nearby high risk/crime areas.			

Additional Equipment
If additional equipment is necessary (physical barriers, lighting, etc.), list the necessary items and identify the source.

EQUIPMENT	SOURCE	CONTACT	LOCATION

Additional security resource requests will go through the POD Director to the Emergency Operation Center.

Security Sweep Procedures

TYPE	UPON EARLY ACTIVATION Y/N	PRIOR TO RECEIPT OF ASSESSTS Y/N	REGULARLY? Y/N, ANY DETAILS SPECIFIC TO THE SITE
Interior, including supply/storage area(s)			
Exterior Perimeter, including parking lots, entrances & exits			
Other:			

ACCESS CONTROL

Traffic flow
Describe the incoming and outgoing vehicular traffic flow; include general clients (patients), EMS, staff and delivery/supply (if different) and attach a diagram. Include locations/points where traffic control must be established.

TYPE OF TRAFFIC	DESCRIPTION
Patients/Clients	
Staff/Personnel	
EMS/Security	
Supply	
Traffic Control points	

Parking
Please identify and describe the staging/parking areas for vehicles and the entrance/exits for patients/clients, staff/personnel, EMS, supply/delivery, attach a diagram.

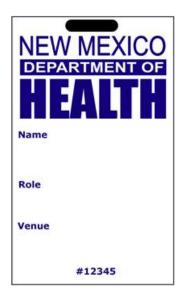| TYPE OF PARKING	DESCRIPTION
Patients/Clients	
Handicapped	
Staff/Personnel	
EMS/Security	
Supply	
Traffic Control points	
Other	

Badging Procedures
Ensure that individuals are not allowed access to incident or response site without approved identification. Upon activation of the POD site, the following measures will be implemented to protect the POD site and the people involved in the response.

PROCEDURE	Y/N & details if N
There is an access roster that lists the names of all authorized site staff members who are expected on site.	
Each site staff member is provided with a site badge.	
The badge number of each site staff member is recorded on the Sign-In Sheet (ICS 211).	
A government issued picture ID, such as a Driver's License, is inspected to ensure that the site staff member's name on the sign-in sheet matches the picture ID.	
Law Enforcement personnel are identified by their duty uniform and the badge with that uniform.	
New Mexico Department of Health personnel are identified by the NM Department of Health identification badge.	
Badges shall be visible at all times.	
Just-in-Time training of these badging procedures shall be provided for site security.	

Sample Site Staff Badge

The badge information shall include: **Name, Role** and **Venue,** and may also include **Special Access** if the person has additional responsibilities and is therefore allowed access to high security/limited access areas.

Spontaneous Volunteers
Under no circumstances will the Department utilize spontaneous volunteers or other non-NMserves registered volunteers. If necessary, NMserves will complete an *emergency provisional volunteer registration and credentialing process* for approval of volunteers.

Supply Security

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Storage area(s) shall be controlled assess areas. Only specifically authorized staff shall have access to the pharmaceutical storage/staging area. These staff shall be authorized by the POD Director and it shall state **Special Access** on their identification badge. Security personnel shall provide security during the storage, use, shipping or transport of equipment and supplies. Security is required for each storage location.

SECURITY COMMAND AND COMMUNICATION

Is a security command established onsite? If yes, describe the location and capacity. If no, explain why not.

COMMAND CENTER Y/N	DESCRIPTION

Radios
Radios are provided to ensure communication between security agencies and onsite staff. Complete the following information.

Type of Radio	Frequency	Channels	Responsible Party

Staffing Levels
Determine the number of security personnel that are required to secure the outer perimeter and control traffic; secure the interior of the site; secure key access points and maintain crowd control. Disturbances must be handled without compromising the integrity of the inner perimeter and access points.

Complete the table; 12 hours = 2 shifts, 8 hours = 3 shifts per 24 hours

Type of Staff	Number	Number of Relief	Number of Shifts	TOTAL Number of Staff
Indoor Staff				
Outdoor Staff				
Other				

   attach diagram with security posts marked

Specialized Units
If specialized (K-9, explosive ordinance disposal, tactical, traffic, etc.) units are utilized, list the unit and the assignment.

Unit	Assignment(s)

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Crowd Control

Describe the procedures for crowd control at the site; including the removal, isolation and/or containment of disruptive persons.

Breach in Security and Uncontrolled Situations

In the event of a disturbance or breach in security, security personnel shall contact their supervisor, the Security Team Lead, who shall contact dispatch for backup if needed per the security agency's protocol. The security officers and law enforcement shall follow the Use of Force Policy of their agencies

Evacuation

In the event that the safety and security of the facility occupants becomes compromised, it may be necessary to evacuate the POD site. Describe the procedures to ensure a safe and efficient evacuation of the site:

Security Protocols	*Description for interior sweep*
Notification Method	*i.e. bullhorn, intercom, radios*
Code word or signal	*i.e. code red, loud continuous beep, etc.*
Assembly location	*West parking lot, etc*
Other:	