**Appendix A.**

**ASTDD Public Health Emergency Preparedness and Response Self-Assessment**

This self-assessment (check list) is intended to assess the ability of a state/territorial oral health program to prepare and respond to an emergency situation. It does not necessarily assess the proficiency or quality of a response.

This self-assessment is intended to be used in conjunction with the ASTDD Emergency Preparedness and Response Manual (<https://www.astdd.org/emergency-preparedness-manual/>).

After completing the assessment, review your responses as an indication of the ability of your state/territorial oral health program to respond to an emergency. A “No” or “Unsure” response should prompt follow up with the Emergency Preparedness and Response Manual and other resources indicated. Even a “Yes” response could lead you to seek more information and guidance to make changes/improvements to your program. It will help determine what works best for you and your program and your state/territory, and with the information and resources in the Manual, guide you along the way.

We recommend that every new member of ASTDD review this self-assessment and that all members review the self-assessment once every year with their individual oral health teams.

A stakeholders list from Appendix C follows the Assessment chart on page 5. As you complete the Assessment it is easy to scroll down and note stakeholders that should be included in the Oral Health Program Emergency Preparedness and Response Plan and planning process.

**Incident Command System (ICS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manual page 9.** | | **Yes** | **No** | **Unsure, but I know who knows** | **Unsure** |
| **I am familiar with the ICS for my state/territory.** | |  |  |  |  |
| **If Yes:** | I know who the point of contact for the ICS is. \* |  |  |  |  |
| **If Yes:** | I know who within Public Health is involved in the ICS.\* |  |  |  |  |
| **If Yes:** | I know where the ICS sits within the state/territorial government. |  |  |  |  |
| **If Yes:** | I know what entities are involved with the ICS. |  |  |  |  |
| **My state/territory institutes ICS protocols during emergency response scenarios.** | |  |  |  |  |
| **I have had ICS Training.** | |  |  |  |  |
| **I am required to have ICS training.** | |  |  |  |  |
| **My staff has had ICS training.** | |  |  |  |  |

**Role of Dentistry/Oral Health in Emergency Preparedness and Response**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manual page 11.** | | **Yes** | **No** | **Unsure, but I know who knows** | **Unsure** |
| **Under a state/territorial disaster or an emergency declaration, dentistry is considered an essential service in my state/territory, by regulation or policy.** | |  |  |  |  |
| **In my state/territory, dentistry is seen by the public health agency as a healthcare profession that could aid in specific overall response efforts in an emergency situation such as vaccination, staffing at field hospitals, forensics, and as public health field personnel.** | |  |  |  |  |
| **In my state/territory, in an emergency situation, dental professionals are able to expand their scope of practice under emergency rules.** | |  |  |  |  |
| **My program is directly involved in establishing dental and oral health services and guidelines during state/territorial emergencies.** | |  |  |  |  |
| **In my state/territory, teledentistry is allowed within the scope of dental practice.** | |  |  |  |  |
| **My state/territory has an Emergency Response/Preparedness Leadership Team.** | |  |  |  |  |
| **I know where the Emergency Response/Preparedness Team is housed.** | |  |  |  |  |
| **If Yes:** | There is some level of dental representation on the Emergency Response/Preparedness Leadership Team. |  |  |  |  |
| **If Yes:** | I am part of the Emergency Response/Preparedness Leadership Team. |  |  |  |  |
| **If Yes:** | In this Leadership Team, oral health/dentistry is considered a need and my input is solicited to the same extent as other “frontline” entities (hospitals, nursing homes, etc.). |  |  |  |  |
| **If Yes:** | As the dental director, my input is solicited to the same extent as other dental entities (coalitions, associations, foundations, etc.). |  |  |  |  |
| **If Yes:** | As the dental director, I have a significant role in the Emergency Response/Preparedness Leadership Team leadership hierarchy. |  |  |  |  |
| **My agency has an Emergency Response/Preparedness Leadership Team.** | |  |  |  |  |
| **If Yes:** | There is some level of dental representation on my agency’s Emergency Response Leadership Team. |  |  |  |  |
| **If Yes:** | I am part of my agency’s Emergency Response Leadership Team. |  |  |  |  |
| **If Yes:** | In this Leadership Team, oral health/ dentistry is considered a need and my input is solicited to the same extent as other “frontline” entities (hospitals, nursing homes, etc.). |  |  |  |  |
| **If Yes:** | As the dental director, my input is solicited to the same extent as other dental entities (coalitions, associations, foundations, etc.). |  |  |  |  |
| **If Yes:** | As the dental director, I have a significant role in my agency’s Emergency Response Leadership Team hierarchy. |  |  |  |  |

**Partnerships and Communication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manual pages 14-16. Appendix C** | **Yes** | **No** | **To a limited extent** | **Unsure** |
| **During an emergency situation, I am able to coordinate and communicate with internal partners (such as Dept. of Education, Licensing, Medicaid, OSHA, etc.).** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with the Oral Health Coalition, if applicable.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with state and local Dental Hygiene Societies.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with state and local Dental Societies.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with local/county health departments/agencies who operate dental clinics.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with Dental/Dental Hygiene School Deans/Directors.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with primary care association dental programs.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with other health professional associations.** |  |  |  |  |
| **During an emergency situation, I am able to coordinate and communicate with the state/territorial dental board.** |  |  |  |  |
| **Guidelines and updates about clinical practice, PPE, etc. are communicated with the dental community.** |  |  |  |  |
| **My oral health program uses communication** [**decision tree learning**](https://en.wikipedia.org/wiki/Decision_tree_learning) **to determine who to contact for what and when.** |  |  |  |  |

**Oral Health Emergency Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manual pages 12-21.** | | **Yes** | **No** | **Unsure, but I know who knows** | **Unsure** |
| **My state/territory has an Oral Health Emergency Preparedness and Response Plan either embedded in a State Emergency Plan or as a separate plan.** | |  |  |  |  |
| **If Yes:** | The Oral Health Emergency Preparedness and Response Plan covers continuity of physical operations for the state/territorial oral health program. |  |  |  |  |
| **If Yes:** | The Oral Health Emergency Preparedness and Response Plan covers continuity of fiscal operations for the state/territorial oral health program. |  |  |  |  |
| **If Yes:** | The Oral Health Emergency Preparedness and Response Plan covers delivery of clinical services. |  |  |  |  |
| **My state/territory has a current Oral Health Plan.** | |  |  |  |  |
| **If Yes:** | The Oral Health Plan covers emergency response. |  |  |  |  |
| **If Yes:** | The Oral Health Plan covers continuity of operations for the state oral health program. |  |  |  |  |
| **If Yes:** | The Oral Health Plan covers delivery of clinical services. |  |  |  |  |

**Personal Protective Equipment (PPE) - Infection Control**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Manual pages 11, 12, 14 & 24.** | | **Yes** | **No** | **Unsure, but I know who knows** | **Unsure** |
| **In my state/territory, the oral health program is involved in setting and communicating infection control and PPE guidelines and recommendations.** | |  |  |  |  |
| **My state/territory has its own stockpile of PPE for emergency preparedness needs.** | |  |  |  |  |
| **If Yes:** | PPE from the Emergency Supply are shared with dentists/dental clinics. |  |  |  |  |
| **If Yes:** | I know how PPE is distributed to frontline dentists/dental clinics in an emergency scenario. |  |  |  |  |

\* See Stakeholders List below and/or Appendix C. In the Stakeholder list, state also refers to DC and US territories

**Stakeholder List (See Appendix C)**

| **Organization** | **Contact Name** | **Title** | **Work Phone No.** | **Cell Phone No.** | **Email** |
| --- | --- | --- | --- | --- | --- |
| **State Emergency Management Agency** |  |  |  |  |  |
| **State Department Homeland Security** |  |  |  |  |  |
| **State Director Medical Reserve Corps** |  |  |  |  |  |
| **State Health Department Emergency Coordinator** |  |  |  |  |  |
| **State Medicaid Office** |  |  |  |  |  |
| **State Licensing Body** |  |  |  |  |  |
| **State Oral Health Coalition** |  |  |  |  |  |
| **State Dental Association** |  |  |  |  |  |
| **State Dental Hygiene Association** |  |  |  |  |  |
| **State Primary Care Association** |  |  |  |  |  |
| **State Dental and Dental Hygiene School Deans/Directors** |  |  |  |  |  |
| **Local/County Health Departments** |  |  |  |  |  |
| **Community-based dental clinics** |  |  |  |  |  |
| **State Department of Education** |  |  |  |  |  |
| **State MCH Program** |  |  |  |  |  |
| **State Chronic Disease Program** |  |  |  |  |  |
| **State Water Regulation Program** |  |  |  |  |  |
| **State WIC Program** |  |  |  |  |  |
| **State Head Start Collaboration Office** |  |  |  |  |  |
| **State Immunizations Program** |  |  |  |  |  |
| **State HIV/STD Program** |  |  |  |  |  |
| **Other Health Professional Associations** |  |  |  |  |  |
|  |  |  |  |  |  |