## Partner Planning and Assessment Worksheet

## Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ State/ County \_\_\_\_\_\_\_\_\_\_\_\_

**NU505-3:** Appraise preparedness to protect population health and advocacy during disasters and public health emergencies

**Purpose:** The Partner Planning Worksheet is the preliminary planning tool for gathering information about existing and potential emergency preparedness partners. You are creating an appraisal of public health support, communication sources, and a variety of services in the community in the event of a public health emergency or disaster.

**Instructions:**

1. **Identify existing or potential public partners engaged in activities relevant to planning for access and functional needs.** Many of these partners may lend their knowledge, expertise, and risk communication planning.
2. **Identify organizations** who can aid in the response and supply services or support for vulnerable populations.

For both 1 and 2, include the partner type, name, and any of the following roles adding detail to the function:

* 1. Access and functional needs group represented
	2. Preparedness phase of partner engagement (i.e., pre-incident, response, recovery)
	3. Participation in jurisdictional risk assessment
	4. Communication support (i.e., public information/ warning)
	5. Exchange of information between partners (information sharing)
	6. Participation in training
	7. Participation in exercises or incidents/event

Examples are in template. Edit as needed. Research your community.

**Finally summarize your findings:** Include strengths and weaknesses in the appraisal. Identify health disparity data and resources for this need. Include content on related clinical judgment in your summary comments. Include specific risks you identified during your partnership assessment. Identify how you can utilize resources, data, and partners to affect community change. Include how the master's prepared nurse will contribute clinical expertise and knowledge from advanced practice to the interprofessional efforts to protect and improve health.

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| **Partner Description**  | **Organization Name and Contact Information** | **Existing** **Potential Role(s)** | **Details toward partner function or service.** |
| Part 1 |  |  |  |
|  Ex. **Hospital System** | Park Co. Wyoming. Cody  | a.  | Service several counties’ health ALL-populations |
|  | Regional Health. | b.  | All phases |
|  | (444) 566-7722 | e. | Collaboration with EMS |
|  | Dr. Joe Risk. ED Chief | f. | Participation in mock training |
|  |  | g | Participates in ongoing certification exercises |
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| Police |  |  |  |
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| EMS |  |  |  |
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| Fire |  |  |  |
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| City /County Gov |  |  |  |
| and/or Tribal Council |  |  |  |
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| Utilities |  |  |  |
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| Financial |  |  |  |
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| Public Health Services |  |  |  |
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| Transportation |  |  |  |
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| **Part 2** |  |  |  |
| *Ex*. Individuals with a physical, developmental, or intellectual disability | ARC. <https://thearc.org/about-us/>County ChapterMary Jones Director555-99-0321 | a. | Advocacy- developmental and intellectual disability  |
|  |  | b. | Pre-incident and in recovery  |
|  |  | c. | Provide demographics – vulnerable list |
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| Individuals with economic disadvantage |  |  |  |
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| Older adults |  |  |  |
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| Children  |  |  |  |
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| Pregnant women |  |  |  |
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| Individuals with limited literacy or English proficiency  |  |  |  |
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| Individuals with a chronic medical condition, pharmacological dependency, or temporary injury |  |  |  |
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| Individuals with limited access to transportation |  |  |  |
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**Part 3: Summary**

**References**