



**County of San Luis Obispo Public Health Department
Public Health Emergency Preparedness Program (PHEPAC) Meeting
October 5, 2017**

In attendance: Chris Anderson, Gary Arcemont, Bridgette Bateman, James Beebe, Kerry Boyle, George Brown, Reanna Clayton, Brandi Colombo, David Cross, Jason Crabtree, Christine Gaiger, Megan Harrington, Gay Harvey, Robin Hendry, Colleen Hubbard, Karen Jones, Emma Lauriston, Steve Lieberman, Elizabeth Merson, Scott Milner, Christy Mulkerin, Nicole Nathanson, Vince Pierucci, Augusta Salegna, Jeannette Tosh, Khan Webb, Dolores Wooton, Denise Yi

For corrections/comments: email Megan Harrington: mharrington@co.slo.ca.us

Call to Order	Meeting began at 10:30 with a welcome from Elizabeth Merson and introductions.
TOPIC	DISCUSSION
PROGRAM REPORTS	
SCOTT MILNER COUNTY OES	<ul style="list-style-type: none"> • October 19, 2017 Shakeout Earthquake Drill • January 24, 2018 Emergency Monitoring and Decon (EMAD) Dress Rehearsal@ Paso Youth Facility • March 21, 2018 Emergency Monitoring and Decon (EMAD) FEMA Evaluated Drill @ Paso Youth Facility
JAMES BEEBE LABORATORY	<ul style="list-style-type: none"> • Dr Jim Beebe reports on progress in the institution of whole genome sequencing (WGS) in the public health laboratory testing. Beebe described the ability of the laboratory to determine the DNA sequence of nucleotide bases (3-6 million bases for bacteria like E coli,) of disease-causing microbes overnight. Beebe also reported the laboratory efforts to choose the optimal software to provide species identification, epidemiologic typing, antibiotic resistance, and virulence factor determination from such huge data sets. • Beebe also reported on the first ever Infectious Disease Forum held September 22 at the public health department. Attendees include hospital and private laboratory managers and supervisors, infection preventionists, Santa Barbara County Public Health officials, SLO county public health officials including Dr Penny Borenstein and Dr Christy Mulkerin and public health laboratory staff. Discussion focused on the newest laboratory technology and the collaborative efforts to correctly interpret the information for both patient care and public health measures. • With the onset of the new “Flu” season on October 1, Beebe reported that the public health laboratory has already identified three cases of infection with Influenza virus type A subtype H3. He also cited reports of a particularly severe influenza season endured by Australia that has recently ended. • Beebe also reported on the successful use of PCR panels for respiratory illness (17 agents tested at one time) and gastrointestinal illness (23 agents test at one time). He said that for specimens submitted for determination of the cause of respiratory illness, at least one agents is being identified 60% of the time. For GI illness, at least open agents is identified 55% of the time.

Public Health Emergency Preparedness Program Advisory Committee PHEPAC Minutes 10/05/2017

<p>CHRISTINE GAIGER COMMUNICABLE DISEASE</p>	<ul style="list-style-type: none"> • Dr. Borenstein has issued a Health Officer Order making it mandatory for all healthcare workers p to get their Flu shot this year. Influenza vaccine must be received by the healthcare worker by November 1, 2017; after that time, a healthcare worker who have not been vaccinated must sign a declination and wear a mask. • There is a Hepatitis A outbreak in the state of California. The outbreak has largely impacted people experiencing homelessness and some illicit drug users. If you work with the homeless or drug users, it is recommended that you receive the Hep A vaccine. There is a limited supply of the vaccine available, so it is only being given to those who could be affected or those who work closely with the potentially affected.
<p>VINCE PIERUCCI EMERGENCY MEDICAL SERVICES AGENCY</p>	<ul style="list-style-type: none"> • SLO County had a Level 2 MCI on Sept. 24th, the first since the new policy has come out. EMSA will be hosting an After Action meeting with all of the key players on October 12, 2017 to talk about the highlights and areas of improvement. ***EMSA later announced that the After Action was postponed due to personnel responded to fires throughout the state***
<p>ELIZABETH MERSON PHEP REPORT</p>	<ul style="list-style-type: none"> • Pending projects: <ul style="list-style-type: none"> • CHEMPACK Training • Closed Point of Distribution (POD) Standard Operating Procedure (SOP) • Behavioral Health Resource Guide • MHOAC Training • Public POD (P POD) SOP has been updated and signed. It will be distributed.
<p>DENISE YI HPP REPORT</p>	<ul style="list-style-type: none"> • Statewide Medical and Health Exercise is an active shooter scenario this year. Statewide Medical and Health Exercise Tabletop was on October 4th. 70 participants were in attendance. The functional exercise will take place on Nov. 16th. • We have a new Medical Reserve Corps Member, who just finished orientation and backgrounds. • Our next MRC Orientation is in January. Details will be shared once a date has been set.
<p>ROBIN HENDRY COMMUNICATIONS</p>	<ul style="list-style-type: none"> • You can now text 9-1-1 in San Luis Obispo County, they ask that you also text your address since cell phone locations are not always accurate. (more information attached to minutes)
<p>CHRISTINE GAIGER TRAINING: MEDICAL COUNTERMEASURE</p>	<ul style="list-style-type: none"> • Presentation is attached
<p>DENISE YI HEALTHCARE COALITION PARTNERSHIP STAGES/MOA UPDATE</p>	<ul style="list-style-type: none"> • The Coalition Governance document was last updated in 2013 and requires updating to be in compliance with grant requirements. • In order to sustain the Coalition in the absence of funding in the future, we are proposing adding possible sustainability strategies to the governance document. The strategies won't be implemented until funding is reduced to the point that they are necessary to sustain the Coalition. • Ideas for Sustainability: <ul style="list-style-type: none"> • Establish rotating chair to administer meetings and Coalition coordination duties

Public Health Emergency Preparedness Program Advisory Committee PHEPAC Minutes 10/05/2017

	<ul style="list-style-type: none"> • Transition to email list serve for continued information sharing • Generate funds through: <ul style="list-style-type: none"> • Membership dues • Fees for Continuing Education Units (CEUs) • To increase understanding of partner roles in the Coalition, we propose adding general partner roles and responsibilities to the Governance Structure. See Santa Barbara County Healthcare Coalition Governance documents for example. <ul style="list-style-type: none"> ○ Vince Pierucci expressed concern over adding response roles to the SLO Governance documents. He stated that the purpose of PHEPAC was preparedness information sharing and not operational response. PHEP staff will look into the best way to maintain the mission of PHEPAC and comply with grant requirements to outline Coalition partners' role and responsibilities. • Please see the attached Healthcare Coalition Governance Document and partner roles and responsibilities and send your feedback to Denise Yi at dyi@co.slo.ca.us.
<p>ELIZABETH MERSON UPDATING HEALTHCARE COALITION MOU</p>	<ul style="list-style-type: none"> • PHEP staff are updating the Healthcare Coalition MOU to gather more information on healthcare partners. A new attachment will collect members' organizational contact information, 24/7 points of contacts, staff resources and material resources. • Please see attached MOU attachment and provide feedback to Elizabeth Merson at emerson@co.slo.ca.us
<p>ROUNDTABLE</p>	<ul style="list-style-type: none"> • Emma L. Sierra Vista Regional Medical Center – Tenet has started a new Stop the Bleed Campaign. <ul style="list-style-type: none"> ○ Tenet held a small Stop the Bleed class at Templeton Middle School and is holding another class on October 17th for the community. (Flyer attached) ○ The campaign staff will provide training to any group throughout the county. • Gary A. Air Pollution Control District- APCD receives a lot of phone calls in regards to air quality during wildfires. The Air Quality Control District rolled out a new program called Air Aware; individuals can sign up to get text message alerts on their phones. http://www.slocleanair.org/air-quality-alerts.php • Jason C. United Blood Services – Very busy since the active shooter in Las Vegas. If you would like to donate blood, please make an appointment. • David C. Camp Roberts – Working to establish safety trainings up at Camp Roberts. Camp Roberts has buildings, cafeterias, and other facilities to offer to us in a time of need, if need be. • Colleen H. Red Cross – The Red Cross is currently deploying volunteers to Huston, Florida, and Puerto Rico. Volunteers are expected to be out until December. • Kerry B. SLO F.D. – Fire Prevention Week October 8th – 14th . SLO F.D. will be going to schools, have engines at Farmers Market, and will have an open house on October 14th. • Christine G. SLO Public Health – Lead Poisoning Prevention Month. • Karen J. Ombudsman – Country Care in Atascadero is closing, they are down to the last five residents. November 16th the Ombudsmen is hosting an Active Shooter Training at the SLO Vet's Hall • Brandi C. Central Coast Home Health and Hospice – Partnering with a number of facilities throughout the

Public Health Emergency Preparedness Program Advisory Committee PHEPAC Minutes 10/05/2017

	county this Flu season to give approximately 800 vaccines.
UP COMING EVENTS	<ul style="list-style-type: none"> • First Responder Point of Distribution (FRPOD) October 18, 2017 • Statewide Medical and Health Functional Exercise (SWMHE) November 16th, 2017 • Emergency Monitoring and Decon (EMAD) Dress Rehearsal January 24, 2018 • Emergency Monitoring and Decon (EMAD) FEMA Evaluated Exercise March 21, 2018
NEXT MEETING	<p>Next PHEPAC Meeting: Thursday January 4th, 2017 at 10:30 am CHP Coastal Division Headquarters, 4115 Broad Street, #B-10, San Luis Obispo, CA</p>
ADJOURN	The meeting adjourned at 12:10 pm.

Text to 911 Sheriff's Department Press Release

Wednesday 10/04/2017 9:36 AM - Text to 9-1-1 Announcement

Contact: Tony Cipolla

Phone: (805) 781-4547

Type of Incident: Text to 9-1-1 Announcement

Date and Time of Incident: 10-4-17

Place of Occurrence: Sheriff's Office Dispatch Center

Victim Information: N/A

Suspect Information: N/A

Details of News Release: The Sheriff's Office, along with the Arroyo Grande and Morro Bay Police Departments, is pleased to announce a new option when it comes to contacting 9-1-1 during an emergency. It's called Text to 9-1-1 and is designed for hearing and speech-impaired members of the community or those in a situation where it is too dangerous to make a voice call to 9-1-1. "Call if you can - text if you can't" is the slogan developed by the Federal Communications Commission (FCC) as the new technology makes its debut in parts of California. Effective immediately the Sheriff's Office Dispatch center is now equipped to receive and respond to mobile phone SMS Text to 9-1-1 messages in San Luis Obispo County.

This new program allows a person to send a "short message" (SMS) to 9-1-1. The benefits are significant, especially in cases when the caller cannot communicate verbally. Examples include not only the hearing and speech-impaired, but also when a crime is in process, the caller is facing domestic abuse, or the caller is injured and cannot speak. Funding for the Text to 9-1-1 program is provided by the California Office of Emergency Services (Cal OES).

Below are the FCC guidelines for how to contact 9-1-1.

If you use a wireless phone or other type of mobile device, make sure to do the following in an emergency:

- If you can, always contact 9-1-1 by making a voice call, "Call if you can – text if you can't."
- Location accuracy varies by carrier and should not be relied upon. Be prepared to give your location.
- Text-to-9-1-1 service will not be available if the wireless carrier cannot ascertain a location of the device sending the message.
- Text-to-9-1-1 is not available if you are roaming.
- A text or data plan is required to place a text to 9-1-1.
- Photos and videos cannot be sent to 9-1-1. They cannot be received at the 9-1-1 center at this time.
- Text messages should be sent in plain language and not contain popular abbreviations (LOL, ICYMI) or emojis, which will not be recognized.
- Text-to- 9-1-1 cannot be sent to more than one person. Do not send your emergency text to anyone other than 9-1-1.
- Texts must be in English only. There currently is no language interpretation for text available. This is still in development.

Text to 911 Sheriff's Department Press Release

The following is a list of law enforcement and fire agencies that are currently equipped to receive Text to 9-1-1 for San Luis Obispo County:

-San Luis Obispo County Sheriff's Office

-CHP

-San Luis Obispo Police & Fire Departments

-Atascadero Police Department

-Morro Bay Police Department

-Arroyo Grande Police Department

-Pismo Beach Police Department

-Grover Beach Police Department

Prepared By: tcipolla

Released: Wednesday 10/04/2017 9:36 AM



**PHEPAC
10/5/17**

Coalition Governance Document

- Overview of current Coalition Governance Document



Health Care Coalition Governance Document Update



Health Care Partners Roles and Responsibilities



Health Care Coalition Memorandum of Understanding (MOU)

- Adding partner roles, responsibilities, and resources to the MOU
- Overview of VOAD descriptions of resources (inventory and human resources available)



Health Care Coalition Sustainability Strategies

- Go over all sustainability strategies and vote on which ones can stay and which should be eliminated



Health Care Coalition Sustainability Strategies

- Rotating Duty Chair
 - Keep the coalition focused on the goal
 - Maintain collaborative decision making and planning
 - Communicates with the members on upcoming events, exercises, plan updates
- Ability to generate funds internally
 - Annual Membership Dues
 - Fees for CEUs from Trainings and Exercises
- ListServ type platform to share information with all partners
- In- Kind Donations- Collaborating organizations providing in kind donations such as office space, copier/fax use, office supplies, staff time, etc. Look to build capacity from within the coalition membership by tapping into existing resources and sharing one's area of expertise.
- Keeping current: As the coalition grows, need to revisit the governance document and make necessary changes.



Public Health Emergency Preparedness Advisory Committee (PHEPAC)

Governance Structure

I. Purpose

The purpose of the Public Health Emergency Preparedness Advisory Committee (PHEPAC) is to address issues that affect emergency preparedness, response and recovery. PHEPAC serves San Luis Obispo County by:

- A. Promoting quality in the delivery of disaster patient/victim care services, by assessing the level of healthcare preparedness and making recommendations on activities that should be implemented to address gaps.
- B. Supporting the needs of healthcare organizations while ensuring the needs of the community are met.
- C. Developing and implementing effective practices including planning, education, and evaluation as they relate to emergency preparedness.
- D. Serving as an advisory function to the County Health Officer and Public Health Emergency Preparedness (PHEP) program by providing recommendations on county policies and procedures.
- E. Promoting interaction and collaboration across all sectors of the healthcare community to ensure coordinated sharing of incident information and resources during disaster response and recovery.
- F. Working in coordination with the National Response Framework Annex process: Emergency Support Function #8 (Public Health and Medical Services) at the local level in accordance with NIMS and SEMS.

II. Membership

Membership on the committee is extended to any healthcare, first responder or law enforcement organization in San Luis Obispo County and the healthcare associations representing various healthcare sectors, which include but are not limited:

- A. San Luis Obispo County Health Agency (including Behavioral Health)
- B. San Luis Obispo County Office of Emergency Services
- C. Hospitals
- D. Clinics (community health centers and urgent care centers)
- E. Skilled nursing facilities
- F. Residential Care facilities
- G. Emergency medical services providers
- H. Public safety agencies
- I. Ambulatory surgery centers
- J. Dialysis centers

- K. Home health
- L. Hospice agencies
- M. Support service providers (laboratories, pharmacies)
- N. Primary care providers
- O. State and federal entities (CMC, Cal Poly, ASH, FBI)
- P. Non-profit organizations with a role in emergency management (For instance, the American Red Cross, Long Term Care Ombudsman, Tri-Counties Regional Center, VOAD, etc.).

All organizations seeking membership in PHEPAC are asked to designate a primary and secondary representative from their organization to provide redundancy in communication with the group. These representatives will be asked to:

- Register for the California Health Alert Network (CAHAN) via the PHEP Program.
- Provide updated email and phone contact information as needed to update email and rapid fax lists for day-to-day committee business and emergency notification purposes.

This will allow member entities to coordinate resources and information with the Medical and Health Operational Area Coordinator, the County Health Agency Department Operation Center (CHADOC) and County Emergency Operation Center (EOC) in emergencies. It will also allow the Chair to communicate with member agencies to conduct regular group communications.

III. Leadership and Coordination

The Public Health Emergency Preparedness (PHEP) Program is the convener of PHEPAC. The PHEP Program Manager serves as the Committee Chair. The Chair shall:

- A. Set meeting agendas
- B. Coordinate meeting announcements
- C. Preside over all meetings
- D. Coordinate communications among the members and outside entities
- E. Assure that this governance structure document is reviewed at least every other year by the membership. Proposed changes can be made during this review cycle.

In the absence of the PHEP Program Manager, the San Luis Obispo County Public Health Department EMS Division Manager (Medical and Health Operational Area Coordinator-MHOAC) will hold nominations and elections for the Committee Chair position from the membership. At that time, the Committee will amend this document to define Committee Chair term length.

IV. Meetings

- A. Regular meetings of PHEPAC shall be held at 10:30 a.m., on the first Thursday in the months of January, April, July and October, at a location designated by PHEP in advance of each meeting. Whenever possible, the quarterly meeting location will be designated at the beginning of each calendar year for the entire year. Additional meetings may be held as determined by the Chair and locations will be arranged by PHEP staff.

- B. The Committee shall review, evaluate and make recommendations on issues related to healthcare emergency management and the medical and health coordination system.
- C. Decisions will be made by agreement of the convened members.
- D. PHEP staff will attend all PHEPAC meetings and maintain official minutes. Each meeting's minutes shall be distributed to all PHEPAC member organizations via the representatives designated above in Section II prior to the next scheduled meeting.
- E. Special subcommittees and/or workgroups may be occasionally appointed by the chairperson to address specific issues that are compatible with the purposes of the PHEPAC.

May 9, 2013

Date

ROLES AND RESPONSIBILITIES DURING DISASTER RESPONSE

Role of the Santa Barbara County Public Health Department and Emergency Medical Services Agency

During a response to an event/emergency, the PHD/EMSA will not direct the internal activities of any healthcare organization, but will assess the status of affected healthcare and EMS agencies and long term care providers. This assessment may result in requests for assistance such as evacuation of residents, sheltering of residents, or resources to successfully shelter in place or provide medical care.

The goal of PHD/EMSA is to assure the safety and well-being of the community in a coordinated, resource effective manner.

These activities are conducted through the activation of the Public Health Department Operations Center (DOC) and the County Emergency Operations Center (EOC). Coalition members are trained in the processes to communicate with the PHD DOC and the forms to use to document status or make resource requests. A disaster plan insert is available for all coalition members which details communication and expectations during a disaster. The insert for can be found in Appendices D-F.

Operational Guidelines

The Public Health Department/Emergency Medical Services Agency serves as the Medical and Health Operational Area Coordinator (MHOAC). During a disaster response the MHOAC reports on the status of healthcare, EMS, public health, long term care and other functions to the region and the California Department of Public Health. During a disaster PHD/EMS will:

- Conduct an assessment poll of hospitals using ReddiNet™ to determine impact on each facility and their ability to continue operations, and the estimated number of victims they could receive.
- Send messages via CAHAN, phone, email, radio to request a status update from all potentially affected healthcare facilities/agencies and long term care providers to assure all are aware of the event.
- Provide information to healthcare partners such as evacuation warnings/orders, the medical and health implications, the level of activation of the Department Operations Center, and contact information for reporting status/requesting resources.
- Determine which facilities/agencies can provide assistance to the affected agencies, populations, or facilities.
- Determine and request transport, such as ambulances or buses to evacuate SNF or other affected individuals or facilities/patients with medical or other need for specialized transport.
- Set up and operate in coordination with partners any necessary disaster field operations such as medical evacuations, field treatment sites, or medical shelters.

Information Sharing and Reporting Status during a Disaster

During a disaster the PHD Department Operations Center staff will request information from healthcare, long term care facilities, and agencies regarding their status and the status of their clients. The MHOAC will provide this information to regional and state agencies. The PHD uses this information to determine the ability of the healthcare system to function

after a disaster and the need to provide shelters for displaced persons or long term care residents or other field operations.

- The process to request, collect, and compile this information is practiced every year during the November healthcare partner exercise. Coalition partners will use phone, fax, email, radio, runners, and satellite phones to communicate with the PHD DOC

Ordering Resources During a Disaster

Medical resources needed during a disaster that cannot be obtained through vendors can be requested from the Public Health Department's Operations Center.

- The process to request resources is detailed in the disaster plan insert in Appendices D,E,F,G.
- If resources are needed from outside the county the PHD will make requests via the Regional Disaster Medical Health Operational Area personnel in compliance with the procedures outlined in the California Department of Public Health and Medical Emergency Operations Manual.

Role of Hospitals

Operational Guidelines

The primary goal for hospitals is to maintain operations and increase capacity and potentially capability. This is done in order to preserve the life and safety of existing patients, victims of the event/emergency and ensure appropriate healthcare delivery to the community.

During a response to an event/emergency, hospitals will activate their surge plans to create additional capacity within their facility. Typically they will activate their Hospital Command Center and work collaboratively with the Emergency Medical Services Agency to accept and treat persons that are ill or injured as a result of the event/emergency.

Communication/Information Sharing

Following an event/emergency, hospitals will respond to the ReddiNET polls sent out by the Emergency Medical Services Agency. The initial poll will be tailored to the specific event and will be used to determine the number and category (immediate, delayed and minor) of victims each hospital has the capacity to receive, the number and types of inpatient beds that are available in each hospital (Hospital Bed Availability), and any impact to the hospital's infrastructure depending on the event.

Disaster Resources

If a hospital identifies resource needs that cannot be filled through their normal day-to-day processes they should utilize their own disaster caches. If the need still exists they can contact the PHD DOC/EMSA for medical resources and their city Emergency Operations Center for non-medical resources (e.g. potable water, portable lighting). Appendix J has resource requests forms that should be signed by the requesting hospital.

Role of Clinics/Outpatient Providers

A disaster plan insert for Clinic/Outpatient providers detailing communication and disaster operations expectations is in Appendix E.

Operational Guidelines

The primary goal for clinics/outpatient providers following an event/emergency is to maintain operations and continue to provide care to their current patients. If needed during a disaster clinics/outpatient providers may be asked to expand

operations. This includes extending hours of operation to accept the lower acuity patients to relieve stress on acute care hospitals or provide care for patients whose providers are not able to function.

Clinics/outpatient providers are an integral part of the patient treatment options during a disaster. Patients will present where they typically receive care and may not be aware that all services are not available at all medical facilities. Clinics/outpatient providers and hospitals must work together to ensure that patients are treated or triaged to the most appropriate service provider. Clinics/outpatient providers may find they are not able to transfer all of the patients they normally transfer to hospitals during an event/emergency and may need to provide the best care possible until such transfer is available.

Communication/Information Sharing

Following an event/emergency, clinics/outpatient providers will be asked for their status by the PHD DOC.

Clinics/outpatient providers should make an immediate report if they are unable to operate or have urgent resource requests. Status Report Form can be found in Appendix I.

The clinic/outpatient provider should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the Public Health Department. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phone, runners, pre-established reporting locations, or any other means.

Disaster Resources

If a clinic identifies resource needs that cannot be filled through their normal day-to-day processes they should utilize their own disaster caches. If the need still exists they can then contact the PHD DOC with a resource request using the PHD DOC resource request form. Their city Emergency Operations Center should be contacted for non-medical resources (e.g. potable water, portable lighting). Appendix J has resource requests forms that should be signed by the requesting outpatient facility.

Role of Ambulatory Surgery Centers

Please see section above for Clinic/Outpatient Providers.

Role of Skilled Nursing Facilities and Long Term Care Facilities

A disaster plan insert is available for SNF/LTC facilities detailing communication with the PHD/EMSA and disaster operations expectations. This insert is in Appendix D.

Operational Guidelines

The primary goal for skilled nursing and other long term care facilities following an event/emergency is to maintain operations and continue to provide care to their residents. When an emergency event impacts or is threatening to impact a skilled nursing facility, the Public Health Department/EMSA should be notified. The Public Health Department will coordinate with the Long Term Care Ombudsman to communicate and determine the status of the SNF and advise on any potential action in relationship to the event, receive SNF reports on plans to safeguard their residents, and resource requests. Facilities may also have an obligation to report any occurrence that threatens the welfare, safety, or health of patients/residents to the appropriate licensing facility.

Based on the event/emergency, if residents must be evacuated they should:

- First consider moving the residents to other skilled nursing facilities. **[H&S 1336.3(b)]**.
- The next option would be for the resident to stay with family.

- The final option would be to move the residents to a public shelter location. Evacuation to a shelter will require sending staff to provide care and assistance to their residents at the shelter site.

If evacuation of the skilled nursing/LTC facility is warranted, the expectation is that the facilities will have identified their relocation site ahead of time and evacuate residents according to an established and practiced evacuation plan. If needed, the PHD Department Operations Center staff will assist with the identification of available SNF/LTC beds for displaced residents, transportation resources, and establish a medical shelter.

During disasters the impacted or receiving facilities may need to house patients in alternative areas or in numbers exceeding their licensed capacity. L&C may grant healthcare facilities temporary permission to exceed their licensed bed capacity and/or to house residents in areas that have not previously been approved for patient care in a justified emergency [CCR T22 §72607(a)(b), §76609(a)(b) & §76936 (a)(b), §73609(a) 7 (c)].

To obtain permission for SNF's to exceed licensed capacity, contact the L&C district office administrator or their designee as soon as possible when the threat of evacuation is identified. Once L&C determines that the residents health and safety needs can be reasonably met at the receiving facility, permission will be granted. **Ventura Office: M-F, 9:00 am – 5:00 pm: (805) 604-2926; Toll Free: (800) 547-8267; Fax: (805) 604-2997.** If the emergency occurs outside business hours, contact the OES Warning Center at (916) 845-8911 and ask for the CDPH Duty Officer who will in turn put you in touch with L&C staff.

Residential Care Facilities for the Elderly's (RCFE) or other facilities licensed by Community Care Licensing should contact the regional offices: Goleta (805) 562-0400 OR Woodland Hills: (818) 596-4334; FAX: (818) 596-4376

Communication/Information Sharing

Following an event/emergency, SNF/LTC providers will be asked for their status by the Santa Barbara PHD DOC. SNF/LTC providers should make an immediate report if they are unable to operate or have urgent resource requests. Status Report Form can be found in Appendix I.

SNF/LTC providers should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the Santa Barbara County Public Health Department. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phone, runners, pre-established reporting locations, or any other means.

Disaster Resources

If a SNF/LTC facility identifies resource needs that cannot be filled through their normal day-to-day processes they should utilize their own disaster caches. If the need still exists they can then contact the PHD DOC with a resource request using the PHD DOC resource request form. Their city Emergency Operations Center should be contacted for non-medical resources (e.g. potable water, portable lighting). Appendix J has resource requests forms that should be signed by the requesting outpatient facility.

Role of Dialysis Centers

A disaster plan insert for Clinic/Outpatient providers detailing communication PHD/EMSA and disaster operations expectations is in Appendix E.

Operational Guidelines

The primary goal for dialysis centers following an event/emergency is to maintain operations and continue to provide dialysis treatments to its clients and support other dialysis centers that are impacted by the event/emergency by providing services to their clients.

Following an event/emergency, dialysis providers will be asked for their status by the PHD DOC. Dialysis providers should make an immediate report if they are unable to fully operate or have urgent resource requests. Status Report Form can be found in Appendix H.

An assessment of electrical and water utility availability and quality is necessary to determine the need for assistance. When an emergency event impacts or is threatening to impact a dialysis facility, the EMS/Public Health Department should be notified. If the dialysis provider is experiencing difficulty in contacting their utility providers then Public Health Department/EMSA should be contacted to facilitate communication.

The End Stage Renal Disease Network 18 may be available to the dialysis center to assist in locating dialysis services. Network 18 will work with individual dialysis centers to determine their status in relationship to the event and whether they have any resource needs.

Communication/Information Sharing

Following an event/emergency, dialysis providers will be asked for their status by the PHD DOC. Dialysis providers should make an immediate report if they are unable to operate.

Dialysis providers should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the Public Health Department. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phone, runners, pre-established reporting locations, or any other available means.

Disaster Resources

If a dialysis facility identifies resource needs that cannot be filled through their normal day-to-day processes they should utilize their own disaster caches. If the need still exists they can then contact the PHD DOC with a resource request using the PHD DOC resource request form. Their city Emergency Operations Center should be contacted for non-medical resources (e.g. potable water, portable lighting). If the city cannot be contacted, ask the PHD/EMSA for assistance. Appendix J has resource requests forms that should be signed by the requesting facility.

Role of Home Health and Home Care Agencies

A disaster plan insert which details disaster communication with PHD/EMSA and disaster operations expectations for agencies serving vulnerable populations can be found in Appendix F.

Operational Guidelines

The primary goal for home health/home care agencies following an event/emergency is to maintain operations and continue to provide care to their residents. When an emergency event impacts or is threatening to impact a client's residence, the agency should prepare the resident to shelter in place or evacuate. If there are clients who are in harm's way and cannot be assisted by the agency calls 911 or contact the PHD/EMSA as specified in the disaster plan insert. Evacuation destinations should be planned in advance. In addition, general population shelters operated by the American Red Cross or medical shelters operated by the PHD may be available during disasters.

Communication/Information Sharing

Following an event/emergency, home health and home care agencies may be asked for their status by the PHD DOC. Providers should make an immediate report if they are unable to operate. The Status Report Form can be found in Appendix I.

Agencies may also have an obligation to report any occurrence that threatens the welfare, safety, or health of patients/residents to the appropriate licensing agency.

Home health/home care providers should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the Public Health Department. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phone, runners, pre-established reporting locations, or any other available means.

Role of Emergency Medical Services Provider Agencies

Operational Guidelines

The primary goal for Emergency Medical Services Provider Agencies following an event/emergency is to maintain 9-1-1 response capabilities. In mass casualty events, Emergency Medical Services Providers will work closely with the Emergency Medical Services Agency and following the established policies (Reference No. 519-519.5d) will triage and sort victims, provide pre-hospital treatment and transportation to the identified destination (usually acute care hospitals) for definitive medical care.

Roles and Responsibilities in RECOVERY from Disaster

Role of the Santa Barbara County Public Health Department and Emergency Medical Services Agency

Recovery Plans

Once the immediate response is underway, recovery planning must also be addressed. Recovery activities for the Emergency Medical Services Agency will be focused on financial recovery and documentation to support reimbursement for the services provided in support of the medical response. Appropriate ICS forms should be utilized to document the event to enhance the potential to receive/recover funding from FEMA.

Recovery will also focus on resuming the day-to-day functions of the Emergency Medical Services Agency, as during the initial response the Agency resources (staff) will be focused on coordinating the medical response through the staffing of the Department Operations Center and the County Emergency Operations Center.

Lessons Learned / After-Action Reports

Once the situation is stable, lessons learned critique process should be conducted at affected facilities. If the event required Emergency Management involvement, the EMS Agency would be the coordinating agency for the critique process. Each facility should have guidelines in place to conduct an internal critique process. Sample After-Action Report forms are provided in the *Conducting Drills and Exercises – A Guide for Hospitals* which has been distributed to all participating Hospital Preparedness Program hospitals.

Essential Partner Members in Recovering from Disaster

Once the immediate response is underway, recovery planning must also be addressed. Recovery activities at healthcare facilities will be focused on financial recovery and documentation to support reimbursement for the services provided in support of the medical response. Appropriate ICS forms should be utilized to document the event to enhance the potential to recover funding from FEMA.

Recovery will also focus on resuming the day-to-day functions of the healthcare facility.

Short -Term Recovery

This process takes place at the end of the event and returns the facility to pre-event status as soon as feasible regarding staffing, supplies and equipment, communications, EMS services, facility use, medical records, standards of care and finance.

Intermediate to Long-Term Recovery

This process will assure that all of the above services are *back to normal*. Monitoring of staff, patients, residents, and volunteers will take place over a period of time to watch for signs of stress, illness or needed intervention. Keep in mind that 'normal' may not be as we know it pre-event/emergency.

Healthcare Continuity Planning

All healthcare facilities should have an approved continuity plan. If not, healthcare facilities should have begun the process in developing a draft continuity plan. SB PHD and coalition members will share templates and best practices for continuity of operations plans (COOP).

San Luis Obispo County Healthcare Coalition Member Resources Attachment

Date: Name & Email of person filling out form:

Organization Title:

Organization Address:

Organization Website: Organization Phone:

24/7 Points of Contact

1)
Name:
Title:
Office Phone:
24/7 Phone:
Email:

2)
Name:
Title:
Office Phone:
24/7 Phone:
Email:

Overview of Services Provided

Please provide a brief description of the medical and health services your organization provides.

Material Resources

Please check the box if your organization may be able to offer to the following types of material resources in times of disaster. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Diagnostic Equipment | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Facilities-Conference Room | <input type="checkbox"/> Portable Generators |
| <input type="checkbox"/> Facilities-Kitchen | <input type="checkbox"/> Therapeutic Equipment |
| <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Transportation Vehicles-Buses or vans |
| <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> Treatment Equipment |
| <input type="checkbox"/> Life Support Equipment | <input type="checkbox"/> Other - Please Specify: |
| <input type="checkbox"/> Medical Monitoring Equipment | |

Staff Resources

Please list the number of staff your organization would have available to help in times of disaster

<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Personal and Home Care Aide
<input type="checkbox"/> Bus/Truck Driver	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Phlebotomist
<input type="checkbox"/> Certified Nurse Assistant/Home Health Aide/Med Asst	<input type="checkbox"/> Physician
<input type="checkbox"/> Chaplain	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Child Care Worker	<input type="checkbox"/> Psychiatric Technician
<input type="checkbox"/> Cook/Food Services Worker	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Counselor/Marriage Family Therapist	<input type="checkbox"/> Radiation Therapist
<input type="checkbox"/> Dentist	<input type="checkbox"/> Registered Dietitian
<input type="checkbox"/> Diagnostic Radiologic Technician	<input type="checkbox"/> Registered Nurse/Licensed Vocational Nurse
<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> GIS Specialist	<input type="checkbox"/> Security Guard
<input type="checkbox"/> Hemodialysis Technician	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Information Technology Staff	<input type="checkbox"/> Sonographer
<input type="checkbox"/> Medical Records & Health Info Technologist	<input type="checkbox"/> Translator
<input type="checkbox"/> Midwife	<input type="checkbox"/> Other - Please Specify:
<input type="checkbox"/> Nuclear Medicine Technologist	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> Nurse Practitioner	
<input type="checkbox"/> Occupational Therapist/Physical Therapist	
<input type="checkbox"/> Optometrist/Ophthalmologist	

Thank you for your filling out this form!

Print Form - FAX to 805-788-2715

Or

Submit by Email (phep@co.slo.ca.us)



Elizabeth Merson
Program Manager
County of San Luis Obispo Health Agency
Public Health Emergency Preparedness
2180 Johnson Ave, 2nd Floor, San Luis Obispo, CA 93401
O: (805) 781-1077 M: (805) 440-2229 F: (805) 788-2715