



# Santa Barbara County

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## Disaster Healthcare Partners Coalition GOVERNANCE DOCUMENT 2017

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*For more information about the Santa Barbara County Disaster Healthcare Partners Coalition please visit our [webpage](#). Questions about this document or the coalition can be directed to Stacey Rosenberger: (805) 681-4912 or [stacey.rosenberger@sbcphd.org](mailto:stacey.rosenberger@sbcphd.org)*

## Introduction

### Overview of Santa Barbara County

Santa Barbara County covers over 2,774 square miles, one-third of which is located in the Los Padres National Forest. Bordered on the West and South by the Pacific Ocean, the County has 110 miles of beaches, a little over half being south facing beaches.

The County consists of eight incorporated cities within the County, with estimated populations as of January 1, 2007 as follows: Buellton (4,663), Carpinteria (14,123), Goleta (30,169), Guadalupe (6,397), Lompoc (42,015), Santa Barbara (89,456), Santa Maria (90,333), and Solvang (5,495).

### Overview of Santa Barbara County Healthcare System

The county has one public health agency, the Santa Barbara Public Health Department (PHD) that serves both the unincorporated areas and all of the cities. The Santa Barbara County Emergency Medical Services Agency (EMSA) is a division of the public health department.

The PHD and EMSA work with healthcare and other partners to prepare to respond to healthcare and medically vulnerable population needs during a disaster. This includes the county's 5 acute care hospitals (including a Level 2 and a Level 3 trauma center), 17 skilled nursing facilities, over 300 facilities and agencies that provide long term care, 4 dialysis centers, over 20 clinics, and numerous ambulatory surgery centers, home health, and home care providers, voluntary organizations including American Red Cross, EMS providers, and city and county offices of emergency management.

The Emergency Medical Services Agency functions as the Medical and Health Operational Area Coordinator (MHOAC) and in this role works with the Public Health Department to ensure the development of medical and health disaster plans that address preparedness, response, recovery, and mitigation functions for the medical community. During events/emergencies the Public Health Department is designated to provide for the organization, mobilization, coordination, and direction of medical and health services, both public and private.

The disaster responsibilities and requirements of the Medical and Health Operational Area Coordinator (MHOAC) are contained in the **California Health and Safety Code §1797.153** which states: ***"The medical and health disaster plan shall include preparedness, response, recovery, and mitigation functions in accordance with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code, and, at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:***

<i>1) Assessment of immediate medical needs.</i>	<i>2) Coordination of disaster medical and health resources.</i>	<i>3) Coordination of patient distribution and medical evaluations.</i>
<i>4) Coordination with inpatient and emergency care providers.</i>	<i>5) Coordination of out-of-hospital medical care providers.</i>	<i>6) Coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services</i>
<i>7) Coordination of providers of non-fire based pre-hospital emergency medical services.</i>	<i>8) Coordination of the establishment of temporary field treatment sites.</i>	<i>9) Health surveillance and epidemiological analyses of community health status.</i>
<i>10) Assurance of food safety.</i>	<i>11) Management of exposure to hazardous agents.</i>	<i>12) Provision or coordination of mental health services.</i>
<i>13) Provision of medical and health public information protective action recommendations.</i>	<i>14) Provision or coordination of vector control services.</i>	<i>15) Assurance of drinking water safety.</i>
<i>16) Assurance of the safe management of liquid, solid, and hazardous wastes.</i>	<i>17) Investigation and control of communicable disease.”</i>	

**Santa Barbara Disaster Healthcare Partners Coalition**

To assure collaborative planning and efficient response during a disaster, the Healthcare Partners have worked together for the past 8 years to plan, train, exercise and respond to events that affect healthcare providers and their patients. Partners have responded together to numerous fires and evacuations of long term care facilities, vaccine shortages, and the H1N1 pandemic.

To further the efforts of the Healthcare Partners, a coalition with a defined structure, including formal membership of partners and the establishment of an Emergency Preparedness Advisory Committee and Executive Committee, was implemented in 2013.

The Advisory and Executive Committees includes representatives from healthcare partners, including but not limited to: Hospitals, Community Clinics, Dialysis Centers, Long Term Care, Ambulatory Surgical Centers, Home Health & Hospice, EMS Provider Agencies, American Red Cross, and the Medical Reserve Corps.

## Purpose

The Santa Barbara Disaster Healthcare Partners Coalition is a network of healthcare organizations, government agencies, long term care, and other providers working together to strengthen emergency preparedness, response and recovery. The Coalition works to train all members in the local disaster response system procedures to ensure:

- All healthcare and long term care agencies and facilities develop and exercise effective disaster plans
- Integration and coordination of disaster response operations across the healthcare system to meet the needs of the public during a disaster
- Adequate and collaborative medical surge operations to care for victims of a mass casualty and/or large scale events
- Ability to accurately determine the status of the healthcare system and the safety and location of patients and clients

## Areas of Focus

### Planning

The Coalition will focus on planning efforts to provide the best care for the public during a disaster, through collaboration between healthcare partners and community partners. Planning focus is determined by partners on an annual basis and includes, but is not limited to, the following:

- Conduct specific workgroups or workshops to address how different types of providers (skilled nursing, dialysis, outpatient, home health, hospitals) can care for their patients during and after disasters/emergencies.
  - Evacuation and shelter in place plans for long term care facilities
  - Response to infectious disease including mass prophylaxis
  - Medical shelter planning with American Red Cross, public health, home health
- Coordinate plans to assure health services are available during and after a disaster, and to increase the capacity of the healthcare system to respond to potential increased demand.
- Collaboration between partners to assure patient care is available through:
  - Sharing of resources and referring patients to alternate providers,
  - Sending staff to an alternate location
  - Extending outpatient hours during events that increase demands for services
  - Partner for disaster operations such as Field Treatment Sites for tent-based outpatient care and medical and general population shelters.

**Training**

The Coalition will focus on providing emergency preparedness training and educational opportunities for pre-hospital, hospital and outpatient healthcare personnel that will respond to a terrorist incident or other public health emergency. Possible training topics include:

- Long term care/home health/clinic disaster plan training
- Disaster Situation Status and Resource Request Training for Healthcare Providers
- Evacuation planning for long term care and outpatient providers
- Hospital Incident Command System (HICS)
- Nursing Home Incident Command System (NHICS)
- Hospital Disaster Management Training (HDMT)
- Mass Casualty Incident—Active shooter
- Medical Shelter, Field Treatment Site, and Mass Prophylaxis
- Other training activities as identified/requested

**Exercises**

Participation in exercises tests disaster plans, communication and coordination of resources. Coalition members are encouraged to participate in exercise Exercising to test disaster plans and coordination of status and resources.

- Yearly exercise with all partners in November. Scenario changes yearly.
- Monthly communication drills for radios/satellite phones
- Quarterly CAHAN drills
- Yearly tabletop for long term care/dialysis/home health providers
- Annual medical shelter or field treatment site exercise
- Multi-casualty incident tabletops and exercises
- Other exercises as proposed by healthcare partner coalition

**Disaster Healthcare Partners Coalition Structure**

The Santa Barbara Public Health Department (PHD) and the Emergency Medical Services Agency (LEMSA) is the convener of the Disaster Healthcare Partners Coalition and works collaboratively with all partners and the city and county emergency personnel to ensure that medical and health preparedness, response, recovery and mitigation activities are carried out.

**Essential Partner Membership** (See Appendix K for a list of all partners)

- A. Hospitals
- B. Outpatient providers including health care centers and community clinics
- C. Santa Barbara Department of Alcohol, Drugs, and Mental Health
- D. Santa Barbara County Sheriff/Coroner
- E. Santa Barbara County and City Offices of Emergency Management
- F. Hospital Association of Southern California
- G. Skilled Nursing Facilities
- H. California Department of Public Health (licensing)
- I. Dialysis Providers (4) and End Stage Renal Disease Network 18
- J. EMS Provider Agencies
- K. Home Health Agencies
- L. Long Term Care Providers/Facilities

**Additional Partnership/Membership**

- A. American Red Cross
- B. Outpatient Surgical Centers
- C. Prison Health
- D. Hospices
- E. AMR and Santa Barbara County Dispatch
- F. Law Enforcement Agencies
- G. Department of Social Services
- H. Tri-County Regional Center
- I. Mental Health Facilities
- J. Maternal and Child Health Programs
- K. Community Service Agencies
- L. Amateur Radio Operators
- M. Community non-profit organizations
- N. Additional partners as determined by the partnership/coalition



## Leadership

The Coalition governance structure is administered by the Santa Barbara County Public Health Department and Emergency Medical Services Agency with an **Advisory Committee** and an **Executive Committee**.

### Advisory Committee

The advisory committee provides organizational and emergency management expertise and has the following duties:

- Provide guidance and direction to prioritize yearly calendar of training and exercise activities
- Review, provide input, and approve the plan for the annual healthcare partners disaster exercise
- Develop, review, and propose improvements for healthcare disaster response plans, policies, and guidelines
- Assess the level of healthcare preparedness within Santa Barbara County
- Make recommendations for additional healthcare preparedness, response and recovery trainings and activities

The Advisory Committee is comprised of a committee chair and committee members who represent hospitals and other healthcare organizations and agencies that are integral in a medical response to events/emergencies.

### *Advisory Committee Membership Terms*

The chair and each advisory committee member will be elected to serve a two year term. Newly elected chair/advisory committee members will shadow a current chair/member for one year before beginning the two year term.

At a minimum the following entities will provide members to serve on the Advisory Committee:

- Hospital representative
- SNF representative
- Office of Emergency Management
- Outpatient representative
- Long term care provider representative
- Public Health Department
- EMS Agency

Representatives from the following public agency and healthcare sectors will also be asked to join the Advisory Committee:

- Specialty service providers (dialysis, prison health, ambulatory surgery centers, home health and hospice care agencies)
- Local law and fire agencies

Representatives from other sectors and/or community based organizations will be asked to attend the advisory committee meetings on an ad-hoc basis.

### **Executive Committee**

The **Executive Committee** is comprised of leaders from hospitals and other healthcare organizations and agencies that are integral in a medical response to events/emergencies. This committee provides oversight to Advisory Committee recommendations and Healthcare Partner Coalition activities. The Executive Committee meets annually. During its meeting the Executive Committee will receive a briefing on coalition activities and be presented with Advisory Committee recommendations for approval.

### **Healthcare Coalition Participation**

The Coalition has various avenues and opportunities for healthcare organizations to participate in preparedness activities, test their capabilities and share best practices.

- Monthly disaster communication drills
- Monthly meetings that rotate throughout the county meeting at hospitals and other healthcare facilities
- Trainings
- Exercises

### **Participation Requirements**

Coalition members that receive funding, equipment, or supplies to support their preparedness activities will enter into formal agreements with Santa Barbara County. These agreements address the receivables and deliverables, including participation in Coalition activities. The agreements also address mutual assistance during response to an event/emergency. Hospital Base Station Agreements and ambulance contracts also specify disaster planning and response requirements for these partners.

All coalition members benefit from the tools, trainings, exercises and expertise that are part of the overall collaboration of the healthcare partners with the goal of improving preparedness for disaster events in the County.

By signing the **Commitment to Participate** in the coalition, members will participate in the following activities to the best of their ability and as appropriate to their facility, agency or organization:

- Attend Disaster Healthcare Partners Coalition meetings in their area/region.
- Participate in disaster/emergency trainings, drills, and exercises appropriate to their facility or agency.
- Participate in the annual healthcare partner disaster exercise and write after action reports with improvement plans for their agency/facility.
- Provide up to date disaster contact information for PHD disaster communication database.
- Complete the vulnerable population facility or agency disaster survey if applicable.
- Provide input and expertise when asked in order to develop or improve disaster response plans for the city or county areas.
- Assure that their facility or agency disaster plans and procedures have written procedures for how to contact and integrate with the Public Health Department and other providers and public agencies during a disaster.

- During disasters, follow the Santa Barbara County Public Health Department operational and communication guidelines appropriate to their agency/facility for response and coordination with Santa Barbara Public Health/Emergency Medical Services as described in the appendices.

All members are requested to document their participation in the Coalition and their coordination of disaster plans by signing the **Commitment to Participate**. This agreement does not supersede or replace any policies and/or procedures of each member's facility, agency, or organization, or any regulatory or licensing policies which may apply.

A copy of the **Commitment to Participate** signature page can be found in Appendix C.

## **Roles and Responsibilities for Preparedness for Each Member**

### **Attend Coalition Meetings and Plan for Disasters**

Coordinated planning for disasters takes place during the monthly meetings. Planning resources, such as sample disaster response templates, are distributed at meetings to assist agencies with their agency/facility specific plans.

### **Location/Administration of Coalition Meetings**

Meeting locations rotate throughout the county in order to facilitate participation. Meetings are held at hospitals, health care facilities, and the Public Health Department. The PHD preparedness program staff draft agendas and coordinate meeting locations and times. Suggestions for agenda items, resource needs, or meeting locations can be directed to staff.

Information on planning is also distributed to all partners via email and includes minutes from meetings, resources, requests for participation in exercises, etc. A record of agendas, meeting minutes, and presentations can be found on the coalition [webpage](#).

### **Participate in Exercises and Training**

Throughout the year, the PHD/EMSA conducts conferences and tabletop with all partners including EMS providers, law, fire, to develop and test emergency response plans and provide training.

- The PHD/LEMSA is the lead in planning the County's participation in the annual Statewide Medical and Health Exercise. This planning involves meetings, planning conferences, training sessions, and table top exercises, culminating in a functional or full scale exercise and followed by an evaluation conference.
- The participation/collaboration of all healthcare coalition participants is required for members that receive preparedness funding and is highly encouraged for all other Coalition participants.
- The exercises support hospitals and other healthcare organizations in meeting accrediting bodies' emergency management requirements, as well as other licensing bodies and/or regulatory requirements related to emergency management.

### **Develop Disaster Caches and Supplies**

Caches of equipment and supplies are maintained by the Public Health Department/EMS at locations across the county in coordination with local jurisdictions. In addition, hospitals have specific caches. Caches should be maintained on an on-going basis to ensure a level of continuous readiness. Deploying caches for disaster response is tested during the annual statewide or other exercises.

### **Coalition Members Preparedness Plans and Emergency Supply Caches**

Coalition participants are strongly encouraged to develop and maintain facility/agency specific preparedness plans. The focus of these plans should be on how to safeguard their clients and continue to provide services following an event/emergency to the population they serve on a daily basis. Additionally, they are encouraged to develop and maintain an emergency supply cache including but not limited to food, water, medical supplies, and pharmaceuticals.

### **Establish Relationships with Your City and Emergency Partners**

The coalition supports the integration of healthcare partners with their local emergency response partners and city emergency operations center. Exercises and trainings are conducted that integrate county, city, fire, and law partners to increase understanding of local resources and response plans and facilitate a coordinated response during a disaster.

All coalition participants are strongly encouraged to engage and establish relationships with their local emergency partners (Fire/EMS Provider Agencies and Law Enforcement), their city's emergency management staff, and other entities that may be needed during an event/emergency, such as utilities, vendors or other support services. These relationships will be invaluable during an event/emergency of any magnitude, particularly as there may be needs (such as water, utilities) outside of the medical and health arena.

### Roles and Responsibilities of Coalition Partners

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Preparedness	<ul style="list-style-type: none"> <li>• Lead disaster planning for health, medical providers</li> <li>• Assure health care system integrated into county, regional disaster plans</li> <li>• Infectious disease response and mass prophylaxis plans</li> <li>• Provide disaster exercises &amp; training</li> <li>• Conduct monthly communication drill</li> <li>• Maintain disaster caches &amp; supplies</li> <li>• Write healthcare system surge plans</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain facility specific emergency plan and train staff</li> <li>• Assure plan is coordinated with city/county partners</li> <li>• Develop disaster caches/supplies</li> <li>• Develop/test evacuation plan</li> <li>• Participate in exercises &amp; training</li> <li>• Attend coalition meetings</li> <li>• Maintain decontamination team and equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain facility specific emergency plan and train staff</li> <li>• Assure plan is coordinated with city/county partners</li> <li>• Develop Disaster caches/supplies</li> <li>• Identify relocation site ahead of time</li> <li>• Participate in exercises &amp; training</li> <li>• Attend coalition meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain facility specific emergency plan and train staff</li> <li>• Assure plan is coordinated with city/county partners</li> <li>• Develop Disaster caches/supplies</li> <li>• Develop/test evacuation plan</li> <li>• Participate in Exercises &amp; Training</li> <li>• Attend Coalition Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain facility specific emergency plan and train staff</li> <li>• Assure plan is coordinated with city/county partners</li> <li>• Develop Disaster caches/supplies</li> <li>• Identify relocation sites ahead of time</li> <li>• Participate in Exercises &amp; Training</li> <li>• Attend Coalition Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain facility specific emergency plan and train staff</li> <li>• Assure plan is coordinated with city/county partners</li> <li>• Develop Disaster caches/supplies</li> <li>• Identify relocation sites for clients/staff ahead of time</li> <li>• Participate in Exercises &amp; Training</li> <li>• Attend Coalition Meetings</li> </ul>

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>• Reports status of healthcare, EMS, public health, LTC and other functions to region and CDPH</li> <li>• Staff County EOC</li> <li>• Activate PHD/EMSA Department Operations Center</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Hospital Command Center and HICS</li> <li>• Provide status reports via ReddiNet</li> <li>• Coordinate operations with PHD/EMSA and field</li> </ul>	<ul style="list-style-type: none"> <li>• Activate emergency response plan and command structure</li> <li>• Maintain operations &amp; continue to provide care for residents</li> <li>• Provide status and coordinate with PHD/EMSA</li> </ul>	<ul style="list-style-type: none"> <li>• Activate emergency response plan and command structure</li> <li>• Maintain operations &amp; continue to provide care to current patients</li> <li>• Provide status and coordinate with PHD/EMSA</li> </ul>	<ul style="list-style-type: none"> <li>• Activate emergency response plan and command structure</li> <li>• Maintain operations &amp; continue to provide care</li> <li>• Provide status and coordinate with PHD/EMSA</li> <li>• Ascertain staff availability (location, mobility, ability to respond)</li> </ul>	<ul style="list-style-type: none"> <li>• Activate emergency response plan and command structure</li> <li>• Maintain operations &amp; continue to provide care for clients</li> <li>• Provide status and coordinate with PHD/EMSA or appropriate agency</li> </ul>
Information Sharing	<ul style="list-style-type: none"> <li>• Conduct assessment poll of hospitals using ReddiNET</li> <li>• Send messages via CAHAN, phone, email, radio to request status</li> <li>• Inform healthcare partners on evacuation warnings/orders</li> <li>• Request status information from partners re status of their clients/facility</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to ReddiNET polls, submit status</li> <li>• Use radios/sat phones for redundant communication</li> <li>• Participate in EMSA/PHD teleconferences</li> <li>• Activate procedures for communicating with staff, clients, and partners</li> <li>• Coordinate public information release with PHD/county.</li> </ul>	<ul style="list-style-type: none"> <li>• Submit Status Report to PHD/EMSA</li> <li>• Assure alternate or redundant communication methods</li> <li>• Activate procedures for communicating with staff, clients, and partners</li> </ul>	<ul style="list-style-type: none"> <li>• Submit Status Report to PHD/EMSA</li> <li>• Assure alternate or redundant communication methods</li> <li>• Activate procedures for communicating with staff, clients, and partners</li> <li>• Coordinate public information release with PHD/county</li> </ul>	<ul style="list-style-type: none"> <li>• Submit Status Report to PHD/EMSA</li> <li>• Assure alternate or redundant communication methods</li> <li>• Activate procedures for communicating with staff, clients, and partners</li> </ul>	<ul style="list-style-type: none"> <li>• Submit Status Report to PHD/EMSA or other agency</li> <li>• Have alternate/redundant communication methods</li> <li>• Activate procedures for communicating with staff, clients, and partners</li> </ul>

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
<b>Response/ Medical Surge</b>	<ul style="list-style-type: none"> <li>• Assess the status of affected healthcare</li> <li>• Request resources from outside of county</li> <li>• Requests transport such as ambulances evacuate SNF or other affected individuals or facilities/patients</li> <li>• Identify available SNF/LTC beds for displaced residents.</li> <li>• Establish medical shelter for evacuees</li> <li>• Set-up &amp; operate necessary disaster field operations i.e.- <i>medical evacuations, field treatment sites, or medical shelters</i></li> <li>• Assess and respond to infectious disease</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Disaster and Surge Plan</li> <li>• Activate call back of staff</li> <li>• Triage and treat a surge of patients</li> <li>• Evacuate all or part of hospital and track patients to receiving facility</li> <li>• Triage patients to appropriate care; maintain ability to care for patients as needed.</li> <li>• Provide decontamination of mobile and immobile patients.</li> <li>• Anticipate persons dependent on electricity</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Disaster Plan</li> <li>• Call back staff and implement surge strategies.</li> <li>• Maintain care for patients during disaster at facility or at evacuation destination.</li> <li>• Take additional patients if requested and able.</li> <li>• Provide shelter for other SNF/assisted living patients in rooms or auditorium type space.</li> <li>• Evacuate all or part of facility.</li> <li>• Track patients to receiving facility.</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Disaster Plan</li> <li>• Call back staff and implement surge strategies.</li> <li>• Extend or expand operations</li> <li>• Extended hours if necessary to relieve stress from hospitals.</li> <li>• Triage patients to appropriate care or continue to care for patients as needed.</li> <li>• Provide staff to assist at PHD/EMS organized field treatment sites.</li> <li>• Move staff or resources to alternate sites if building damaged.</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Disaster Plan</li> <li>• Call back staff and implement surge strategies.</li> <li>• Maintain care for clients as needed during disaster event</li> <li>• Extend offices and field staff hours or other method to care for additional patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Disaster Plan</li> <li>• Call back staff and implement surge strategies.</li> <li>• Maintain care for clients as needed during disaster event.</li> <li>• Provide care or supervision of additional clients if requested.</li> </ul>



	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Fatality Management	Coordinate countywide mass fatality plans with Sheriff Coroner, mortuaries, and vital records.	<ul style="list-style-type: none"> <li>• Maintain a Hospital Mass Fatality Plan or policy for storing decedents from mass fatality events</li> <li>• Maintain fatalities, evidence, &amp; all documentation</li> <li>• Identify &amp; track decedents</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain a Mass Fatality Plan or policy for storing decedents from mass fatality events</li> <li>• Maintain fatalities in secure area if needed.</li> <li>• Coordinate with emergency management to transfer remains.</li> <li>• Identify and track decedents.</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare to maintain fatalities in secure area if needed.</li> <li>• Coordinate with emergency management to transfer remains.</li> <li>• Preserve evidence, and identify and track decedents.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain fatalities in homes if needed.</li> <li>• Coordinate with emergency management to transfer remains.</li> <li>• Identify and track any decedents.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain fatalities if needed.</li> <li>• Coordinate with emergency management to transfer remains.</li> <li>• Identify and track any decedents.</li> </ul>
Responder Health & Safety	<ul style="list-style-type: none"> <li>• Provide guidance on correct PPE, infection control, and mass prophylaxis for health care partners</li> <li>• Maintain a cache of N95 masks</li> <li>• Maintain cache of PAPR's</li> </ul>	<ul style="list-style-type: none"> <li>• Determine hazard and provide appropriate personal protective measures</li> <li>• Provide policy on infection control for patient, staff, and visitors</li> <li>• Act as "closed POD" for mass prophylaxis of staff and families</li> </ul>	<ul style="list-style-type: none"> <li>• Determine hazard and provide appropriate personal protective measures</li> <li>• Provide policy on infection control for patient, staff, and visitors</li> <li>• Act as "closed POD" for mass prophylaxis of staff and clients</li> </ul>	<ul style="list-style-type: none"> <li>• Determine hazard and provide appropriate personal protective measures</li> <li>• Provide policy on infection control for patient, staff, and visitors</li> <li>• Act as "closed POD" for mass prophylaxis of staff</li> </ul>	<ul style="list-style-type: none"> <li>• Determine hazard and provide appropriate personal protective measures</li> <li>• Provide policy on infection control for staff, client, and visitors.</li> <li>• Provide mass prophylaxis to clients/staff</li> </ul>	<ul style="list-style-type: none"> <li>• Determine hazard and provide appropriate personal protective measures</li> <li>• Provide policy on infection control for staff and client</li> <li>• Provide or facilitate mass prophylaxis</li> </ul>

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Volunteer Management	<ul style="list-style-type: none"> <li>• Maintain a trained Medical Reserve Corps</li> <li>• Provide medical volunteers to PHD and partners for disaster operations</li> </ul>	<ul style="list-style-type: none"> <li>• Use pre-credentialed hospital volunteers</li> <li>• Request MRC volunteers through the PHD</li> <li>• Request non-medical volunteer through SB County EOC or VOAD</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize pre-credentialed facility volunteers</li> <li>• Request MRC volunteers through the PHD</li> <li>• Request non-medical volunteer through SB County EOC or VOAD</li> </ul>	<ul style="list-style-type: none"> <li>• Use pre-credentialed agency volunteers</li> <li>• Request MRC volunteers through the PHD</li> <li>• Request non-medical volunteer through SB County EOC or VOAD</li> </ul>	<ul style="list-style-type: none"> <li>• Use pre-credentialed agency volunteers</li> <li>• Request MRC volunteers through the PHD</li> <li>• Request non-medical volunteer through SB County EOC or VOAD</li> </ul>	<ul style="list-style-type: none"> <li>• Use pre-credentialed agency volunteers</li> <li>• Request MRC volunteers through the PHD</li> <li>• Request non-medical volunteer through SBC EOC or VOAD</li> </ul>
Disaster Resources	<ul style="list-style-type: none"> <li>• Receive disaster resource requests from medical/health providers</li> <li>• Source resources in county, region, and state for healthcare partners</li> <li>• Coordinate sharing/distribution of medical resources</li> <li>• Operate medical disaster healthcare warehouse</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfill disaster resource needs through everyday processes</li> <li>• Utilize disaster cache if necessary</li> <li>• Make requests to PHD/EMSA for unmet medical resource needs</li> <li>• For non-medical resource contact city EOC</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfill resource needs through everyday processes</li> <li>• Utilize disaster cache if necessary</li> <li>• Make requests to PHD/EMSA for unmet medical resource needs</li> <li>• For non-medical resource contact city EOC</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfill resource needs through everyday processes</li> <li>• Utilize disaster cache if necessary</li> <li>• Make requests to PHD/EMSA for unmet medical resource needs</li> <li>• For non-medical resource contact city EOC</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfill resource needs through everyday processes</li> <li>• Utilize disaster cache if necessary</li> <li>• Make requests to PHD/EMSA for unmet medical resource needs</li> <li>• For non-medical resource contact city EOC</li> </ul>	<ul style="list-style-type: none"> <li>• Fulfill resource needs through everyday processes</li> <li>• Utilize disaster cache if necessary</li> <li>• Make requests to PHD/EMSA for unmet medical resource needs</li> <li>• For non-medical resource contact city EOC</li> </ul>

	<b>EMSA/PHD</b>	<b>Hospital</b>	<b>Skilled Nursing Facility/ Long Term Care</b>	<b>Healthcare Centers/ Outpatient Providers</b>	<b>Home Health</b>	<b>Other Agencies</b>
<b>Recovery and Business Continuity</b>	<ul style="list-style-type: none"> <li>• Assess healthcare system recovery in county</li> <li>• Activate Continuity of Operations Plan</li> <li>• Assure critical functions continue</li> <li>• Resume day-to-day functions ASAP</li> <li>• Document disaster expenses to assure recovery of costs</li> <li>• Complete After-Action Report</li> </ul>	<ul style="list-style-type: none"> <li>• Develop &amp; maintain a business continuity plan</li> <li>• Focus on critical resuming day-to-day functions</li> <li>• Document disaster expenses to assure recovery of costs</li> <li>• Complete After Action Report and make changes to plan to improve response/recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Develop &amp; maintain a business continuity plan</li> <li>• Focus on resuming day-to-day functions</li> <li>• Document disaster expenses to assure recovery of costs</li> <li>• Complete After Action Report and make changes to plan to improve response/recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Develop &amp; maintain a business continuity plan</li> <li>• Focus on resuming day-to-day functions</li> <li>• Document disaster expenses to assure recovery of costs</li> <li>• Complete After Action Report and make changes to plan to improve response/recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Develop &amp; maintain a continuity plan</li> <li>• Focus on resuming day-to-day functions</li> <li>• Document disaster expenses to assure recovery of costs</li> <li>• Complete After Action Report and make changes to plan to improve response/recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Develop &amp; maintain a continuity plan</li> <li>• Focus on resuming day-to-day functions</li> <li>• Document disaster expenses to assure recovery of costs</li> <li>• Complete After Action Report and make changes to plan to improve response/recovery</li> </ul>

## **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).

## **Appendix A:**

### **Summary of Healthcare Disaster Cache Resources Available for Request/Deployment**

Caches of medical supplies and equipment are held by hospitals in the county and other medical providers. The public health department has caches strategically located throughout the county. These caches support medical shelter operations, field treatment sites, alternated care sites, and all medical providers and facilities that assist in caring for their communities during a disaster.

Since the caches contain materials that have expiration dates and require rotation, Public Health Emergency and Hospital Preparedness staff will use an organizationally appropriate process to manage their inventories and keep inventories up to date whenever fiscally and logistically feasible. Healthcare facilities are expected to rotate or replace expired items in their own caches.

*CHEMPACK:* A cache of medication to treat chemical nerve agent symptoms. These containers are stocked with Atropine, 2-PAM Chloride and Valium, both in auto-injectors and multi-dose vials.

*Ventilators:* Twenty-seven (27) full size ventilators which are suitable for adult and pediatric cases.

*Alternate Care Site/Field Treatment Supply Cache:* Tents, generators, cots, patient care supplies, and over 1000 pounds of medical and surgical supplies such as bandages, scalpels, surgical gloves, catheters, syringes, endotracheal tubes, stethoscopes, etc.

*Medical Shelter Caches:* Includes cots, disposable sheets, blankets, pillows, and personal care items, generators, refrigerators, walkers, commodes, wheelchairs, medical supplies.

*Hospital Surge Cache Equipment:* An assortment of equipment to establish surge capacity patient care including tents, cots, heaters, lighting, HEPA air scrubbers, CBRNE PAPR's, personal protective equipment, decontamination tents, and patient evacuation equipment.

*Respiratory Protection Cache:* Personal protective equipment including N-95 and surgical masks, HEPA PAPR's, gowns, gloves, booties.

## Appendix B

### Definitions/Acronyms

<b>LEMSA</b>	Local Emergency Medical Services Agency
<b>MHOAC</b>	Medical Health Operational Area Coordinator
<b>RDMHC</b>	Regional Disaster Medical & Health Specialist
<b>PHD DOC</b>	Santa Barbara Public Health Department Operations Center
<b>EMSA</b>	Santa Barbara County Emergency Medical Services Agency
<b>SNF</b>	Skilled Nursing Facility
<b>LTC</b>	Long Term Care (non-medical residential facilities for elderly or other populations)
<b>RCFE</b>	Residential Care Facilities for the Elderly

**Appendix C:**

**Santa Barbara County  
Disaster Healthcare Partners Coalition  
Commitment to Participate  
Signature Page**

To assure collaborative planning and efficient response during a disaster, the Disaster Healthcare Partners, a coalition with a defined structure, including formal membership of partners and the establishment of an Emergency Preparedness Advisory Committee and Executive Committee, was implemented in Santa Barbara County in 2013.

\_\_\_\_\_  
*(organization's name)*

will participate as an official member of the Santa Barbara County Disaster Healthcare Partnership Coalition.

By signing below I acknowledge that I have read the Disaster Health Partners Coalition Governance Document and that our organization agrees to participate in the coalition according to the bylaws and responsibilities established in the Santa Barbara County Disaster Healthcare Partners Coalition Document.

\_\_\_\_\_  
Organization's Executive Signature     /     Name and Title printed     /     Date

\_\_\_\_\_  
Organization's Disaster Coordinator Signature     /Name and Title Printed/     Date

## Appendix D:

### Emergency and Disaster Communication and Operational Expectations for Facilities Serving Medically Fragile/Vulnerable Individuals

*Please insert this document into your disaster plan.*

Important Contacts		
Public Health Department Disease Control Program- <i>24/7 Disease Reports</i>	(805) 681-5280	
Public Health Department/EMSA- MHOAC	(805) 681-5274	<i>Work Days</i>
After Hours County Dispatch	(805) 692-5722	<i>Ask for the EMS duty officer</i>
Public Health DOC- Operations Section	(805) 696-1106 or (805) 696-1109 <a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a>	

### 1. Communication

#### 1.1. Communication of reportable diseases and conditions 24/7:

Call the **Public Health Department Disease Control Program at (805) 681-5280**. After hours ask to speak to the health officer or disease control staff on-call.

#### 1.2. Communication during a disaster:

- The Santa Barbara Public Health Department will open its Department Operation Center (DOC) during a disaster or emergency. The DOC serves to centralize communication, data collection, and response operations.
- The DOC is located in Santa Barbara at **300 San Antonio Road, Building 1**. Alternate locations for the DOC may be established if damaged or evacuated.
- Facilities who house medically fragile/vulnerable populations should communicate their status and urgent resource requests via the **Operations Section of the Public Health DOC at (805) 696-1106 or 696-1109**.
- If your facility has **safely evacuated or is reporting non-urgent general status please email the Public Health DOC at [operations.medicalbranch@sbcphd.org](mailto:operations.medicalbranch@sbcphd.org)**. If evacuated please include a list of all clients and their location(s).
- *If the DOC is not established the Medical and Health Operational Area Coordinator (MHOAC) of PHD/EMSA can be reached by calling (805)681-5274 or call County dispatch at (805) 692-5722 and ask for the EMS duty officer.*
- If you have an emergency always dial 911. If communications are not working listen to the radio for instructions or go to your local fire or police department where radio communication may be available.

### 2. Disaster Planning Expectations for Facilities caring for Medically Fragile/Vulnerable Populations

#### 2.1. Provide information for the Vulnerable Populations Facility Database and Map

- 2.1.1. Complete the disaster survey and update information yearly as requested by PHD/EMS.

- 2.2. Update your disaster plan every year. This includes all items in the disaster survey: memorandum of understanding with at least one like facility for evacuation, full evacuation plan, identify type of transport needs for clients, maintain 72 hours of essential food/water, etc.
- 2.3. Participate in disaster exercises with PHD/EMSA and healthcare partners

### 3. Operational Expectations for Your Facility During Disasters:

3.1. **Report your status to the Public Health DOC as requested.** Be ready to report verbally and complete PHD written **status form** and **resource request form** with following information for your facility/clients:

- Are you open, closed, evacuated, relocated
- Do you need assistance to evacuate? What is your current census? How many and what type of vehicles will be needed?
- Number of patients you can house per day and number of available beds.
- Resource shortages and resource requests for personnel, medical supplies, etc. to care for existing or additional patients/residents from other facilities.
- Resources that you have available to share with other medical facilities.  
(supplies/staff/vehicles/services)
- Are you providing or planning to provide for your patients in a shelter or other evacuation location?

#### 3.2. Evacuations

- Be prepared to move patients during “Evacuation Warning” period. Do not wait till the “Evacuation Order” is given.
- Large facilities and SNF’s may be able to shelter in place in consultation with EMS/Fire. However, do not plan to shelter in place.
- Use your evacuation plan and checklists.
- Contact other facilities to arrange for available transport or evacuation destination. EMS may not always be available.
- Request assistance early from PHD/EMS for needed transportation to the evacuation location.
- Use the following colors for **evacuation wristbands**: Red: allergy; Yellow: fall risk; Purple: DNR; Blue: dementia or cognitive impairment
- Provide PHD/EMS with the evacuation destination address (facility, hotel, shelter, medical shelter) and your facility 24/7 manager contact number.
- Track your patients/residents and provide a list of all patients and their destinations to PHD/EMS.

3.3. **Maintain care** for your clients/patients at your facility or at the evacuation site. Provide patient care as appropriate, and maintain operations to the extent possible, in the evacuation location with your available personnel and resources.

**If you cannot maintain care for your clients/patients inform the Santa Barbara Public Health Department via telephone or by asking EMS personnel or other public official to inform the Public Health Department.**

**Appendix E:**

**Emergency and Disaster Communication and Operational Expectations  
for Clinic and Outpatient Providers**

<b>Important Contacts</b>	
Public Health Department Disease Control Program- <i>24/7 Disease Reports</i>	(805) 681-5280
PHD/EMSA- MHOAC	(805)681-5274 <i>Work Days</i>
After Hours County Dispatch	(805) 692-5722 <i>ask for the EMS duty officer</i>
Public Health DOC- Operations Section	(805) 696-1106 or (805) 696-1109 <a href="mailto:operations.medicalbranch@sbcphd.org">operations.medicalbranch@sbcphd.org</a>

**4. Communication**

**4.1. Communication of reportable diseases and conditions 24/7:**

Call the **Public Health Department Disease Control Program at (805) 681-5280**. After hours ask to speak to the health officer or disease control staff on-call.

**4.2. Communication during a disaster:**

- The Santa Barbara Public Health Department will open its Department Operation Center (DOC) during a disaster or emergency. The DOC serves to centralize communication, data collection, and response operations.
- The DOC is located at **300 San Antonio Road, Building 1**. Alternate locations for the DOC may be established if the building is damaged or evacuated.
- Clinics and outpatient providers should communicate their status and urgent resource requests via the **Operations Section of the Public Health DOC at (805) 696-1106 or 696-1109**.
- If your facility is reporting **non-urgent status please email a status report form to the Public Health DOC at [operations.medicalbranch@sbcphd.org](mailto:operations.medicalbranch@sbcphd.org)**.
- ***If the DOC is not established the Medical and Health Operational Area Coordinator (MHOAC) of PHD/EMSA can be reached by calling (805)681-5274 or call County dispatch at (805) 692-5722 and ask for the EMS duty officer.***
- If you have an emergency always dial 911. If communications are not working listen to the radio for instructions or go to your local fire or police department where radio communication may be available

**5. Disaster Planning Expectations for Outpatient Facilities**

- 5.1. Provide 24/7 disaster contact information to the PHD/EMSA
- 5.2. Provide a copy of your disaster plan for PHD/EMSA review and assure that your plan is consistent with the PHD/EMSA, county and city plans.



- 5.3. Update your disaster plan every year and train and exercise with your staff. This includes: evacuation and shelter in place with clients, disaster call-down and communication, staff reporting expectations, medical surge types of operations, maintain disaster medical and food/water supplies, generator training.
- 5.4. Participate in disaster exercises with PHD/EMSA and healthcare partners

**6. Operational Expectations for Clinics or Outpatient Providers During Disasters/Disease Outbreaks:**

- 6.1. Inform the Public Health Department immediately of any increase in patient load beyond capacity or beyond level of care.
- 6.2. **Report your status to the Public Health DOC.** Be ready to report verbally and complete PHD written **status form** and **resource request form** with following information for your facility/clients:
  - Are you open, closed, evacuated, relocated
  - Do you need assistance to evacuate? Can additional patients be directed to your facility for care?
  - Number of patients you can treat per day and the wait time.
  - Resource shortages and resource requests for personnel, medical supplies, etc. to care for existing or additional patients
  - Resources that you have available to share with other medical facilities.  
(supplies/staff/vehicles/services)
  - Resources available to share with other medical facilities.
- 6.3. Consult with public health regarding appropriate triage and disposition of patients to alternate facilities.
- 6.4. Provide patient care as appropriate and maintain operations to the extent possible with available personnel and resources.
- 6.5. Provide a 24/7 emergency contact number to be used to contact your facility during the disaster.

**Appendix F:**

**Emergency and Disaster Communication and Operational Expectations  
for Agencies Serving Medically Fragile/Vulnerable Individuals**

*Please insert this document into your disaster plan.*

<b>Important Contacts</b>	
Public Health Department Disease Control Program- <i>24/7 Disease Reports</i>	(805) 681-5280
Public Health Department/EMSA- MHOAC	(805) 681-5274 <i>Work Days</i>
After Hours County Dispatch	(805) 692-5722 <i>Ask for the EMS duty officer</i>
Public Health DOC- Operations Section	(805) 696-1106 or (805) 696-1109 <a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a>

**7. Communication**

**7.1. Communication of reportable diseases and conditions 24/7:**

**Call the Public Health Department Disease Control Program at (805) 681-5280.** After hours ask to speak to the health officer or disease control staff on-call.

**7.2. Communication during a disaster:**

- The Santa Barbara Public Health Department will open its Department Operation Center (DOC) during a disaster or emergency. The DOC serves to centralize communication, data collection, and response operations..
- The DOC is located in Santa Barbara at **300 San Antonio Road, Building 1**. Alternate locations for the DOC may be established if damaged or evacuated.
- Agencies who provide care for medically fragile/vulnerable populations should communicate their status and urgent resource requests via the **Operations Section of the Public Health DOC at (805) 696-1106 or 696-1109.**
- If your clients have safely **evacuated or is reporting non-urgent general status please email the Public Health DOC at [operations.medicalbranch@sbcphd.org](mailto:operations.medicalbranch@sbcphd.org)** If evacuated please include a list of all clients and their location(s).
- *If the DOC is not established the Medical and Health Operational Area Coordinator (MHOAC) for Public Health/EMS can be reached by calling (805)681-5274 or call county dispatch (805) 692-5722 and ask for the EMS duty officer.*
- If you have an emergency always dial 911. If communications are not working listen to the radio for instructions or go to your local fire or police department where radio communication may be available.

**8. Disaster Planning Expectations for Home Health and other agencies caring for Medically Fragile/Vulnerable Populations**

- 8.1. Complete a PHD/EMS disaster survey with information for the Vulnerable Populations Facility Database
  - 8.1.1. Contact PHD/EMS to update the disaster survey information yearly
- 8.2. Update your disaster plan every year. This includes all items in the disaster survey: your evacuation destinations, tracking/triage for clients, MOU with a like agency, transport needs for clients and keeping 72 hours of essentials for clients and staff.
- 8.3. Participate in disaster exercises with PHD/EMSA and healthcare partners.

## 9. Operational Expectations for Your Agency During Disasters:

- 9.1. **Report your agency and client status to the Public Health DOC as requested.** Be ready to report verbally and complete PHD written **status form** and **resource request form** with following indicators for your agency/clients:
  - Is your agency open, closed, evacuated, relocated?
  - Have you identified your clients who need assistance (evacuated or sheltering in place)?
  - Have you evacuated clients or do you need assistance to do so?
  - Have you tracked your clients in shelters or other evacuation location? Are you providing their care?
  - Do you have a resource shortages such as personnel, medical supplies, water, or other items to care for existing or additional patients?
  - Do you have resources available to share with other medical facilities/agencies (supplies/staff/vehicles/services)?

### 9.2. Evacuations

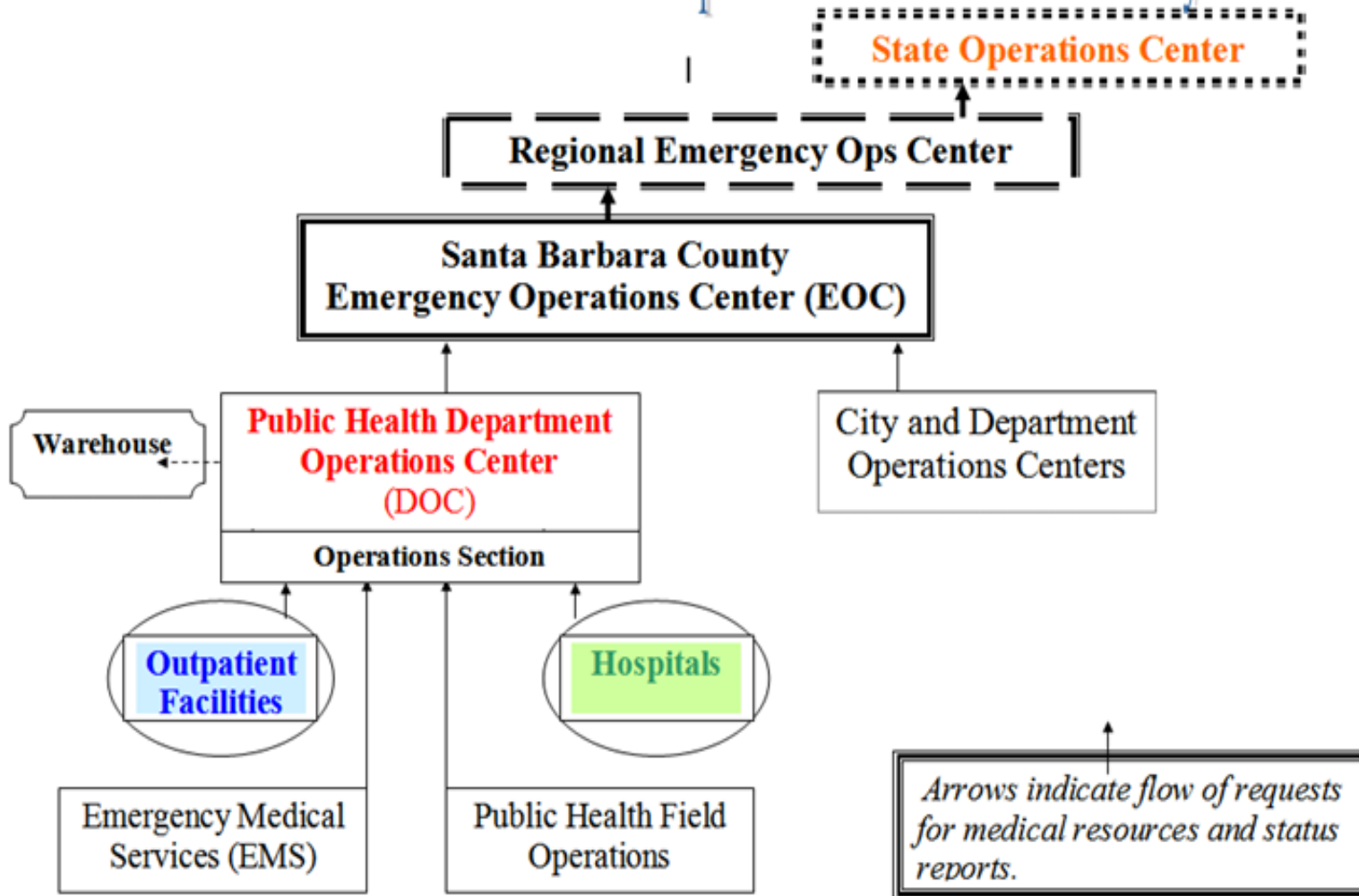
- Be prepared to move your clients during “Evacuation Warning” period. Do not wait till the “Evacuation Order” is given to prepare your clients.
- Use the following colors for evacuation wristbands: Red: allergy, Yellow: fall risk; Purple: DNR; Blue: dementia or cognitive impairment
- Provide PHD/EMS with the evacuation destination address (facility, hotel, shelter, medical shelter) and 24/7 manager contact number.
- Track your patients/clients and provide a list of all patients and their evacuation destinations to PHD/EMS.

- 9.3. **Maintain care** for your clients/patients at their home or at the evacuation site. Provide patient care as appropriate, and maintain operations to the extent possible, with your available personnel and resources.

**If you cannot maintain care for your clients/patients inform the Santa Barbara Public Health Department via telephone or by asking EMS personnel or other public official to inform the Public Health Department.**

Appendix G

# Public Health & Medical Disaster Operations in Santa Barbara County



## Appendix H: Status Report Forms

<b>DIALYSIS CENTER STATUS REPORT</b> <i>(Dialysis centers give this information to the PHD Department Operation Center)</i>			
Facility Name:	Incident Name:	Report Date:	Report Time:
Prepared By (Name):	Position:	Facility Contact Number:	Fax:
Email:		Address:	
Status: <input type="checkbox"/> Open-Full Function <input type="checkbox"/> Open- Limited Function <input type="checkbox"/> Closed Reopen on _____ <input type="checkbox"/> Closed Building Damaged <input type="checkbox"/> Closed and Red-Tagged			
Functioning?    Water <input type="checkbox"/> Yes <input type="checkbox"/> No                      Gas <input type="checkbox"/> Yes <input type="checkbox"/> No                      Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contacted ESRD 18? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Time?			
Please describe services & limits (e.g. staff, utility, resources, services, hours or facility):			
# Dialysis capacity per day:		Current patients per day?	
Infectious Disease Events	Have you implemented infectious disease screening for patients and staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of patients and staff with ( disease ) symptoms:  Do you have appropriate PPE for staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supply Shortage	Are you running low on any critical supply items? <input type="checkbox"/> Yes <input type="checkbox"/> No, but anticipate shortage within 24 hours <input type="checkbox"/> No		
	Low Supply Items (Name & Brief Description):		
	Approximately how long until items run out?		
Running Short on Personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type/number needed?	
Message Needed to Be Sent Via Public Information:			
Patients referred to alternate facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Facility Name/Address:	
<b>Objectives for 24 hours:</b> <i>(obtain critical resources to continue care, method to locate alternate care for patients, method to provide pharmaceuticals, prepare to assure safety of building/water/utilities before resuming operations etc)</i>			
1.			
2.			
<b>Objectives for 48 hours:</b>			
1.			
2.			

**PHD Health Care Center DISASTER STATUS REPORT**

*(PHD HCC's please send this report to the PHD Department Operation Center)*

PHD HCC Facility Name:		Facility Contact: Report Prepared By:
Phone Number:	Fax:	Email:
Incident Name:	Report Date:	Report Time:
Status: <input type="checkbox"/> Open-Full Function <input type="checkbox"/> Open- Limited Function <input type="checkbox"/> Closed Reopen on _____ <input type="checkbox"/> Closed Building Damaged <input type="checkbox"/> Closed and Red-Tagged		

Please briefly describe the current capacity of your facility to serve your patients:

Are you experiencing higher than normal patient volume?  Yes  No

What percentage higher volume?

How many patients today met the case definition for \_\_\_\_\_(infectious disease) ?

How many staff today met the case definition for \_\_\_\_\_(infectious disease) ?

How many patients is your facility currently serving on daily basis?

Can you accept additional patients? If yes, how many immediately: \_\_\_\_\_ per day?

Can we refer appropriate patients to your facility during this disaster/event?  Yes  No

(Please indicate on the next page any resources you need to continue or increase your services.)

What types of care can you provide (include specialty services):

Are you providing care to disaster/event victims?  Yes  No Approximate number:

Please describe any services you are providing related to the disaster or event:

Do you have patients in your facility that need a higher level of care?  Yes  No

What is the approximate wait time at your facility currently?

Less than 30 mins  30 mins to 1 hour  1 hour to 2 hours  2 hours to 3 hours  4 hours or more

If you marked "Open-Limited Function" as your status, please describe your limits (e.g. staff, resources, utilities, services, hours) below:

Are you running low on any critical supply items?  YES  No, but anticipate shortage within 24 hours

No  
Have you contacted your local City to request assistance with non-medical items?  YES  No

Please list: \_\_\_\_\_

Medical items: Please list the critical supply items, the approximate quantity remaining for each item, and about how long it will take for the item to be expended:

Complete a separate RESOURCE REQUEST FORM if you cannot obtain resources from your vendors.

1. Item Name/Description:	QTY Remaining:	Time Until Expended:
2. Item Name/Description:	QTY Remaining:	Time Until Expended:
3. Item Name/Description:	QTY Remaining:	Time Until Expended:

Additional Comments or Explanation:

Are you currently short-staffed?  YES  No, but anticipate shortage within 24 hours  No

Number of staff employed daily at HCC site \_\_\_\_\_.

Number of staff at work yesterday \_\_\_\_\_.

Number of staff at work today \_\_\_\_\_.

If yes or if you anticipate a shortage within 24 hours, please list the positions you need below.

**In addition you need to complete a Personnel Resource Request Form to request staff via the Public Health Department Operations Center:**

1. Personnel Title/Description:	QTY Needed:
2. Personnel Title/Description:	QTY Needed:
3. Personnel Title/Description:	QTY Needed:

Additional Comments or Explanation:

Please describe the status of your pharmacy (if applicable):

**PUBLIC INFORMATION ASSISTANCE:** Please list any information that you would like to be distributed to the media for communication to your patients or the general public regarding your services (number to call, cancelled appointments, closed locations, alternate locations for care or pharmaceuticals, etc.). The PHD or County EOC will provide this information to the media.

Your Facility's Objectives for Next 24 hours (*obtain critical resources to continue care, method to locate alternate care for patients, method to provide pharmaceuticals, prepare to assure safety of building/water/utilities for before resuming operations, etc*):

1.

2.

3.

**OUTPATIENT PROVIDER DISASTER STATUS REPORT**

*(Outpatient providers give this information to the PHD Department Operation Center)*

Outpatient Facility Name:		Facility Contact: Report Prepared By:
Phone Number:	Fax:	Email:
Incident Name:	Report Date:	Report Time:
Status: <input type="checkbox"/> Open-Full Function <input type="checkbox"/> Open- Limited Function <input type="checkbox"/> Closed Reopen on _____ <input type="checkbox"/> Closed Building Damaged <input type="checkbox"/> Closed and Red-Tagged		

Please briefly describe the current capacity of your facility to serve your patients:

Are you experiencing higher than normal patient volume?  Yes  No  
 What percentage higher volume?

How many patients today met the case definition for \_\_\_\_\_(infectious disease) ?

How many staff today met the case definition for \_\_\_\_\_(infectious disease) ?

How many patients is your facility currently serving on daily basis?  
 Can you accept additional patients? If yes, how many immediately: \_\_\_\_\_ per day?

Can we refer appropriate patients to your facility during this disaster/event?  Yes  No  
 (Please indicate on the next page any resources you need to continue or increase your services.)

What types of care can you provide (include specialty services):

Are you providing care to disaster/event victims?  Yes  No Approximate number:

Please describe any services you are providing related to the disaster or event:

Do you have patients in your facility that need a higher level of care?  Yes  No

What is the approximate wait time at your facility currently?

Less than 30 mins     30 mins to 1 hour     1 hour to 2 hours     2 hours to 3 hours     4 hours or more

If you marked "Open-Limited Function" as your status, please describe your limits (e.g. staff, resources, utilities, services, hours) below:

Are you running low on any critical supply items?  YES  No, but anticipate shortage within 24 hours  No  
 Have you contacted your local City to request assistance with non-medical items?  YES  No  
 Please list: \_\_\_\_\_

Medical items: Please list the critical supply items, the approximate quantity remaining for each item, and about how long it will take for the item to be expended:



**Complete a separate RESOURCE REQUEST FORM if you cannot obtain resources from your vendors.**

1. Item Name/Description:	QTY Remaining:	Time Until Expended:
2. Item Name/Description:	QTY Remaining:	Time Until Expended:
3. Item Name/Description:	QTY Remaining:	Time Until Expended:

Additional Comments or Explanation:

Are you currently short-staffed?  YES  No, but anticipate shortage within 24 hours  No

If yes or if you anticipate a shortage within 24 hours, please list the positions and the quantities you are/will be understaffed below

**If you need additional staff, you may make arrangements with other facilities to share staff or complete a ResourceRequest Form to request staff via the Public Health Department Operations Center:**

1. Personnel Title/Description:	QTY Needed:
2. Personnel Title/Description:	QTY Needed:
3. Personnel Title/Description:	QTY Needed:

Additional Comments or Explanation:

Please describe the status of your pharmacy (if applicable):

**PUBLIC INFORMATION ASSISTANCE:** Please list any information that you would like to be distributed to the media for communication to your patients or the general public regarding your services (number to call, cancelled appointments, closed locations, alternate locations for care or pharmaceuticals, etc.). The PHD or County EOC will provide this information to the media.

Your Facility's Objectives for Next 24 hours (*obtain critical resources to continue care, method to locate alternate care for patients, method to provide pharmaceuticals, prepare to assure safety of building/water/utilities for before resuming operations, etc*):

- 4.
- 5.
- 6.

**HOME HEALTH AGENCY DISASTER STATUS REPORT**

*Home health providers give this information to the PHD Department Operations Center*

<b>Agency Name:</b>		<b>Facility Contact:</b>
		Report Prepared By:
<b>Phone Number:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Incident Name:</b>	<b>Report Date:</b>	<b>Report Time:</b>
<b>Status:</b> <input type="checkbox"/> Open-Full Function <input type="checkbox"/> Open- Limited Function <input type="checkbox"/> Closed Reopen on _____ <input type="checkbox"/> Closed Building Damaged <input type="checkbox"/> Closed and Red-Tagged		

Please briefly describe the current capacity of your agency to serve your patients:

How many patients is your agency currently serving on daily basis?

Can you accept additional patients?                      If yes, how many immediately:                      per day?

Do you have patients that you are unable to assess due to the disaster?                       Yes     No

If there critical needs for a status check please what resources do you need to conduct the check? \_\_\_\_\_

Can you provide staff to assist your own clients or other victims at a shelter?                       Yes     No

Can we refer appropriate patients to your agency for home care during this disaster/event?     Yes     No  
 (Please indicate on the next page any resources you need to continue or increase your services.)

How many patients today met the case definition for \_\_\_\_\_(infectious disease)                      ?

How many staff today met the case definition for \_\_\_\_\_(infectious disease)                      ?

What types of care can you provide (include specialty services):

Are you providing care to disaster/event victims?     Yes     No    Approximate number:

Please describe any services you are providing related to the disaster or event:

Do you have home health patients who will need to be transferred to a SNF or hospital level of care?

No     Yes    \_\_\_\_\_ #                      \_\_\_\_\_ date/time need to be transferred

If you marked "Open-Limited Function" as your status, please describe your limits (e.g. staff, resources, utilities, services, hours) below:

Are you running low on any critical supply items?     YES     No, but anticipate shortage within 24 hours     No

Have you contacted your local City to request assistance with non-medical items?     YES     No

Please list: \_\_\_\_\_

Medical items: Please list the critical supply items, the approximate quantity remaining for each item, and about how long it will take for the item to be expended:

1. Item Name/Description:	QTY Remaining:	Time Until Expended:
2. Item Name/Description:	QTY Remaining:	Time Until Expended:
3. Item Name/Description:	QTY Remaining:	Time Until Expended:
4. Item Name/Description:	QTY Remaining:	Time Until Expended:
5. Item Name/Description:	QTY Remaining:	Time Until Expended:

Additional Comments or Explanation:

Are you currently short-staffed?  YES  No, but anticipate shortage within 24 hours  No

If yes or if you anticipate a shortage within 24 hours, please list the positions and the quantities you are/will be understaffed below (*You may make arrangements with other facilities to share staff or complete a resource request form to formally request staff via the Public Health Department Operations Center.*):

1. Personnel Title/Description:	QTY Needed:
2. Personnel Title/Description:	QTY Needed:
3. Personnel Title/Description:	QTY Needed:
4. Personnel Title/Description:	QTY Needed:

Additional Comments or Explanation:

Please describe the status of your pharmacy (if applicable):

**PUBLIC INFORMATION ASSISTANCE:** Please list any information that you would like to be distributed to the media for communication to your patients or the general public regarding your services (number to call, cancelled appointments, closed locations, alternate locations for care or pharmaceuticals, etc.). The PHD or County EOC will provide this information to the media.

Your Facility's Objectives for Next 24 hours (*obtain critical resources to continue care, method to locate alternate care for patients, method to provide pharmaceuticals, prepare to assure safety of building/water/utilities for before resuming operations, etc*):

7.

8.

9.



**SNF AND LONG TERM CARE Disaster STATUS REPORT FORM**  
*Please provide this information to the PHD Department Operation Center*

<b>SNF/LTC Name:</b>		<b>Facility Contact:</b> Report Prepared By:
<b>24/7 Phone Number:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Incident Name:</b>	<b>Report Date:</b>	<b>Report Time:</b>
<b>Status:</b> <input type="checkbox"/> Open-Full Function <input type="checkbox"/> Open- Limited Function <input type="checkbox"/> Evacuated to location: _____ (address/name where you plan to evacuated) <input type="checkbox"/> Closed Reopen on _____ <input type="checkbox"/> Closed Building Damaged <input type="checkbox"/> Closed and Red-Tagged		

Please describe how the disaster is affecting your facility's operations and ability to serve your patients:

How many patients today met the case definition for \_\_\_\_\_ (infectious disease) ?

How many staff today met the case definition for \_\_\_\_\_ (infectious disease) ?

What is your current SNF/LTC census?                      Licensed capacity:  
**Can your facility take additional patients/clients within your licensed capacity?**    Yes    No  
*(Please indicate on the next page any resources you need to continue or increase your services.)*

**Are you able to take additional patients during this disaster beyond your licensed capacity?**  
**If yes, how many immediately for short-term shelter:                      for long-term (1+ days):**

**Are you currently providing care to disaster/event victims?**    Yes    No   **Approximate number:**

Please describe any services you are providing related to the disaster or event:

**Do you have patients in your facility that need medical treatment**    No    Yes   # \_\_\_\_\_

**Patients needing transfer to a hospital?**    No    Yes   # \_\_\_\_\_

**Patients needing transfer to another SNF/LTC facility?**    No    Yes   # \_\_\_\_\_   **When?** \_\_\_\_\_

**If you marked "Open-Limited Function" as your status, please describe your limits (e.g. staff, resources, utilities, services, hours) below:**

**Are you running low on any critical supply items?**  
 Yes    No, but anticipate shortage within 24 hours       No

(form continues on next page)

**Complete a separate RESOURCE REQUEST FORM if you cannot obtain resources from vendors**

In addition, list the critical supply items below, the approximate quantity remaining for each item, and about how long it will take for item to be expended:

- |                           |                |                      |
|---------------------------|----------------|----------------------|
| 1. Item Name/Description: | QTY Remaining: | Time Until Expended: |
| 2. Item Name/Description: | QTY Remaining: | Time Until Expended: |
| 3. Item Name/Description: | QTY Remaining: | Time Until Expended: |

Additional Comments or Explanation:

Are you on generator power?  YES  No If YES, number of days of fuel available? \_\_\_\_\_

Are you currently short-staffed due to disaster?  YES  No, but anticipate shortage within 24 hours  No

If yes or if you anticipate a shortage within 24 hours, please list the positions and the quantities you are/will be understaffed below

**If you need additional staff, you may make arrangements with other facilities to share staff or complete a ResourceRequest Form to request staff via the Public Health Department Operations Center:**

- |                                 |             |
|---------------------------------|-------------|
| 1. Personnel Title/Description: | QTY Needed: |
| 2. Personnel Title/Description: | QTY Needed: |
| 3. Personnel Title/Description: | QTY Needed: |

Additional Comments or Explanation:

Please describe any additional concerns, critical issues, and actions suggested to be taken by county/city to help your facility function during this disaster:

Your Facility's Objectives for Next 24 hours

*(example: obtain drinking water supplies; move patients to another facility; obtain additional food; obtain medical or other supplies to continue care; locate alternate care for our dialysis patients; obtain additional pharmaceuticals for clients; locate a building inspector to evaluate safety of building; determine amount of time for water, or other utilities to be resumed, etc)*

10.

11.

12.

**Remember to complete a resource request to PHD for medical supplies, personnel, or other items.**

Contact your City EOC for water or portapotty resources before you make the request to the Public Health Department.

I have contacted my city for these resources  Yes  No

## Appendix J: Resource Request Forms

<b>Resource Request Form: <i>GENERAL Equipment/Supplies</i></b> <b>Santa Barbara County Public Health Department Operation Center</b>			
Date/Time Rqst Received	Incident Name:	Name/Position/Agency of Person Completing Form:	Phone/Email of Person Completing Form:
Location/Type of Operation making Rqst:	Resource Description: (specify size, type etc)	Qty:	Suggested Vendor to fill order:
	1)		
	2)		
Delivery Address:	Contact Name On-site:	Phone # of contact onsite:	Loading Dock Equipment/Forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the resources requested are currently not available and that our organization has exhausted all appropriate means to procure such resources. I understand that my organization is responsible for all costs related to filling this request.			
NAME: _____ SIGNED: _____ DATE: _____ Fax to: 805.681.5142 or Email to: <a href="mailto:Operations.MedicalBranch@sbcphd.org">Operations.MedicalBranch@sbcphd.org</a> (805) 696-1106			
Priority (Sender): <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		Explain:	
<b>DOC OPERATIONS SECION USE ONLY</b>			
Request Sent To: <input type="checkbox"/> DOC Logistics		Date/Time Sent:	Priority (DOC): <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>DOC LOGISTICS SECION USE ONLY</b>			
Assign Request Number:	Date Logs Received:	Time Logs Received:	
<b>Disposition:</b>			
<input type="checkbox"/> Ordered from Vendor	Date ordered:	Phone or Email of Vendor:	Expected Delivery Date/Time:
<input type="checkbox"/> Warehouse	Date sent:	Expected Delivery:	
<input type="checkbox"/> EOC Logistics	Date sent:	Contact at EOC:	Expected Delivery:
<input type="checkbox"/> MHOAC, EOC Operations	Date mutual aid request made:	Contact at EOC:	Expected Delivery:
<input type="checkbox"/> Other			
<b>WAREHOUSE USE ONLY</b>			
Date WH Received:		Time WH Received:	
Processed By: (Name and Title) Request Filled: <input type="checkbox"/> Yes <input type="checkbox"/> No If partially filled or unable to fill describe when restock will occur: Substitute Item Available? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: DOC Logistics Approval of Substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Date and Time Resource will Arrive at Requesting Facility:			
<i>Please return copy of completed form to Public Health DOC Logistics Section</i>			

# Resource Request Form: **MEDICAL**

Santa Barbara County Public Health Department Operation Center

Date/Time:	Incident Name:	Agency of Requesting: Persons Name: Position:	Phone: Email:
Location/Type of Operation: (eg: patient care LVMC)		Delivery Date/Time Needed:	

**Instructions to request medical resources:**

1. **Please check items on attached list to indicate request.**

2. **ONLY IF** items requested are NOT on attached list use form fields below to indicate request.

Item Description:	Size:	Qty:	UOM:	Suggested Vendor/Contact Info:

Delivery Site Location:	Delivery Site POC: Phone:	Loading Dock? <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment/Forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------	------------------------------	--

I certify that the resources requested are currently not available and that our organization has exhausted all appropriate means to procure such resources. I understand that my organization is responsible for all costs related to filling this request.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Fax to: 805.681.5142 or Email to: [Operations.MedicalBranch@sbcphd.org](mailto:Operations.MedicalBranch@sbcphd.org)**

**DOC OPERATIONS SECTION USE ONLY**

Request Sent To: <input type="checkbox"/> DOC Logistics	Date/Time Sent:	Priority (DOC): <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
---	-----------------	--

**DOC LOGISTICS SECTION USE ONLY**

Request Number Assigned:	Date Logs Received:	Time Logs Received:
--------------------------	---------------------	---------------------

**Disposition (check below):**

<input type="checkbox"/> Ordered from Vendor	Date ordered:	Cost:	Name/Contact of Vendor:	Estimated Delivery Date/Time:
<input type="checkbox"/> Warehouse	Date sent:	Expected Delivery Date/Time:		
<input type="checkbox"/> EOC Logistics	Date sent:	Contact at EOC:		Estimated Delivery Date/Time:
<input type="checkbox"/> MHOAC, EOC Operations	Date mutual aid request made:	Contact at EOC:		Estimated Delivery Date/Time:
<input type="checkbox"/> Other				

**AUTHORIZATION**

Based on the nature of the emergency, I approve this resource request based upon a prudent and reasonable assessment of the request and available resources at the time of the request.

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ Position: \_\_\_\_\_

**WAREHOUSE USE ONLY**

*Please return copy of completed form to Public Health DOC Logistics Section*

Date WH Received:	Time WH Received:
-------------------	-------------------

Processed By: (Name and Title) \_\_\_\_\_

Request Filled:  Yes  No

If partially filled or unable to fill describe when restock will occur: \_\_\_\_\_

Substitute Item Available? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	DOC Logistics Approval of Substitute: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Estimated delivery date/time at requesting facility	Date:	Time:
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<b>I. Care Site Basics</b>	<b>QTY</b>	<b>UOM</b>	<b>I. Care Site Basics</b>	<b>QTY</b>	<b>UOM</b>	<b>Comments</b>
Cot, Military folding		ea	Female Urinal (Bedpan)		ea	
Cot, Bed Adjustable		ea	Male Urinal		6/cs	
Cot, Med Treatment Bed		ea				
Blankets Wool		ea				
Pad Chux		50/bx				
IV Pole		ea				
Sharps Container Small		ea				
Sharps Container Medium		ea				
Sharps Container Large		ea				
<b>II. IV Supplies</b>	<b>QTY</b>	<b>UOM</b>	<b>II. IV Supplies</b>	<b>QTY</b>	<b>UOM</b>	
Catheter IV Start Set		ea	Needle 18G x 1.5"			
Catheter IV 18Gx1.25" Green		ea	Needle 22G x 1 1/4"			
Catheter IV 20Gx1.25" Pink		50/bx	Needle 25G x 1 1/4"			
Catheter IV 24Gx1.25"		50/bx	Needle, Vacutainer 21G			
Catheter IV 22Gx1" Blue		50/bx				
Catheter IV 24Gx1" Yellow		50/bx				
IV Catheter 3 way stopcock		ea				
NACL 0.9% IV Bag 100ml		96/cs				
NACL 0.9% IV Bag 1000ml		14/cs				
Catheter IV Admin Set 15 drop		100/bx				
Catheter IV Admin Set 60 drop		100/bx				
<b>III. Suturing Supplies</b>	<b>QTY</b>	<b>UOM</b>	<b>III. Suturing Supplies</b>	<b>QTY</b>	<b>UOM</b>	
Bandage ACE wrap 2"x4.5yds		bx/10	Suture Laceration Tray		ea	
Bandage ACE wrap 4"x4.5yds		bx/10	Suture Surgical Stapler		ea	
Bandage Adhesive 2x4.5" Strle		bx/50	Derma Bond		ea	
Dressing Gauze Sponge 4x4"strl		bx/25	Tape Surgical 1" paper		12/bx	
Irrigation Kit		ea				
Suture 5/0 polglactin910 75cm		bx/6				
Suture 3-0 Ethilon Monofil 18"		bx/6				



Suture 4-0 Ethilon Monofil 18"		bx/6	Suture Stapler Remover			
Suture 5-0 Ethilon Monofil 18"		bx/6	Suture Removal Kit, Sterile			
Suture 2-0 Silk Braided 12-18"		bx/6				
Suture 4-0 Vicryl Braided 27"		bx/6				
Suture 5-0 Vicryl		bx/6				
<b>IV. Airway Supplies</b>	<b>QTY</b>	<b>UOM</b>	<b>IV. Airway Supplies</b>	<b>QTY</b>	<b>UOM</b>	
Airway Nasopharyngeal (NPA) 24F		ea	Catheter, Suction 14F		ea	
Airway Nasopharyngeal (NPA) 32F		ea	Catheter, Suction 8F		ea	
Airway Oral pharyngeal (OPA) 100mm		ea	Catheter, Suction 6F		ea	
Airway Oral pharyngeal (OPA) 80mm		ea	Suction Unit Portable		ea	
Airway Oral pharyngeal (OPA) 40mm		ea	Suction Unit Portable, Yankauer		ea	
Cannula, Nasal Adult		ea	Tube, Suction strl		ea	
Cannula, Nasal PED		ea	Ventilator		ea	
Mask Bag Valve (BVM) Adult		ea	Laryngoscope kit		ea	
Mask Bag Valve (BVM) PED		ea	Batteries, C for Laryngoscope			
Mask Bag Valve (BVM) Neonatal		ea				
Mask, Non-Rebreather Adult		ea				
Mask, Non-Rebreather PED		ea				
<b>V. Orthopedic Supplies</b>	<b>QTY</b>	<b>UOM</b>	<b>V. Orthopedic Supplies</b>	<b>QTY</b>	<b>UOM</b>	
Cervical Collar, Adjustable Adult		ea	Splint material Fiberglass 3"x4yds			
Cervical Collar, Adjustable PED		ea	Splint material Fiberglass 4"x4yds			
Crutches w/ Tips/Pads Adult		ea				
Crutches w/ Tips/Pads PED		ea				
Backboard w/ straps and blocks		ea				
<b>I. PPE</b>	<b>QTY</b>	<b>UOM</b>	<b>I. PPE</b>	<b>QTY</b>	<b>UOM</b>	
Brush Scrub Surgical		ea	Mask, HEPA, N95 1860 Regular		120/cs	
Gloves Exam Large		bx/100	Mask, HEPA, N95 1860 Small		120/cs	
Gloves Exam Medium		bx/100	Mask, HEPA, N95 9210		240/cs	
Gloves Exam Small		bx/100	Mask, HEPA, N95 9211		120/cs	
Gloves Surgical strl Large		bx/50	Mask, HEPA, N95 Kimberly Clark		300/cs	
Gloves Surgical strl Medium		bx/50	Mask, Surgical		25/bx	
Gloves Surgical strl Small		bx/50	Shield, Eye, Plastic			

Goggle Eye		ea				
Gown Exam		50/cs				
Gown Isolation		50/cs				
Hand Sanitizer 4 oz.		24/cs				
Hand Sanitizer 12 oz.		12/cs				
<b>VII. Physical Assessment Supplies</b>	<b>QTY</b>	<b>UOM</b>	<b>VII. Physical Assessment Supplies</b>	<b>QTY</b>	<b>UOM</b>	
Monitor, Blood Glucose		ea	Thermometer, Disposable		100/bx	
Lancets, Blood Glucose		100/bx	Thermometer, Infrared		ea	
Test Strips, Blood Glucose		50/bx	Tongue Blades		500/bx	
Ophthalmoscope/Otoscope		ea				
Pulse Oximeter		ea				
Stethoscope, Single Head		ea				
Cuff, Blood Pressure Large		ea				
Cuff, Blood Pressure Small		ea				
Cuff, Blood Pressure PED		ea				
<b>VIII. Other Supplies</b>	<b>QTY</b>	<b>UOM</b>	<b>VIII. Other Supplies</b>	<b>QTY</b>	<b>UOM</b>	
AED and monitor pads, Zoll Adult			Body Bags, Black		5/bx	
AED and monitor pads, Zoll PED			Tag, Triage		50/pk	
Defibrillator monitor, Electrodes Zoll						
Defibrillator monitor, Cuff Zoll Adult						
Defibrillator monitor, Cuff Zoll PED						

## Resource Request Form: *PERSONNEL*

### Santa Barbara County Public Health Department Operation Center

<b>Date/Time:</b>	<b>Incident Name:</b>	<b>Name/Position/Agency of Person Completing Form:</b>	<b>Phone/Email:</b>
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<b>Personnel Resource Requested By (Agency/Name):</b>	<b>Operation Name:</b> (alternate care site, LVMC pt care, etc.)	<b>Operation Field Contact:</b> (name, phone, address of operation)
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Personnel Request	Number Needed	Personnel Request	Number Needed	Personnel Request	Number Needed
PHN		RN		LVN	
Medical Assistant (MA)		Physician/Specialty		PIO	
Respiratory Therapist (RT)		Phlebotomist		Lab Tech	
Emergency Med Tech (EMT)		Paramedic		Logistics	
Clerical		Information Technology (IT)		Nurse Practitioner	
Other: (not listed)		Other: (Please describe specialty needed for any of above staff requested)			

<b>Priority (Sender):</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Explain:</b>
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<b>Suggested Sources:</b> (contact information if available)	
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<b>PPE Needed for Personnel:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N-95 fit testing	<b>Other:</b>
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<b>Prophylaxis needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location to receive prophylaxis:</b>
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<b>Address Personnel should report to:</b>	<b>Contact Name On-site:</b>	<b>Phone:</b>
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**DOC OPERATIONS SECTION USE ONLY**

<b>Request Sent To:</b> <input type="checkbox"/> DOC Logistics	<b>Date/Time Sent:</b>	<b>Priority (DOC):</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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**DOC LOGISTICS SECTION USE ONLY**

<b>Assign Req Number:</b>	<b>Date Logs Received:</b>	<b>Time Logs Received:</b>	<b>Name/Position Processing Req:</b>
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**Disposition:** Check one below- (attach list of staff, license, and contact info if necessary)

<input type="checkbox"/> <b>PHD Staff Name/License:</b>	Date assigned:	Contact # for Staff:	Expected Reporting Date/Time:
<input type="checkbox"/> <b>MRC Name/License:</b>	Date assigned:	Contact # Staff:	Expected Reporting Date/Time:
<input type="checkbox"/> <b>EOC Logistics</b>	Date request made to EOC:	Contact at EOC	Expected Reporting Date/Time:
<input type="checkbox"/> <b>MHOAC, EOC Operations</b>	Date mutual aid request made:	Contact at EOC:	Expected Arrival:

<input type="checkbox"/> <b>Other</b>
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## **Appendix K:**

### **Disaster Healthcare Coalition Partner List**

Amateur Radio Emergency Services	Lompoc Artificial Kidney Center
American Indian Health Services	Lompoc Comprehensive Care Center
American Medical Response	Lompoc Skilled and Rehabilitation Center
American Red Cross	Lompoc Valley Medical Center
Atterdag Village	Marian Community Clinics
Buena Vista Care Center	Marian Extended Care Center
Casa Del Mar	Marian Regional Medical Center
Casa Dorinda Health Center	Marian Home Care
Davita Central Coast Kidney Disease Center	Mission Terrace
Chumash Casino	Santa Barbara County Office of Emergency Management
City of Santa Barbara	Premier Surgery Center
City of Santa Maria	Santa Barbara County Public Health Department
Community Health Centers of the Central Coast	Samarkand
Cornerstone House of Santa Barbara	Santa Ynez Valley Cottage Hospital
Cottage Rehabilitation Hospital	Santa Ynez Tribal Health Clinic
Country Oaks Care Center	Sansum Health Care Centers
Direct Relief	Santa Barbara Artificial Kidney Center
ESRD Network 18	Santa Barbara Convalescent Hospital
Fresenius Medical Care	Santa Barbara Cottage Hospital
Genesis Developmental Services	Santa Barbara County Sheriff
Goleta Valley Cottage Hospital	Santa Barbara Neighborhood Clinics
Goleta Valley Cottage Hospital Skilled Nursing Facility	Santa Maria Care Center
Hillside House	Santa Ynez Valley Recovery Residence
Hinchee Foundation	School Street House
La Paloma Group Home	

Serenity House

UCP Work Inc.

University of California Santa Barbara

University of California Santa Barbara: Student Health

Valle Verde Health Facility

Valley Haven

Vandenberg Air Force Base

Villa Maria Health Care Center

Villa Rivera

Visiting Nurse and Hospice Care

Vista Del Monte