Welcome and Introductions

Charity Dean, MD, Santa Barbara County Health Officer

Nicholas Clay, EMS Agency Director

Jan Koegler, MPH and Stacey Rosenberger, MPH Santa Barbara Public Health Department Public Health and Hospital Emergency Preparedness Program

Brian Uhl and Jeff Gater, Emergency Managers Santa Barbara County Office of Emergency Management
Work together before and after disasters to support the health of the community
Plan and train together to make sure we have a coordinated response
Exercise every year to test our agency, facility, and staff ability to protect clients and assist our communities
“The last place I want to meet you for the first time is during a disaster.”

Who’s your partner?

Introductions
Furious officials launched investigations of a blazing hot Florida nursing home where eight people were found dead Wednesday after Hurricane Irma left the building without air conditioning.

Puerto Rico 2017
Mexico 2017
SANTA ROSA (CBS SF) — As a massive firestorm roared through a Santa Rosa neighborhood toward the Kaiser Permanente Hospital early Monday, medical workers and firefighters raced to evacuate patients using ambulances, city buses and private vehicles.

A mobile home park located behind the hospital was completely engulfed in flames fanned by gusty breezes that topped 30 mph.

Evacuations at Kaiser and a second hospital — Sutter Hospital — began at 4 a.m. and were completed by 6 a.m. About 100 patients were rushed out of Kaiser and an unknown number from Sutter.

Heavy smoke poured into the hospital as the patients were being wheeled out. On gurneys, in wheelchairs and on foot, the patients were loaded into the vehicles.

"It was getting smoky inside the hospital," Renina Ndegwa, a Kaiser patient care technician, told the Santa Rosa Press Democrat.
• Learn about potential vulnerabilities of our facilities and agencies to an earthquake event

• Review how partners and county and city emergency agencies work together in a disaster

• Learn how to participate in the 2017 medical and health community based exercise

• Identify ways to improve your earthquake response procedures
  • Discuss ideas for your own full scale exercise
Agenda

Exercise Scenario, Activities, and Schedule

County Disaster Response and Earthquake Hazards in Santa Barbara County

Role of the Public Health Department

How to Report Your Status and Resource Needs

Exercise Activities by Hazard

Exercise Practice Activities
CMS Emergency Preparedness Rule

Emergency Plan
- Based on a risk assessment
- Use an all-hazards approach to risk assessment
- Update plan annually

Policies & Procedures
- Develop based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff
- Review/Update annually

Communications Plan
- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management
- Annual update

Training & Exercise Program
- Develop training program
- Initial and annual training on policies & procedures
- Conduct drills and exercises
- Tabletop annually
- Full-Scale community based exercise annually
1. **Conduct one FULL SCALE EXERCISE**
   - Must participate in a community based exercise if offered
   - The annual November PHD medical and health exercise is a community based exercise
   - SNF/ICF’s: can use the PHD/EMS Agency annual evacuation exercise as full scale

2. **Conduct one additional exercise**
   - Can be a tabletop exercise
**DISASTER EXERCISE PROCESS**

**Read/Train Procedure**

**Discuss Procedure “talk thru”**

**Do Procedure “walk thru”**

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**Earthquake Actions for Healthcare Facilities**

**Anna Barbara County**

The following chart is for general guidance following an earthquake. All actions should follow your primary consideration of the health and safety of staff, clients, and victims in your facility.

**Initial Earthquake Response (1-2 minutes):**

1. **Shake**
   - **Preparation**
     - Ensure that all trained personnel are in their designated positions.
     - Identify all personnel in your area and their responsibilities.
   - **Action**
     - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
     - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.

2. **Earthquake**
   - **Preparation**
     - Ensure that all trained personnel are in their designated positions.
     - Identify all personnel in your area and their responsibilities.
   - **Action**
     - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
     - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.

3. **Release**
   - **Preparation**
     - Ensure that all trained personnel are in their designated positions.
     - Identify all personnel in your area and their responsibilities.
   - **Action**
     - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
     - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.

**Evacuate Personnel in Church/Church Command Center:**

- **Infection Control:**
  - **Preparation**
    - Ensure that all trained personnel are in their designated positions.
    - Identify all personnel in your area and their responsibilities.
  - **Action**
    - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
    - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.

- **Transportation:**
  - **Preparation**
    - Ensure that all trained personnel are in their designated positions.
    - Identify all personnel in your area and their responsibilities.
  - **Action**
    - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
    - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.

- **Communication:**
  - **Preparation**
    - Ensure that all trained personnel are in their designated positions.
    - Identify all personnel in your area and their responsibilities.
  - **Action**
    - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
    - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.

**Additional Actions: Provide current information to public and those who need the information.**

**Assessment/Repairs:**

- **Preparation**
  - **Preparation**
    - Ensure that all trained personnel are in their designated positions.
    - Identify all personnel in your area and their responsibilities.
  - **Action**
    - **Evacuation**: All personnel should evacuate to designated safe areas within the facility.
    - **Shelter-in-Place**: Personnel should immediately seek shelter in designated areas within the facility.
Getting Ready for Full Scale Exercise

- Tabletop policies and procedures
  - Make any changes to policies and procedures that were identified during the tabletop
- Train staff on policy & procedure changes
- Identify areas you want to test during full scale exercise
- Develop exercise plan (schedule, who will participate, clients or patients involved, actors, logistics etc.) and provide staff with information about the exercise (possible training on their roles)
Advantage of Full Scale Exercise
Full Scale Exercises

- Equipment and personnel are moved and activated in response to a scenario “earthquake” “power out”
- Allows for events to evolve based on real time
- Players actually do what they do when they are reacting to a disaster
- Simulates an event as realistically as possible (overhead page, going on generator, victims, etc.)
- Evaluate how your staff respond
Full Scale Evacuation of ICF
Full Scale: Accepting Evacuees
Full Scale: Mock Evacuees/Patients

Resident #1 and Resident #2
The 1925 Santa Barbara 6.3 earthquake occurred at 6:45 on Monday June 29. It lasted 19 seconds. Caused about 15 million dollars (1920’s) worth of damage. Took thirteen lives. A greater loss of life would have resulted if it occurred later in the day.
SANTA BARBARA 1925
Exercise Scenario

- **November 14** - Several small earthquakes occur in Santa Barbara County. Storm brings 2.5 inches of rain.
- **November 15** – Rainfall has caused a mudslide on Hwy 101 between Ventura and Santa Barbara. All northbound traffic is blocked.
Exercise Scenario (cont)

- **November 16** - 7.2+ earthquake occurs at 0500
- Power is out in most areas of the county
- Cell phones and internet are not working. Landlines are intermittent
- Water mains are reported broken in some area.
Earthquake Exercise 2017

What will exercise test?

- Ability to activate and use your earthquake procedures
- Ability to communicate with PHD
- Ability to provide the status of your operations and buildings
- Ability to activate PHD operations center to support healthcare service providers
Overview of Disaster Response

Role of County and City
and the Hazard Mitigation Plan

Brian Uhl and Jeff Gater

County of Santa Barbara

Office of Emergency Management
Organizational Levels of Disaster Response and Assistance

- Field
- Local Government
- Operational Area
- OES Region
- State
EOC Organization

- EOC activation – If a city activates – County activates
- Resource requests – City – County – State
- Evacuations = EOC activation trigger
Role of County and Cities in Supporting Essential Services

Healthcare, long term care, and residential care providers:

- *If you need resources to maintain services who will you ask for help?*
CITY EOC

COUNTY EOC

PUBLIC HEALTH DEPARTMENT/EMS

Water/Utility Service
Generator
Shelter
PortaPotties

Medical Evacuations
Water/Utility Service
Generator
Medical Shelter
Medical Services/Supplies

Healthcare or Long Term Care Facility or Agency
Information on earthquake risk for your HVA:

- **2011** County Hazard Mitigation Plan (includes facility locations for hazard risks)
- **2017** County Hazard Mitigation Plan (does not include facility locations)
Earthquake Chapter Includes Hazard Maps with:
- Risk of Liquefaction
- Risk of Shaking
- Risks of Tsunami and Dam Failure
Earthquake Hazard Map for Santa Barbara County
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<tr>
<th>Ma</th>
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<th>Type</th>
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RISK OF FLOOD
Bradbury Dam

Time to maximum discharge = 2:15 hours
Maximum discharge = 1,752,500 ft³/s

Time to maximum discharge = 2:40 hours
Maximum discharge = 1,574,100 ft³/s

Time to maximum discharge = 2:10 hours
Maximum discharge = 1,826,500 ft³/s

max discharge = 2:50 hours
Maximum discharge = 1,541,400 ft³/s

max discharge = 1:40 hours
Maximum discharge = 1,541,400 ft³/s

max discharge = 1:15 hours
Maximum discharge = 1,541,400 ft³/s
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# Roll Up and Ranking of Most at Risk

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Questions

Questions re the information in the County Hazard Mitigation Plan?
Your Disaster Plan: Begins with Assessing Your Risk

- What are your risks?
- Have you done hazard vulnerability analysis “HVA”?
- What information do you need to assess your risk of damage from an earthquake?
Hazard Vulnerability Analysis “HVA”

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<th>HAZARD</th>
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Is this hazard probable?

Will it affect health of individuals?

Will it affect operations of these providers?

Gov’t and CBO’s can maintain operations and have plans to assist the community?
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<th>HAZARD</th>
<th>PROBABILITY*</th>
<th>HEALTH SEVERITY</th>
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<td>Critical: 3</td>
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</tr>
<tr>
<td></td>
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<td>Catastrophic: 4</td>
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<tr>
<td></td>
<td>Frequent: 4</td>
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<tr>
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<td>3</td>
<td>2</td>
<td>3</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Coastal Erosion</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dam Failure</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Drought</td>
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<td>2</td>
<td>0</td>
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<tr>
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<td>1</td>
<td>4</td>
<td>4</td>
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<tr>
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<td>2</td>
<td>2</td>
<td>3</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
<td>2</td>
<td>2</td>
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<td>Severe Winter Storm</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
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</table>

The table includes hazard categories such as Civil Disorder, Climate Change, Coastal Erosion, Dam Failure, and others, with specific probability and severity levels. The risk score is calculated based on the impact on public health, EMS/healthcare, mental health, response agencies, and community agencies.
<table>
<thead>
<tr>
<th>Event</th>
<th>Hazard</th>
<th>Risk Score</th>
<th>Rank</th>
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<tr>
<td>Transportation Failure</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Water Supply Disruption</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Wildfire</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Electrical Failure</td>
<td>2.25</td>
<td>4</td>
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</tr>
<tr>
<td>Earthquake - Catastrophic</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Smallpox</td>
<td>1.75</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Information Systems Failure</td>
<td>1.5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Water Supply Contamination</td>
<td>1.5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Emergent Disease</td>
<td>1.5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Supply Shortage</td>
<td>1.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Aerosolized Anthrax</td>
<td>1.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Nerve Agent</td>
<td>1.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Nuclear Attack – 10 Kiloton Device</td>
<td>1.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Pandemic Flu</td>
<td>1.25</td>
<td>10</td>
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<tr>
<td>Mass Casualty HazMat Incident</td>
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<tr>
<td>Dam Failure</td>
<td>0.9375</td>
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<tr>
<td>Communications Failure</td>
<td>0.875</td>
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<tr>
<td>Cyber Attack</td>
<td>0.75</td>
<td>18</td>
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</tr>
</tbody>
</table>
Top 10 Hazards

- Transportation Failure
- Water Supply Disruption
- Wildfire
- Electrical Failure
- Earthquake Catastrophic
- Smallpox
- Information Systems Failure
- Water Supply Contamination
- Emergent Disease
- Supply Shortage

Risk...
With Earthquake You Get:

<table>
<thead>
<tr>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation Failure</td>
</tr>
<tr>
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<td>Mass Casualty HazMat Incident</td>
</tr>
<tr>
<td>Dam Failure</td>
</tr>
<tr>
<td>Communications Failure</td>
</tr>
</tbody>
</table>
Building codes get stricter after each major earthquake

- 1933 (Long Beach), 1971 (San Fernando)
- 1989 (Loma Prieta), 1994 (Northridge)
Newer buildings are safer

1933 (Long Beach), 1971 (San Fernando)
1989 (Loma Prieta), 1994 (Northridge)
Local building codes may be more or less strict

If you are in an older building in a high risk area you should plan appropriately

Napa Valley Registrars Office closes due to quake damage 2016
Most injuries and inability to continue business...

Comes from the destruction and shaking of non-secured medical equipment, racks, supplies

This is the time to do your assessment and make changes to mitigate the potential damage
Know Your Risk
Know Your Building
Make Your Plan
Mitigate Potential Damage
Prepare to be on Your Own
Emergency Plan and Earthquake Procedures

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Earthquake Actions for Healthcare Facilities
Santa Barbara County

The following checklist is for general guidance following an earthquake. All actions should have as their primary consideration the health and safety of staff, clients, and visitors to your facility.

Initial Earthquake Response (0-12 hours):
1. Staff and clients:
   a. Duck and Cover under a sturdy desk or table. Hold On as the furniture may move with continued shaking.
   b. If you cannot get under a table, drop to the ground and move to the inside corner of the room, away from objects that could fall on you.
   c. If unable to move to get under furniture cover your head and neck with your hands and arms.
2. Evacuate staff, patients, and public if necessary (if there is building damage, you smell gas, or there is flooding from broken water pipes). Take cell/satellite phone, disaster procedure book, first aid kit and list of employees/clients.
3. Account for building occupants. Make a list of all patients/clients and members of the public.
4. Determine if there is anyone that could be trapped in the building.
5. Establish command (Person in Charge/Incident Commander) to lead staff to conduct the following and as organized according to the incident command system.

Command (Person in Charge/"Incident Commander")
- Establish objectives for your facility or agency (“Provide safe areas for staff and clients.”
- “Determine who is injured and provide care.”
- Assign a leader and staff for each of the sections tasks listed below.
- Request that logistics to establish a communication method with your facility’s central administration (cell phone, landline, radio, or runner) and report status.
- Report status to the Public Health Department. If no communications or report status via your local city who will relay a message to the County Emergency Operations Center.

Operations Section
- Make sure staff/patients public are in a safe area.
- Triage injured individuals or those who need immediate attention due to their medical condition. Red (immediate treatment) Yellow (treatment and transport can be delayed) Green (walking and unjured/ minor injury)
- Provide care for patients and staff. Get family members to help if available.
- Inform Command of number of persons injured and request a call to 911 if needed.
- Get staff and patients ready to move to another site if necessary/available.

Logistics Section
- Conduct a basic assessment of building damage from the outside and determine if there are individuals trapped in the building. Use a building assessment form available to document damage.
  - Call out as you walk the perimeter of the building and listen for responses from anyone who may remain inside.
Emergency Plan: Policy and Procedure for Command Structure

POLICY:

In times of activation of the Emergency Management Plan, the Incident Command Structure will be activated.

PURPOSE:

To ensure coordinated effort using the National Incident Management System (NIMS) terminology and organizational structure.

PROCEDURE:

8. Center Operator to announce “ATTENTION ALL PERSONNEL, CODE ORANGE.”

9. Incident Commander will and Section Chiefs report to Emergency Operations Center and distribute section packets and vests to each Section Chief.

10. Incident Commander will appoint Planning Section Chief to respond to the Staging Area. A decision is made to determine if call-back of staff is required.
Incident Command Roles

It is not necessary to fill all of the positions of the organizational chart. The number of positions will be determined by size of the disaster, need for additional staff, need for the service assigned, etc. This is to be a decision that is reviewed as the disaster expands or is controlled.
What to do during an Earthquake:

DROP!  COVER!  HOLD ON!
Actions Following an Earthquake

- **Immediate, 1-3 hours**
  - Respond to immediate life/health needs
  - Designate person in charge (Incident Commander)
  - Get an initial assessment damage to buildings, utilities, infrastructure

- **3-12 hours**
  - Respond to clients immediate needs
  - **Determine resources needed to continue operations**
  - Determine which services can continue
Role of the
Public Health Department
and
Disaster Healthcare Partners
in Disaster Response
Public Health Department and EMS

- Healthcare arm of emergency management
- Responsible to:
  - Report the status of healthcare to State
  - Order medical mutual aid
  - Assure and facilitate ongoing delivery of care
  - Evacuate and shelter medically fragile
  - Assist City/ARC/Social Services
Assessing the Status of Healthcare System

- Determine the status of the healthcare system
- Contacts facilities and agencies to get status and resource requests
  - Phone
  - Fax
  - Email
  - ReddiNet

Public Health Department Operations Center
Role of Medical and Health Operational Area Coordinator “MHOAC”

Healthcare, long term care, animal services, environmental health, EMS

Status Report and Requests from Medical and Health during disaster
# HOW TO CONTACT “MHOAC” (PUBLIC HEALTH/EMSA)

**Santa Barbara County Public Health Department and Emergency Medical Services Agency**

**Emergency and Disaster Communication and Operational Expectations**

**for Clinic and Outpatient Providers**

<table>
<thead>
<tr>
<th>Important Contacts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Department Disease Control Program 24/7 Disease Reports</td>
<td>(805) 681-5280</td>
</tr>
<tr>
<td>PHD/EMSA-MHOAC</td>
<td>(805) 681-5274 Work Days</td>
</tr>
<tr>
<td>After Hours County Dispatch</td>
<td>(805) 692-3722 ask for the EMS duty officer</td>
</tr>
<tr>
<td>Hazardous Materials release</td>
<td>(805) 683-2724 ask for on call hazardous materials unit “HMT”</td>
</tr>
<tr>
<td>Public Health DOC-Operations Section</td>
<td>(805) 696-1106 or (805) 696-1109 <a href="mailto:operations.medicalbranch@sbchphd.org">operations.medicalbranch@sbchphd.org</a></td>
</tr>
<tr>
<td>Santa Barbara County Emergency Operations Center (EOC) Public Health Branch</td>
<td>(805) 696-1154 <a href="mailto:eocopshealth@countyofsb.org">eocopshealth@countyofsb.org</a></td>
</tr>
</tbody>
</table>

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 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@sbchphd.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) 692-3722 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.

7/18/14 Health communication and operational expectations insert for clinic and outpatient provider disaster plan
Jan.Kaessler@sbchphd.org Program Administrator Public Health Emergency Preparedness 805-335-3360
CITY EOC

Water/Utility Service
Generator
Shelter
PortaPotties
911 Calls

CITY EOC

COUNTY EOC

PUBLIC HEALTH DEPARTMENT/EMS

Medical Evacuations
Water/Utility Service
Generator
Medical Shelter
Medical Services/Supplies

Healthcare or Long Term Care Facility or Agency

Licensing
In a disaster PUBLIC HEALTH activates its DEPARTMENT OPERATIONS CENTER
<table>
<thead>
<tr>
<th>Potential EVACS</th>
<th>EVACUATED</th>
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</thead>
<tbody>
<tr>
<td>Rehab Hosp → Cottage Hosp Will need bus</td>
<td>Villa Riviera → Goleta Valley</td>
</tr>
<tr>
<td>Villa Santa Barbara → 87 res.; 3 (16) Younghaven (in 16)</td>
<td>Villa Alamar → 42 → 2 VAL VERDES VIA AMR 30; Others like</td>
</tr>
<tr>
<td>SB Convalescent → 17 → families</td>
<td>Mountain House → Phoenix → BAARA → 50; Res. 3</td>
</tr>
<tr>
<td>Peterkins → ARC 3 residents Self transport</td>
<td>BARKLYS → 6 → to owner’s home Goleta</td>
</tr>
<tr>
<td>Senior Living Concepts → 115 residents Like facility or Thunderdome</td>
<td>Home to the Good Life → 14 to Ojai-like facility</td>
</tr>
<tr>
<td>SNF</td>
<td>Fisher → 4 → BAARA</td>
</tr>
<tr>
<td></td>
<td>Seasonal Autumn → Ventura-like facility (used ARC bus)</td>
</tr>
</tbody>
</table>

Identifying what long term care facilities are affected by fire
Evacuate and Shelter Medically Fragile

Conduct evacuation operation for medically fragile with AMR

Request Transport Resources
Disasters
Healthcare Partner Role

Santa Barbara County

Disaster Healthcare Partners Coalition
GOVERNANCE DOCUMENT
2014

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.
## Role: Defined in the Disaster Healthcare Partners Agreement

### Roles and Responsibilities of Coalition Partners

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>EMSA/PHD</th>
<th>Hospital</th>
<th>Skilled Nursing Facility/Long Term Care</th>
<th>Healthcare Centers/Outpatient Providers</th>
<th>Home Health</th>
<th>Other Agencies</th>
</tr>
</thead>
</table>
|              | • Lead disaster planning for health, medical providers  
• Assure health care system integrated into county, regional disaster plans  
• Infectious disease response and mass prophylaxis plans  
• Provide disaster exercises & training  
• Conduct monthly communication drill  
• Maintain disaster caches & supplies  
• Write healthcare system surge plans | • Maintain facility specific emergency plan and train staff  
• Assure plan is coordinated with city/county partners  
• Develop disaster caches/supplies  
• Develop/test evacuation plan  
• Participate in exercises & training  
• Attend coalition meetings  
• Maintain decontamination team and equipment | • Maintain facility specific emergency plan and train staff  
• Assure plan is coordinated with city/county partners  
• Develop Disaster caches/supplies  
• Identify relocation site ahead of time  
• Participate in exercises & training  
• Attend coalition meetings | • Maintain facility specific emergency plan and train staff  
• Assure plan is coordinated with city/county partners  
• Develop Disaster caches/supplies  
• Develop/test evacuation plan  
• Participate in Exercises & Training  
• Attend Coalition Meetings | • Maintain facility specific emergency plan and train staff  
• Assure plan is coordinated with city/county partners  
• Develop Disaster caches/supplies  
• Identify relocation sites for clients/staff ahead of time  
• Participate in Exercises & Training  
• Attend Coalition Meetings | • Maintain facility specific emergency plan and train staff  
• Assure plan is coordinated with city/county partners  
• Develop Disaster caches/supplies  
• Identify relocation sites ahead of time  
• Participate in Exercises & Training  
• Attend Coalition Meetings |


# Role: Defined in the Disaster Healthcare Partners Agreement

<table>
<thead>
<tr>
<th>Santa Barbara County Disaster Healthcare Partners Coalition</th>
<th>Governance Document</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th></th>
<th>EMSA/PHD</th>
<th>Hospital</th>
<th>Skilled Nursing Facility/Long Term Care</th>
<th>Healthcare Centers/Outpatient Providers</th>
<th>Home Health</th>
<th>Other Agencies</th>
</tr>
</thead>
</table>
| **Response/Medical Surge** | • Assess the status of affected healthcare  
• Request resources from outside of county  
• Requests transport such as ambulances evacuate SNF or other affected individuals or facilities/patients  
• Identify available SNF/LTC beds for displaced residents.  
• Establish medical shelter for evacuees  
• Set-up & operate necessary disaster field operations i.e.-medical evacuations, field treatment sites, or medical shelters  
• Assess and respond to infectious disease | • Activate Disaster and Surge Plan  
• Activate call back of staff  
• Triage and treat a surge of patients  
• Evacuate all or part of hospital and track patients to receiving facility  
• Triage patients to appropriate care; maintain ability to care for patients as needed.  
• Provide decontamination of mobile and immobile patients.  
• Anticipate persons dependent on electricity | • Activate Disaster Plan  
• Call back staff and implement surge strategies.  
• Maintain care for patients during disaster at facility or at evacuation destination.  
• Take additional patients if requested and able.  
• Provide shelter for other SNF/assisted living patients in rooms or auditorium type space.  
• Evacuate all or part of facility.  
• Track patients to receiving facility. | • Activate Disaster Plan  
• Call back staff and implement surge strategies.  
• Extend or expand operations  
• Extended hours if necessary to relieve stress from hospitals.  
• Triage patients to appropriate care or continue to care for patients as needed.  
• Provide staff to assist at PHD/EMS organized field treatment sites.  
• Move staff or resources to alternate sites if building damaged. | • Activate Disaster Plan  
• Call back staff and implement surge strategies.  
• Maintain care for clients as needed during disaster event  
• Extend offices and field staff hours or other method to care for additional patients. | • Activate Disaster Plan  
• Call back staff and implement surge strategies.  
• Maintain care for clients as needed during disaster event  
• Provide care or supervision of additional clients if requested. |
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.
Role: Defined in this Disaster Plan
Insert for Healthcare Partners

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

Please insert this document into your disaster plan.

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   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 location of the DOC may be established if damaged or evacuated.
   - Facilities who house medically fragile/vulnerable populations should communicate their urgent resource requests via the Operations Section of the Public Health DOC at (805) 696-1106 or (805) 696-1109.
   - If your facility is safely evacuated or is reporting non-urgent general status please send Public Health DOC at operations.medicalbranch@sbcphd.org. If evacuated please inform all clients and their location(s).
   - If the DOC is not established the Medical and Health Operational Area Coordinator (MHOAC) can be reached by calling (805) 681-5274 or call County dispatch at (805) 696-1109 and ask for the EMS duty officer.
   - If you have an emergency always dial 911. If communications are not working listen to the instructions or go to your local fire or police department where radio communication may be available.

2. 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/client:
   - 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 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.
Operations Section is a hub for communication with partners for status and resource requests.
Partner Role: Medical Surge

- Activate Disaster Plan
- Call back staff, implement surge strategies.
- Extend or expand operations
- Extended hours to relieve stress on hospitals.
- Triage patients to appropriate care or continue to care for patients as needed.
- Provide staff to assist at PHD/EMS organized field treatment sites
- Move staff or resources to alternate sites if building damaged
Public Health gets facility and agency status
- Open or Closed?
- Can accept patients?
- Can support field operations?
- Damaged building?
- Needs to evacuate?
Partner will provide status to the PHD Via:

- Hospitals: “Reddinet”
- Partners: Email or fax status report forms
- Verbal status is OK initially
- Call, fax, sat phone, runner, radio, or ARES if communication damaged
# Surgery Center Status Report

**Facility Name:**

**Incident Name:**

**Report Date:**

**Report Time:**

**Prepared By (Name):**

**Position:**

**Facility Contact Number:**

**Fax:**

**Email:**

**Address:**

**Status:**
- [ ] Open - Full Function
- [ ] Open - Limited Function
- [ ] Closed - Reopening
- [ ] Closed - Building Damaged
- [ ] Closed and Red-Tagged

**Functioning:**
- [ ] Water: Yes
- [ ] Water: No
- [ ] Gas: Yes
- [ ] Gas: No
- [ ] Electricity: Yes
- [ ] Electricity: No

**Resources you could provide to healthcare community:**

(Staff, location, medical supplies etc.)

**Facility is available for use as a disaster healthcare site:**

- [ ] Yes
- [ ] No

**Facility staff are available to assist in providing disaster healthcare on site:**

- [ ] Yes
- [ ] No

**Facility staff are available to assist with disaster healthcare operations at another site:**

- [ ] Yes
- [ ] No

**Medical supplies or equipment are available for disaster healthcare:**

- [ ] Yes
- [ ] No

**Describe:**

**Describe services & limits (e.g. staff, utility, resources, services, hours of facility):**
# Hospital Status Report

Please return form to PHD DOC Med Ops Branch at OperationsMedicalBranch@sbcphd.org fax to 805-681-5192/681-5142 alternate

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td>Prepared By:</td>
<td>Email:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Status:**
- [ ] Open-Full Function
- [ ] Open-Limited Function
- [ ] Closed Reopen on: 
- [ ] Closed Building Damaged
- [ ] Closed and Red-Tagged

Have you activated your Hospital Command Center?
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Phone Number of HCC:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Incident Commander:</th>
<th>Public Information Officer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Section Chief:</td>
<td>Liaison Officer:</td>
</tr>
<tr>
<td>Planning Section Chief:</td>
<td>Medical Technical Specialist:</td>
</tr>
<tr>
<td>Logistics Section Chief:</td>
<td>Safety Officer:</td>
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<tr>
<td>Fiscal Section Chief:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Beds</th>
<th>Occupied Staffed</th>
<th>Available Staffed</th>
<th>Available Unstaffed</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Med/Surg</td>
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<td>Te</td>
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<td>ICU</td>
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<td>PICU</td>
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<td>NICU</td>
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<td>PEDS</td>
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<td>OBGyn</td>
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<td>Trauma</td>
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<td>Burn</td>
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<td>Isolation</td>
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<td>Psych</td>
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<td>OR</td>
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<tr>
<td>Vent</td>
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</tr>
</tbody>
</table>

## Hospital Status Report
Dialysis Center Status Report

(Dialysis centers give this information to the PHD Department Operation Center)

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Incident Name:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By (Name):</td>
<td>Position:</td>
<td>Facility Contact Number:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td>Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Status: □ Open-Full Function □ Open-Limited Function
□ Closed Reopen on _______ □ Closed Building Damaged □ Closed and Red-Tagged

Functioning?
- Water □ Yes □ No
- Gas □ Yes □ No
- Electricity □ Yes □ No

Contacted ESRD 18? □ Yes □ 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? □ Yes □ No
Number of patients and staff with (disease) symptoms:

Do you have appropriate PPE for staff? □ Yes □ No

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

Low Supply Items (Name & Brief Description):

Approximately how long until items run out?

Running Short on Personnel? □ Yes □ No
Type/number needed?

Message Needed to Be Sent Via Public Information:

Patients referred to alternate facility? □ Yes □ No
Facility Name/Address:

Objectives for 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 before resuming operations etc)
Organization Command center reviews and populates cumulative Status Report providing a full picture of organization capacity and capability to the PHD DOC.
# Status Report - Cumulative

**For use by multi-facility organizations**

Provide this sheet along with all the status reports from facilities in your organization.

## Incident Information

- **Incident Name:**
- **Report Date:**
- **Report Time:**
- **Organization Contact (Name):**
- **Contact Number & Email:**

## Status Summary

**For [Name of Organization]**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Contact Name/Number</th>
<th>Status Open/Closed</th>
<th>Please describe services and limits (e.g., staff, resources, specialty services, hours or facility)</th>
<th>Approx. wait time</th>
<th># of Pts/Day</th>
<th>Supply Shortage</th>
<th>Personnel Shortage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Running low on critical supplies? (Y/N)</td>
<td>Low supply items</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Low supply items</td>
<td>Approx how long until the items runs out?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Low supply items</td>
<td>Approx how long until the items runs out?</td>
</tr>
</tbody>
</table>

#
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe current total capacity for your organization</td>
<td></td>
</tr>
<tr>
<td>Describe Supply Shortages and resource requests</td>
<td></td>
</tr>
<tr>
<td>Describe Staffing Shortages and requests</td>
<td></td>
</tr>
<tr>
<td>Describe pharmacy status (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Describe any Public Information needs (number to call, cancelled</td>
<td></td>
</tr>
<tr>
<td>appointments, closed locations, alternate locations for care or</td>
<td></td>
</tr>
<tr>
<td>pharmaceuticals, etc.)</td>
<td></td>
</tr>
<tr>
<td>Describe services your organization is providing related to incident</td>
<td></td>
</tr>
<tr>
<td>Describe Concerns, Critical Issues and Actions Taken</td>
<td></td>
</tr>
<tr>
<td>Other critical events outside of incident</td>
<td></td>
</tr>
</tbody>
</table>
What forms will you use if you want to make a resource request?
Public Information in Disasters

- Status Report form includes space to request public information for your staff or clients
7.2+ earthquake occurs at 0800
Power is out at your facility/agency office
Cell phones and internet are not working. Landlines are intermittent
Water mains are reported broken in some area.
You have 5 clients and 2 staff that are injured
Your building is partially damaged
Shift change is in 2 hours
Status Report Activity

- Complete a status report for your facility based on the scenario
- Ask questions as you work through the form
Report Back

Questions about Status Report Forms?
Break!
Electrical: Vulnerabilities and Restoration
SCE Grid
PGE Grid
Impact of Power and Utility Loss

1994 Northridge Earthquake

- 60+ fatalities
- 8,700 injured, 1,600 hospitalizations
- 8 of 91 acute care hospitals evacuated
  - Six cited nonstructural damage such as water damage and loss of electrical power as a major reason for evacuation
- 20,000 homeless
- 40,000 buildings damaged: Los Angeles, Ventura, Orange and San Bernardino Counties

Impact of Loss of Power

1989 Loma Prieta Earthquake

- Primarily as a result of direct damage to transmission substations, 1.4 million utility customers lost power

- Most difficulties resulted from failure of backup power systems or insufficient backup power capacity

- In areas of Watsonville and Santa Cruz, power loss lasted over a week
Ways to Exercise Power Outage

**PROCEDURE**
- Do you have a procedure?
- Are your staff trained in the power outage procedure?
- Do you have exam room lanterns/batteries?
- Generator/Fuel?
- What is powered by generator?
- Patient records
- Vaccine

**EXERCISE ACTIVITIES**
- Follow procedure
- Put building on generator
- Print out records on battery power
- Access/use paper charts
- Use vaccine and medication maintenance procedure
- Access patient schedules
- Provide meals without power
What is my facility priority for restoration?

1. Electricity providers are aware of buildings that are essential service providers.
2. This may expedite restoration, but it may not.
3. Depends on the area that is damaged and where you are located.
4. The health department will advocate for early restoration of essential service providers.
Water/Wastewater Risk

Broken Pipes/Mains
  a. Total water outage
  b. Partial water outage with “Boil Water Order”

Broken Sewer Lines
  a. Total sewage outage
  b. Sewage outage in some areas

Wastewater Treatment Plant Failure
  a. Total sewage outage in all areas
BOIL WATER ORDER

BOIL YOUR WATER BEFORE USING
Failure to follow this advisory could result in stomach or intestinal illness.

Due to the recent water outage, the Santa Barbara County Environmental Health Services in conjunction with the Water System is advising all residents to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for one (1) minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation until further notice.

We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within 24-48 hours.

For more information call: at (805) of the MWC or the local Health Department at 805-681-4900.

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.
Water Use in Hemodialysis

Guidelines for Environmental Infection Control

Boil Water Advisory Procedures

What to do when your municipal water supplier issues a “boil water advisory”

Can we dialyze patients during a boil water advisory (BWA)?

Yes, if the water treatment components in use are sufficient to remove or destroy bacteria, Reverse Osmosis (RO) will protect the product water from having microbial contamination. Deionization (DI) unit does not remove or destroy bacteria, so if DI is being used as the main water treatment (rather than RO), you will need a submicron or endotoxin/ultrafilter downstream of the DI unit. If an ultraviolet (UV) irradiator is used, the filter should be located after the UV irradiator. Close monitoring of the resistivity of the product water will be needed to detect any decrease in quality. Also consider weekly microbial assessment of the product water during the BWA.

Keep in close contact with the municipal water supplier because they may choose to “shock” treat (hyperchlorinate) their distribution system to bring it back into compliance with the acceptable standards for drinking water. If the city “shocks” their water system, you may see chlorine/chloramine break through. Review your testing procedures with staff and alert them to be vigilant for potential break through so that patients will be protected from exposure to chlorine/chloramine.
(Insert Facility Name Here)

Emergency Water Policy

SAMPLE POLICY/PROCEDURE FOR SKILLED NURSING FACILITIES

(ADAPTED FROM THE CALIFORNIA ASSOCIATION OF HEALTH FACILITIES' SNF EOP TEMPLATE APPENDIX R - DISASTER WATER SUPPLIES)

To ensure safe water for residents, staff and visitors during a crisis, our facility maintains:

- An emergency water supply that is suitable and accessible;
- An emergency water supply consistent with applicable regulatory requirements; and
- Methods for water treatment and/or resupply when supplies are low.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Quantity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency water supply (minimum three-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency water supply which exceeds minimum three-day supply (five to seven-day supply preferred)</td>
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<td></td>
</tr>
<tr>
<td>Logistics, equipment and containers available to transport water supplies during evacuation</td>
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<tr>
<td>Equipment to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty containers to store and transport boiled water (buckets, jugs, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water purification products (type used)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site water storage (boilers, hot water tanks, ice makers)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Water Treatment Methods**

(adapted from the Federal Emergency Management Agency [FEMA] Fact Sheet)

We treat all water of uncertain quality before using it for drinking, food washing or preparation, washing dishes, brushing teeth, or making ice. In addition to having a bad odor and taste, contaminated water can contain microorganisms (germs) that cause diseases such as dysentery, cholera, typhoid or hepatitis. If there is a suspected compromise of the water system (i.e. broken pipes) our facility will shut off the water supply as soon as possible to protect the integrity of supply in internal tanks and pipes.
Ways to Exercise Water Outage

- **Make sure your plan**
  - Includes Boil Water Order instructions
  - How to make water safe
  - How to wash hands between patients if no water/boil water
  - Documents the amount of bottled water in disaster storage
  - Describes how essential procedures will be done without water

- **Exercise Plan**
  - Staff put signs “do not drink” on drinking fountains
  - Use supplies to demonstrate how to make water safe
  - Counts bottled water supplies and calculates supply
  - Puts handwashing stations together
Sewage Outage: Emergency Toilets

- Port-A-Potty
- Disaster Toilets
  - Home Use/Facility Use?
- Latrines
How to Make an Emergency Toilet

1. Line the inside of a toilet bowl, 5 gallon pail, or another appropriately sized waste container with two heavy-duty plastic garbage bags.

2. Place kitty litter, fireplace ashes, or sawdust into the bottom of the bags.

3. At the end of each day, the bagged waste should be securely tied and removed to a protected location such as a garage, basement, outbuilding, and so on, until a safe disposal option is available.

4. Residents may dispose of the waste in a properly functioning public sewer or septic system. Drop off centers for waste or pick-ups by waste haulers may be available. Local media should provide further information.

Note: During a declared emergency, local jurisdictions may coordinate with waste haulers to provide for pick up curbside. Media will provide information if this is available.

To build a disaster toilet:

1. Line a medium-size plastic bucket with a garbage bag. (If the sewage lines are broken but the toilet bowl is usable, place the plastic garbage bag around bowl.)

2. Make a toilet seat out of two boards placed parallel to each other across the bucket. An old toilet seat will also work.

3. After each use, pour a disinfectant such as bleach into the container to avoid infection and spreading of disease. Cover the container tightly when not in use. The best choice for a disinfectant is a solution of one part liquid chlorine bleach to ten parts of water.

4. LOCAL REGULATIONS MAY PROHIBIT YOU FROM BURYING HUMAN WASTES. LISTEN TO THE RADIO FOR INSTRUCTIONS, OR CHECK WITH YOUR LOCAL HEALTH DEPARTMENT.
### Ways to Exercise Sewage Outage

#### DO YOU HAVE A PLAN
- Procedures for Emergency Toilets
- Bags for toilets
- Kitty litter
- Method and instructions to dispose

#### EXERCISE YOUR PLAN
- Get out supplies
- Post instructions on large sheet of paper
- Set up emergency toilets
- Set up handwashing stations
- Set up specific trash bins for waste
- Calculate how many bags, toilets you will need
Communications in Disasters

- What communications systems might work?
  - Landlines
  - Satellite Phones
  - Radios and battery operated radios

- What might not work?
  - Cell phones (initially overloaded)
  - Email/Internet: tied to electricity and cables
If Communication Systems Out:

- What systems will work in your area?
- How will a facility or agency report that they need assistance?
- How will the City/County/PHD determine status of the area?
Communication of Health Care Facility status in Disasters

- PHD 800 MHz radio may be functioning at hospital and PHD Health Care Centers
- Facilities can report status to City EOC to be relayed to County EOC (via runner)
- Satellite phone at hospital and DOC/EOC
- ARES will deploy to hospital (Amateur Radio Emergency Services)
- Facilities could report immediate needs to a fire station
- CAHAN is the official public health altering and notification program for California
- PHD uses CAHAN to alert partners in a disaster or emergency
- All facilities should have at least one person enrolled in CAHAN
- Contact Stacey Rosenberger- stacey.rosenberger@sbcphd.org if you need to sign-up for CAHAN
DISASTER COMMUNICATIONS PLAN TEMPLATE

EMERGENCY AND DISASTER COMMUNICATION
Notiﬁcation, Alert and Disaster Plan Activation

A. Notiﬁcation of Event
B. Staff and Partners Alert and Mobilization
C. Patient/Client Alert and Notiﬁcation
D. Family Alert and Notiﬁcation

A. Notiﬁcation of Event

1. Any member of the ________ (clinic, agency) who learns of unusual conditions or event that may require activating this disaster plan shall promptly notify a supervisor, manager, or executive. Specific examples include:

- Mass casualties exceeding local capacity
- Major disaster such as a ﬁre, earthquake, or ﬂood with potential to damage community infrastructure (hospitals, transportation system, utilities, etc.) or cause major public health implications.
- Unexpected severe and acute occurrences of biologic chemical, radiologic, or environmental disease or injury.
- Bioterrorism or Terrorism (bomb threat or suspicious package or substance), suspicion, alert, or actual occurrence.
- Worsening prognosis - an event that has the potential for rapid growth and/or major impacts on public health and safety.

2. The ﬁrst notiﬁed manager or supervisor:
   a. Must ensure that the alert promptly reaches the ________, and other executives who share responsibility for the ________ response to the event or condition.
   b. May request staff to gather additional information to determine the extent of the incident.

3. Alarmed Management and other executives will determine:
   a. Assigned lead incident commander
   b. Immediate actions to take end plan for notiﬁcation of staff
   c. Potential response strategies and needs
   d. Whether to activate the Disaster Plan, open the command incident center and alert appropriate staff (see alerting procedure in “B”)
   e. Whether to alert State and local partners, licensing, or ________
   f. Assignments of staff to all necessary positions for response.

1. Staff Alert and Mobilization

Howing protocol should be used when it is necessary to notify/disaster assignments. Managers, assigned incident commander for event or incident, will contact and distribute staff using the following methods:

2. Communication systems are intact:
   a. Using (administrator) or other staff with ________ to all staff and/or for speciﬁc groups of ________ with instructions to contact or call in phone or their availability.
   b. Managers will assign a staff person ________ to track and schedule personnel as needed.
   c. During work hours ________ will be used to contact all employees.

3. No Internet connectivity but electricity and phones are functioning:
   a. Staff will be called using a ________ and/or other function not requiring internet.
   b. Hard copy off the call tree will be updated ________ monthly, and kept in the ________
   c. Call tree instructions are ________
   d. During work hours managers will use ________ (runner, work telephone, and cell phone numbers).

4. No Internet connectivity, electricity, or landlines, but cell phones are functioning:
   a. Using a hard copy of the call tree, instructed staff will do the following: ________ (call each manager on their cell phone with the message “Begin your call tree” and the relevant message with instructions.)
   b. During work hours managers will use ________ (runner, work telephone, and cell phone numbers).
   c. Manager or incident commander may instruct staff to:
      - Write an emergency announcement with instructions to staff and providers (see “Communications” tab for contact information for PHD).

Scenario 4 No Internet connectivity, electricity, landlines or cell phones functioning:
   a. Manager or incident commander may instruct staff to:
Communication Insert for Your Plan

Santa Barbara County Public Health Department and Emergency Medical Services Agency

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

<table>
<thead>
<tr>
<th>Important Contacts</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Department Disease Control Program</td>
<td>(805) 681-5280</td>
</tr>
<tr>
<td>PHD/EMSA-MHOAC</td>
<td>(805) 681-5274 Work Days</td>
</tr>
<tr>
<td>After Hours County Dispatch</td>
<td>(805) 692-3722 ask for the EMS duty officer</td>
</tr>
<tr>
<td>Hazardous Materials release</td>
<td>(805) 683-2724 ask for on call hazardous materials unit &quot;HMU&quot;</td>
</tr>
<tr>
<td>Public Health DOC-Operations Section</td>
<td>(805) 696-1106 or (805) 696-1109 <a href="mailto:operations.medicalbranch@sbcphd.org">operations.medicalbranch@sbcphd.org</a></td>
</tr>
<tr>
<td>Santa Barbara County Emergency Operations Center (EOC) Public Health Branch</td>
<td>(805) 696-1154 <a href="mailto:socophealth@sbcountyofsb.org">socophealth@sbcountyofsb.org</a></td>
</tr>
</tbody>
</table>

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 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.
   - 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) 692-3722 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.

7/18/14 Health communication and operational expectations insert for clinic and outpatient provider disaster plans. lan@aoast@sbcphd.org Program Administrator Public Health Emergency Preparedness, 805-335-3350
Ways to Test Communication

DO YOU HAVE A PLAN?

- Communication Plan
- With and without communication failure
- Communication to:
  - Staff
  - Clients
  - PHD/Emergency Agencies
- Equipment: generator, extra phone chargers, Radio-solar or crank

EXERCISE YOUR PLAN

- communicate to staff/clients without internet or phones
- Post information on large sheets of paper for staff
- locate and use landline for fax, test radio solar/crank
- Use runners within your building to bring messages
- Use walkie talkies or radios to request items, give assignments, status
Assessing Building Vulnerability

- What is the Age of Building?
- What is the type of construction?
Initial Damage Assessment

- Fire Departments
  - Initial response following an earthquake
  - “Windshield Surveys” to assess damage
- Your self assessment of your facilities
Evaluating Building Damage and Inspection Resources

- City and County Building and Safety
- How do we know if the building is safe?
- Who provides inspection and how long will it take?
**Initial Self Assessment of Your Buildings:**

Complete a self-assessment and send to PHD DOC during exercise.

---

**FACILITY/BUILDING ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Contact:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requires Assistance:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Status</th>
<th>City/County Building Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Operations</td>
<td>Scheduled date ___________</td>
</tr>
<tr>
<td>Undamaged</td>
<td></td>
</tr>
<tr>
<td>Other Operations</td>
<td>Status of County/City Inspection:</td>
</tr>
<tr>
<td>Damaged/Usable</td>
<td>□ RED</td>
</tr>
<tr>
<td>Not Operational</td>
<td>□ YELLOW</td>
</tr>
<tr>
<td>Damaged/Unusable</td>
<td>□ GREEN</td>
</tr>
<tr>
<td>Unable to contact</td>
<td></td>
</tr>
</tbody>
</table>

Describe other operations:

If not operational, estimate operational status date/time:

<table>
<thead>
<tr>
<th>Functioning Utilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas:</td>
</tr>
<tr>
<td>Water:</td>
</tr>
<tr>
<td>Electric:</td>
</tr>
<tr>
<td>Internet:</td>
</tr>
<tr>
<td>Phones:</td>
</tr>
<tr>
<td>HVAC:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Smell or hear gas leaking?</th>
<th>Leaking or flowing water?</th>
<th>Light fixtures hanging loose, fallen, or exposed wires?</th>
<th>Damaged circuit panels, transformers, other?</th>
<th>Elevators stuck or non-functional?</th>
<th>Hazardous chemical leak/spill?</th>
<th>Damaged steam pipes or radiators?</th>
<th>What items have fallen over?</th>
<th>Are doorways blocked?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Phone #</th>
<th>Fax #</th>
<th>Cell Phone#</th>
<th>Other #</th>
<th>Public info #</th>
<th>e-mail</th>
<th>Radio freq.</th>
<th>HAM radio call #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
## NHICS 251 | FACILITY SYSTEM STATUS REPORT

### COMMUNICATIONS

#### FAX

#### INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM)

#### NURSE CALL SYSTEM

#### PAGING - PUBLIC ADDRESS

#### TELEPHONE SYSTEM

### UTILITIES, INTERNAL SYSTEM (CONTINUED...)

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>STATUS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevators/Escalators</td>
<td>Fully functional</td>
<td></td>
</tr>
<tr>
<td>Hazardous Waste Containment System</td>
<td>Fully functional</td>
<td></td>
</tr>
<tr>
<td>Heating, Ventilation, and Air Conditioning (HVAC)</td>
<td>Partially functional</td>
<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td>Fully functional</td>
<td>[NOTE: BULK, H-TANKS, RESERVE SUPPLY STATUS]</td>
</tr>
<tr>
<td>Pneumatic Tube</td>
<td>Fully functional</td>
<td></td>
</tr>
<tr>
<td>Steam Boiler</td>
<td>Fully functional</td>
<td></td>
</tr>
<tr>
<td>Sump Pump</td>
<td>Fully functional</td>
<td></td>
</tr>
<tr>
<td>Well Water System</td>
<td>Fully functional</td>
<td></td>
</tr>
<tr>
<td>Vacuum (for Patient Use)</td>
<td>Fully functional</td>
<td></td>
</tr>
</tbody>
</table>
Question:
I think my building may be unsafe-when will it be inspected?

Answer:
Buildings will be prioritized for inspection by the County or City emergency operations center.

The public health department will assist essential service providers to obtain expedited inspection.
INSPECTED

LAWFUL OCCUPANCY PERMITTED

This structure has been inspected (as indicated below) and no apparent structural hazard has been found.

☐ Inspected Exterior Only
☐ Inspected Exterior and Interior

Report any unsafe condition to local authorities; reinspection may be required.

Inspector Comments:
________________________________________
________________________________________
________________________________________

Date ___________________________________

Time ___________________________________

(Caution: Aftershocks since inspection may increase damage and risk.)

This facility was inspected under emergency conditions for:
________________________________________

(Jurisdiction)

Inspector ID / Agency
________________________________________
________________________________________

Facility Name and Address:
________________________________________
________________________________________

Do Not Remove, Alter, or Cover this Placard until Authorized by Governing Authority
(THIS PLACARD IS NOT A DEMOLITION ORDER)

This structure has been inspected, found to be seriously damaged and is unsafe to occupy, as described below:

__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________

Do not enter, except as specifically authorized in writing by jurisdiction. Entry may result in death or injury.

Facility Name and Address:

__________________________________
__________________________________

Date ___________________________
Time ___________________________

This facility was inspected under emergency conditions for:

__________________________________
(Jurisdiction)

Inspector ID / Agency

__________________________________
__________________________________
__________________________________

Do Not Remove, Alter, or Cover this Placard

until Authorized by Governing Authority
Continuity of Operations Plan (COOP)

What are our essential functions? How do we continue these functions after a major disaster?
You can resume essential services more quickly after a disaster by:

- **Identifying in advance the services and functions that are essential for your agency to perform**
  - Provide OB Care: Deliver babies
  - Set up emergency shelters
  - Restore telephone services
  - Provide emergency room services

- **Identifying in advance the resources you will need to perform these services**
  - Generator power, bottled water, tanker water, radio comm or phone service
  - Alternate facility (if damage to building), portapotties
  - Pharmaceuticals
  - Transport of staff from Ventura

- **Identify in advance what would be the consequences of not providing that service**
  - ____# Patients would have to go to the emergency room at a hospital for care
  - ____# Patient that would need to be transferred out of the area for dialysis
  - ____# Board and Care residents who would need to go to a shelter

- **Timeframe**
  - Services needed within 12 hours, within 24-48 hours, etc.
  - What do you need to sustain continuous operations up to 30 days
Resource Needs: Earthquake
1. What are the essential services that you need to provide after an earthquake?

2. What resources do you need in order to provide these services?
   - Medical personnel, gasoline, surge tents, generator, food?

3. What are the consequences if we can’t provide the needed resources?
   - What operations will PHD need to put in place?
   - Shelters, Consolidate outpatient care, centralized pharmacy? Generators from outside the area?
I. List your top 3 essential services you need to continue to provide in the first 3 days after an earthquake if there is power outage, limited water service, and damage to some of your facility buildings. (prescriptions, ED services, OB care, urgent care, shelters)

1. 

2. 

3. 

II. List the top 3 resource requests that your agency/facility would make to Public Health Department or City/County EOC to continue the essential services listed above.

1. 

2. 

3. 

III. Significant Events: Please list the most significant change in your services that could result from the earthquake if you do not receive resources (# of patients would need prescriptions, # ___ pts will need urgent care, evacuation to a shelter, # needing dialysis, etc):
Report Back

- Record after action comments for improvement or needed emergency planning
- What changes do we need to make before the exercise?
- Will you focus on COOP during the exercise?
Instructions for 2017 Medical and Health Disaster Exercise:
Shake, Rattle & Roll- Earthquake Exercise

1) Determine how your facility/agency will participate. The options are to either conduct a tabletop or a full scale exercise. Information about the exercise including schedule and templates can be found: http://cosb.countyofsbc.org/phd/disasterprep.aspx?id=52376.

2) Let us know what type of exercise your facility/agency is planning on conducting by completing the following survey by November 3rd. Use the following link to access the survey: https://www.surveymonkey.com/r/ZRJXSPY.

3) Participate in exercise trainings and teleconferences leading up to the November 14-16th exercise date. Please see the webpage for more information about trainings and workshops and teleconferences.

4) Check to be sure at least two individuals from your organization are enrolled in the California Health Alert Network (CAHAN) alerting system. We will use a CAHAN alert on during the week of the exercise November 14th - 16th. The enroll in CAHAN please complete the enrollment form and email it to: Stacey.rosenberger@sbcphd.org

5) Get all forms ready that you will need for the exercise and full scale exercise documentation on the exercise webpage. Forms found on the webpage: Templates (Full Scale Exercise Plan, Schedule of Events & Evaluation Guide, Tabletop Exercise Plan, Building Assessment Plan)

Exercise Participation
Your participation in this annual disaster exercise will be recorded and a letter of participation issued based on completion of the following activities:

1) Confirm/respond to all CAHAN alerts on November 14-16th informing you of the exercise scenario and actions to be taken.

2) Communication on November 16th
   No cell or internet service 8-10am- Partners can only communicate via landline phone, fax, radio, satellite phone, HAM Radio or sending a runner to PHD or hospital. At 10am CAHAN will be sent updating partners on communication methods status- internet and cell phone.

3) Submit a Status Report Form with Objectives
   The CAHAN alert on November 16th will include the scenario and a request for a status report and disaster objectives.
   1. Share the scenario with your staff
   2. Share the status report form with your staff and discuss your objectives, and fill out the form based on the scenario.
   3. Send the status report forms to:
      - Hospitals and Surgery Centers: PHD DOC Med Ops Branch at Operations.MedicalBranch@sbcphd.org fax to 805-681-5192 681-5142 alternate
      - All other facilities: the PHD DOC Clinic Branch via email Operations.clinicsbranch@sbcphd.org or fax to 805-681-5192 or 805-681-5142 alternate fax
Preparing for the Exercise

- Review your emergency operations plan and earthquake procedures and train your staff on both.

- Develop your Exercise Plan
  - Scenario, Objectives etc.

- Fill in the Schedule of Events & Evaluation Guide with what your facility will be doing on exercise day
## Exercise Schedule

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, November 14-9:00am</td>
<td>CAHAN goes out to all healthcare partners establishing start of exercise day – review plans &amp; assess supplies</td>
</tr>
<tr>
<td>Wednesday, November 15 – 9:00am</td>
<td>CAHAN goes out to all healthcare partners establishing start of exercise day – staffing</td>
</tr>
<tr>
<td>Thursday, November 16-8:00 am</td>
<td>CAHAN goes out to all healthcare partners Gives scenario, starts exercise day Facilities activate plans and start your exercise</td>
</tr>
<tr>
<td>9:00am – Partners Exercise</td>
<td>Submit Status Report (Fax or call in status) Hospitals use ARES 9:00-11:00 Resource Request Building Assessment</td>
</tr>
<tr>
<td>10:00am</td>
<td>Cell service and internet back (except for hospitals)</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Conference call between healthcare partners &amp; PHD</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>End of Exercise</td>
</tr>
</tbody>
</table>
Exercise Day: November 14-16th

- Activate your emergency operations plan and command structure
- Conduct earthquake drill activities with staff and clients (Optional Evacuation of facility - good for outpatient facilities)
- Communicate with PHD: CAHAN, Submit a Status Report and/or Resource Request.
- Assess your building and submit building assessment form
- Evaluate participation using schedule of events and evaluation guide
- Conduct exercise debrief and submit forms
What Forms do You Need

- Exercise Plan
  - Communication Plan
  - Safety Plan
- Schedule of Events and Evaluation Form
- Sign in sheets
- Status Report
- Building Assessment
- Resource Request
- After Action Report
- Any additional forms you use- HICS/NHICS/ICS
EXERCISE OBJECTIVES

The exercise objectives in Table 1 below describe expected outcomes for the full scale exercise. The objectives listed below are those tailored for this exercise and are guided and selected by the Exercise Planning Team.

Table 1: Exercise Objectives

<table>
<thead>
<tr>
<th>Exercise Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff will demonstrate their ability to follow earthquake procedure (drop, cover, hold) and provide guidance to patients and visitors in the facility during the event.</td>
</tr>
<tr>
<td>2. Activate the ICS structure and have initial briefing within 30 minutes of the earthquake event.</td>
</tr>
<tr>
<td>3. Test ability to communicate disaster status to the public health department within 1 hour of the earthquake event.</td>
</tr>
<tr>
<td>4. Demonstrate the ability to evacuate facility and care for patients and staff.</td>
</tr>
<tr>
<td>5. Demonstrate the ability to assess the impacts and damage to the facility by completing a building assessment that focuses on power, water, sewage, and food storage.</td>
</tr>
<tr>
<td>6. Demonstrate the ability of the facility to communicate with staff during a disaster with limited cell service.</td>
</tr>
<tr>
<td>7. Test ability of facility to use redundant communication systems (radio, ARES, fax, runner) during for hours at the start of the exercise.</td>
</tr>
</tbody>
</table>

APPENDIX F: COMMUNICATIONS PLAN

All spoken and written communications will start and end with the statement “THIS IS AN EXERCISE.”

Exercise communications do not interfere with real-world emergency communications. Staff use routine organization communications systems as designated by the scenario. Additional communication assets may be made available as the exercise progresses. Each facility coordinates its internal communication networks and channels. Before the exercise, the Controller will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

EXTERNAL COMMUNICATION

| Public Health Department Operations Center (DOC) Operations Section | 805-695-1106 |
| 805-681-5192 (Fax) | 805-691-1412 (All Fax) |
| [Operations.medicalbranch@sbchd.org](mailto:Operations.medicalbranch@sbchd.org) | [Operations.clinicbranch@sbchd.org](mailto:Operations.clinicbranch@sbchd.org) |

Lead PHU Exercise Controller (Contact if facility is unable to continue in exercise due to real world emergency) Jan Keeler 805-337-8360

ADDITIONAL PARTNERS THAT YOU PLAN TO CONTACT: INFORMATION COULD BE PLACED HERE

INTERNAL COMMUNICATION

| Facility Exercise Controller | 805-695-1106 |
| 805-681-5192 (Fax) | 805-691-1412 (All Fax) |
APPENDIX A: SCHEDULE OF EVENTS & EVALUATION GUIDE

BACKGROUND EXERCISE SCENARIO INFORMATION:

November 16, 2017 Santa Barbara County experiences a 7.2 magnitude earthquake on the North Channel fault system at 0500. Power is currently out in the facility and backup generator has not kicked in. Status of water and sewage is unknown. Staff and patients are injured due to equipment and other debris falling on them. Ceiling tiles have fallen and there is debris throughout the facility. Windows are broken and there are cracks in the walls in the interior of the building. A staff member reports smelling gas.

Due to the earthquake access to Northern Santa Barbara County is blocked due to a slide at San Marcos Pass and the freeway bridge north of Goleta being cracked. This is will cause issues with staff coming to facility and ability to obtain resources. The sewage treatment plants in Santa Barbara and Santa Maria have areas without sewage service. Communication systems have been damaged limiting communication to landline, fax, radio, PABX radio and satellite phones. Cell service and internet are not working. Possibility of aftershocks is high.

Items in rows colored blue are samples activities that facilities can use. Items in rows colored gray are the actions the PHD DOC will be taking- do not change these items. You will need to modify and update this form for your facility use.

<table>
<thead>
<tr>
<th>Inject # &amp; Date</th>
<th>Time</th>
<th>Objective</th>
<th>From</th>
<th>To</th>
<th>Message/Task</th>
<th>Expected Outcomes/Action</th>
<th>Observed Outcome/ Comments &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14</td>
<td>0900</td>
<td>Exercise Start</td>
<td>PHD via CAHAN</td>
<td>All Healthcare Facilities</td>
<td>In the last week several small magnitude earthquakes have been report in southern California. Facilities are advised to review their earthquake procedures and assess the status of their emergency supplies.</td>
<td>Review earthquake procedures with staff and assess emergency supplies.</td>
<td></td>
</tr>
<tr>
<td>11/15</td>
<td>0900</td>
<td>Update on Exercise scenario</td>
<td>PHD via CAHAN</td>
<td>All Healthcare Facilities</td>
<td>Rainfall caused landslide on 101 blocking all northbound traffic. Communicate with staff and assess how staffing numbers will be affected.</td>
<td>Identify staff that live in Ventura and will be impacted assess staffing numbers for the next 24 hours.</td>
<td></td>
</tr>
</tbody>
</table>

Items in bold are actions the PHD DOC will be taking via CAHAN messages.
Blue colored rows are samples for facilities to use. Facilities should modify them to fit their exercise activities and expected outcomes.
CAHAN is the official public health alerting and notification program for California.

PHD uses CAHAN to alert partners in a disaster or emergency.

All facilities should have at least one person enrolled in CAHAN.

Contact Stacey Rosenberger- stacey.rosenberger@sbcphd.org if you need to sign-up for CAHAN.
What forms need to be submitted to PHD?

<table>
<thead>
<tr>
<th>NOVEMBER 16TH</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Status Report</td>
</tr>
<tr>
<td>- Resource Request (Optional)</td>
</tr>
<tr>
<td>- Building Assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFTER EXERCISE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- After Action Report &amp; Improvement Plan</td>
</tr>
<tr>
<td>- Sign-in Sheet</td>
</tr>
<tr>
<td>- Schedule of Events &amp; Evaluation Guide</td>
</tr>
<tr>
<td>- Photos</td>
</tr>
<tr>
<td>- Submit to Stacey Rosenberger by December 31, 2017</td>
</tr>
</tbody>
</table>
After the Exercise

- Collect all documents used during the exercise
- Conduct after action meeting
- Write an After Action Report and Improvement Plan
  - Sign-in Sheet
  - Photos
  - Evaluation Guide
2017 Earthquake Exercise Participation Record

- Conducted Full Scale Exercise or Tabletop Exercise
- Submitted Status Report - Objectives
- Submitted After Action Report - Include Schedule of Events & Evaluation Guide
- Respond to CAHAN Alerts

Participation Letter
<table>
<thead>
<tr>
<th>Name</th>
<th>Training</th>
<th>Workshop</th>
<th>CAHAN</th>
<th>11-17 Conference Call</th>
<th>Submitted</th>
<th>Conducted</th>
<th>Evaluation Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Barbara Cottage Hospital</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Goleta Valley Cottage Hospital</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Santa Ynez Cottage Hospital</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Lompoc Valley Medical Center</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Marian Regional Medical Center</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Central Coast Kidney Disease Center</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Lompoc Artificial Kidney Center</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SB Artificial Kidney Center</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Community Health Centers of the Central Coast</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>American Indian Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Sansum Clinics</td>
<td>X</td>
<td>X</td>
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June 8, 2017

To Whom It May Concern,

This letter confirms the participation of Valle Verde Retirement Community in Santa Barbara County’s November 17th, 2016 Statewide Medical and Health Exercise: Beyond Run, Hide, Fight Active Shooter Exercise and/or trainings and workshops prior to the exercise.

The Santa Barbara County Public Health Department and Emergency Medical Services Agency conducts an annual statewide medical and health exercise that tests both county and healthcare provider emergency operations plans, focusing on communication and coordination of disaster response actions with the local public health department, as well as scenario-specific processes such as response to an active shooter threat or lockdown.

Valle Verde Retirement Community participated in the 2016 Statewide Medical and Health Exercise in the following way(s):

- Beyond Run, Hide, Fight Active Shooter Partners Training (October 11th or 13th)
- Active Shooter Workshop (October 20th or 27th)
- Statewide Medical and Health Exercise: Active Shooter Scenario (November 17th):
  - CAHAN
  - Status Report/RediNet Poll
  - Conducted Tabletop or Drill
  - After Action Report

We appreciate your agency’s participation in the Santa Barbara County 2016 Statewide Medical and Health Exercise: Beyond Run, Hide, Fight Active Shooter Scenario. We look forward to your participation in future exercises and emergency preparedness activities.

Sincerely,

Jan Koegler, MPH
Program Manager

John Eaglesham
Director

Public Health Emergency Preparedness Program
Emergency Medical Service Agency
Discussion: What will you do for the exercise?

- Get in groups based on your facility type
- Complete the fill in the blank scenario
- Discuss what your facility will do during the exercise with your group
Shake, Rattle and Roll Earthquake Exercise 2017

Scenario

November 14, 2017
In the last few weeks several small magnitude earthquakes have been reported throughout California. Facilities are advised to review their earthquake procedures and assess the status of their emergency supplies.

November 15, 2017
Rainfall has caused a landslide on 101 blocking all northbound traffic and is affecting staffing.

November 16, 2017
Santa Barbara County experiences a 7.2 magnitude earthquake on the North Channel fault system at 0500. Power is currently out in the facility. Backup generator is _______ (running/not working/do not have). Fuel supplies are estimated to last for _______ (hours/days). Water is _______ (not running/running). Sewage is _______ (out/working)

____ (#) Staff and _______ (#) of patients are injured due to equipment and other debris falling on them. Ceiling tiles have fallen and there is debris throughout the facility. Windows are broken and there are cracks on the walls in the interior of the building. Staff _______ (report/do not report) the smell of gas in the facility. Water pipe(s) _______ (have/have not) broken in patient/client care areas.

Cell phones and internet are not working. Landlines are intermittent limiting communication to landline, fax, radio, HAM radio and satellite phones.

Due to the earthquake access to _______ Northern/Southern Santa Barbara County/San Luis Obispo County is _______ (blocked/not blocked) and 101 between Santa Barbara and Ventura has been _______ (cleared/not cleared). This is will/will not cause issues with staff coming to facility and ability to obtain resources. Possibility of aftershocks is high.
Activities my facility will conduct during exercise

<table>
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<th>Area to Practice</th>
<th>Activities</th>
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<td>Communication</td>
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<td>Activation of Plan</td>
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<td>Evacuation</td>
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<td>Water/Sewage Failure</td>
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<td>Patient Surge</td>
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</table>
What will your facility practice during the exercise?

When are you planning on conducting your exercise?
Emergency Preparedness Program

Public Health Emergency Preparedness News

The Public Health Preparedness Program conveys practical information on disaster readiness and response to healthcare and long-term care providers in Santa Barbara County. In addition, the program assures development and provision to the public of appropriate risk communication regarding natural and bioterrorism events. The program trains its staff and coordinates with other county departments, agencies, and jurisdictions to assure that adequate plans are in place for an efficient response to protect the public from health hazards following emergencies or disasters. The program also provides training and conducts drills and exercises to develop a workforce able to manage the health effects of any emergency.

NEW CMS Emergency Preparedness Rule Resources

On September 16, 2016 Centers for Medicare & Medicaid Services adopted final rule for Emergency Preparedness regulations effective November 16, 2016. 17 facility types will be affected by the new regulations which focus on 4 Core Elements of Emergency Preparedness:
1. Annual Risk Assessment & Emergency Planning
2. Policies & Procedures
3. Communication Plan
4. Training & Testing

Please go to our webpage on the the New CMS Emergency Preparedness Rule to find resources and presentations from recent the trainings.
Questions?

- Forms?
- Exercise Plan?
- Full Scale Exercise?
Wrap Up & Next Steps

- Complete and turn in training evaluation form
- Plan for your exercise
- Attend exercise conference calls as needed
  - Oct 26\textsuperscript{th} 9:00am
  - November 2\textsuperscript{nd} 9:00am
  - November 9\textsuperscript{th} 9:00am
- Attend Final Exercise Planning Meeting - November 6\textsuperscript{th} if needed
We appreciate your time and efforts to build response capacity for emergencies and disasters in your community!

THANK YOU