



SANTA CLARA VALLEY EMERGENCY PREPAREDNESS HEALTHCARE COALITION

Preparedness Plan- 6/21/18

JUNE 21, 2018
SCVEPHC



Santa Clara Valley Emergency Preparedness Healthcare Coalition

Preparedness Plan

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1. Introduction

The Santa Clara Valley Emergency Preparedness Healthcare Coalition (EPHC) identifies potential threats to life, property and the environment, and then develops plans, training and exercises to prepare for and respond to those threats. These plans will help to coordinate and support emergency response and recovery activities and will be tested through exercises and validated by the results of actual response. The goal is to maintain a robust healthcare coalition organization with strong collaborative ties among coalition members, local governments, community-based organizations, public service agencies, and the private sector.

1.2 Background

This 2018 document establishes the Concept of Operations (ConOps) for the Santa Clara Valley Emergency Preparedness Healthcare Coalition (EPHC) preparedness, response and recovery from a planned event or no-notice incident. It was prepared through a collaborative effort between coalition members, Santa Clara County Public Health, Santa Clara County EMS, and SCCHEPP. The ConOps defines the SCVEPHC operations and organizations that support the affected coalition members in the incident area.

Although it is applicable to a wide range of incidents, the CONOP is designated for the Santa Clara County EPHC members and does not provide details specific to a particular location or event type.

1.3 Purpose of the EPHC Preparedness Plan

The purpose of the EPHC preparedness plan is to document the organization and governance for the coalition. This document will list how the coalition identifies local hazards, plans, communicates, and exercises with healthcare partners and the Medical Health Operational Area Coordinator (MHOAC).

1.4 Intended Use

This Concept of Operations (ConOps) identifies specific Coalition member roles and responsibilities during pre-event. It also provides task lists and checklists for use in response operations.

The Coalition Response and Surge Plan will be the primary document(s) for support of response and recovery when the Santa Clara County healthcare delivery system is affected by a disaster.



This ConOps supplements existing facility emergency operation plans (EOP) with a focus specific to supporting continue operations of coalition members. It is an all-hazards document designed for use in both a “notice” event, such as a large scale stadium event, and a “no-notice” event, such as an earthquake or wildfire. It is most effective when used in conjunction with the coalition’s facilities emergency operations plan, Santa Clara County Medical Health Joint Operations Plan.

1.5 Audience

The intended audience for this Coalition ConOps includes EPHC emergency management professionals; Emergency Operations Center (EOC), Medical Health Joint Operations Center, and Hospital Command Center personnel and organizations as deemed appropriate.

1.6 Review and Approval of EPHC Preparedness Plan

EPHC Advisory Board Members will approve the initial plan and maintain involvement in regular reviews. Following reviews, EPHC Preparedness Plan will be updated as necessary after exercises and real-world events. The review should include identifying gaps in the preparedness plan.

2. Organization

2.1 Santa Clara County Healthcare Delivery System

The Santa Clara County Emergency Medical Services (EMS) Agency Public Health Department play a dual leadership response role when unusual public health or medical health events occur.

The Emergency Medical Services (EMS) Agency functions as the Medical and Health Operational Area Coordinator (MHOAC) and in this role works with the Public Health Department, Behavioral Health, and Environmental Health to ensure the implementation of medical and health disaster plans that address all four phases of emergency management including preparedness, response, recovery, and mitigation functions for the medical community.

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



2.2 EPHC Overview

The mission of the Santa Clara Valley Emergency Preparedness Healthcare Coalition is to foster relationships among healthcare communities throughout the County; to promote emergency planning across all healthcare sectors; to reduce gaps and weaknesses in healthcare communities; and to ensure a coordinated response to emergency or disaster. The Centers for Medicare/Medicaid Services (CMS) Emergency Preparedness Rule is the foundation and framework for EPHC's emergency preparedness program: 1) Risk Assessment and Planning 2) Policies and Procedures 3) Communications Planning 4) Training and Testing to emergency planning for healthcare facilities.

It is the philosophy of the coalition to promote peer to peer learning; build facility Emergency Operations Center leadership by engaging EPHC members in different planning activities and opportunities for professional development; promote responder collaboration and pre-event collaboration. On an annual basis, EPHC utilizes the Comprehensive Preparedness Guide (CPG) 101 Emergency Preparedness Planning Cycle to direct all hazards approach to emergency planning and training for coalition members. EPHC trains its members to the 2017 CMS Emergency Preparedness Rule and follows the direction and communication delineated in the MHOAC structure during an emergency (Appendix 1).

2.3 EPHC Mission

The mission of the Santa Clara Valley Emergency Preparedness Healthcare Coalition is to foster relationships among healthcare communities throughout the County; to promote emergency planning across all healthcare sectors; to reduce gaps and weaknesses in healthcare communities; and to ensure a coordinated response to emergency or disaster.

2.4 Santa Clara County Demographics

- Santa Clara County is the largest county in northern California by population
- The daily population of Santa Clara County is about 2.2 million. This includes visitors, and staff that commute to and from Santa Clara County for work
- The county size is 1,312 square miles
- About two thirds of the county is considered to be rural
- There are fifteen municipalities within the county limits



2.5 Santa Clara County Partner Healthcare Demographics (Appendix 2)

<ul style="list-style-type: none"> • 12 Hospitals • 11 Emergency Departments • (2) Level I and (1) Level II Trauma Centers • Public Health Laboratory 	<ul style="list-style-type: none"> • 52 Skilled Nursing Facilities • Community Health Centers • Home Health Care Providers • Dialysis Centers • Surgical Centers • 3 Hospital In-patient Psychiatric Centers
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3. EPHC Governance and Structure

3.1 EPHC Committees

EPHC Advisory Board: To provide strategic direction for the coalition. The advisory board is comprised of individuals that represent the healthcare community and partners that work with healthcare community during an emergency: Hospital, Skilled Nursing, Surgical, EMS, Information Technology, and Public Health.

Santa Clara County Hospital Emergency Program Partnership (SCCHEPP): SCCHEPP workgroup is the foundational framework for EPHC. SCCHEPP Leaders in the Hospital Emergency Management that are engaged in improving healthcare emergency response at the county level. Field Conduct annual multi-hazard vulnerability assessment. Share, compile, and review HVA data for hospitals. And promote Peer to peer coaching. And activate and practice mutual aid agreements

EPHC Education Committee: Train on the four core CMS Rules for emergency preparedness. Create annual training plan based on all hazards approach. Utilize our member's as subject matter experts to design annual education plan. Follow Homeland Security Exercise and Evaluation Program (HSEEP). Design and implement an annual training plan that is based on the top three identified hazards.

EPHC Allied Healthcare Facilities Workgroup: Leaders in allied healthcare workforce that are engaged in improving emergency response at the facility and county level.

South County EPHC Pilot HUB Community: Regional hubs can expand the capabilities of the EPHC members. The Hub concept would centralize disaster healthcare community communications and coordination activities through already established systems in the 12 county hospitals (Appendix 3).

3.2 EPHC Membership Expectations:

EPHC members follow standardized requirements for emergency planning:



- a) The Emergency Preparedness CMS Rule is the standard for the emergency preparedness program
- b) Adhere to same Joint Commission standards of emergency preparedness
- c) Complete a hazard vulnerability on annual basis
- d) Participate in annual exercises

Participation in EPHC activities set a higher benchmark for emergency response:

- a) EPHC train to top three hazard vulnerabilities
- b) EPHC partners follow the Emergency Preparedness (EP) CMS Rule
- c) EPHC members receive peer support for compliance of Joint Commission Standards and CMS EP Rule
- d) EPHC leadership promote pre-event collaboration
- e) EPHC leadership build responder collaboration through meeting participation, emergency planning, and mutual aid agreements

3.3 EPHC Expectation of Membership

EPHC follows an open and inclusive model for participation in the coalition. Members are not required to sign commitments of participation. The EPHC membership has been a successful model for participation in emergency preparedness activities in Santa Clara County. All coalition members benefit from the tools, trainings, exercises and expertise that are part of the overall collaboration of the healthcare partners with the goal of ensuring a coordinated response during a local emergency. EPHC promotes a no fault environment. It is this environment plus the value added components; like peer to peer learning, that keep members active in coalition activities.

Members are encouraged to participate in the following activities to the best of their ability and as appropriate to their facility:

- a) Adhere to the CMS/Joint Commission Emergency Preparedness Rules; which include the planning, training and exercises for the whole community including vulnerable populations and access and functional needs.
- b) Attend Emergency Preparedness Healthcare Coalition Meetings (January/March/October)
- c) Participate in disaster/emergency trainings, drills, and exercises appropriate to facility
- d) Participate in a disaster exercise annually that tests facility emergency plans and written reports with improvement plans.
- e) Write after action reports with improvement plans for their agency/facility.
- f) Update facility emergency operations plan with EPHC drafted materials when requested.



- g) Update date disaster contact information for Emergency Communications Directory (November/June)
- h) Complete and share with EPHC annual facility hazard vulnerability assessment
- i) Provide input and expertise when asked in order to develop or improve disaster response plans for the City or County.
- j) Assure that healthcare facility disaster plans and procedures have written procedures for how to contact and integrate with MHOAC Program, support sister facilities, mutual aid partners and City EOC during a disaster.
- k) During disasters, follow the Santa Clara County MHOAC operational and communication processes appropriate for healthcare facility.

3.4 EPHC Training Cycle

EPHC utilizes the CPG 101 Emergency Preparedness Planning Cycle to conduct annual hazards planning. It is the role of the Education Committee to develop and approve coalition training plan on an annual basis based on the identified top three hazards.

3.5 EPHC Emergency Preparedness Program and Training Framework

EPHC has adopted and implemented the core CMS Emergency Preparedness Rules: 1) Risk Assessment and Planning 2) Policies and Procedures 3) Communications Planning 4) Training and Testing as the framework for the coalition emergency preparedness program.

3.5.1 Meeting Schedule

January – Hazard Vulnerability Assessment Meeting

March – Bi-Annual Meeting

October – Bi-Annual Meeting

November – Statewide Medical Health Exercise

Monthly – SCCHEPP, Hospital Emergency Manager's Meeting

3.5.2. Exercises

EPHC members should participate in exercises that test facility disaster plans, communication and coordination of resources. EPHC members are encouraged to participate in one tabletop and one functional exercise on an annual basis. Every November, the Santa Clara County Public Health, EMS, and EPHC will host the Statewide Medical Health Exercise. Participation is encouraged for all healthcare partners.



EPHC follows the Homeland Security Exercise and Evaluation Program (HSEEP). The Homeland Security Exercise and Evaluation Program provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. The Emergency Preparedness Rule for Center for Medicare/Medicaid (CMS) requires facility exercises to follow the HSEEP format.

3.6 EPHC Sustainability:

3.6.1 The value of Healthcare and Medical Readiness:

EPHC's shared vision for emergency preparedness is to promote facility readiness by improving healthcare emergency response capability at the county level. This shared vision can be achieved by assessing availability of resources by hazard or vulnerable population annually. Hospital Emergency Managers, Allied Leaders, EMS, and Public Health assist in building facility EOC leadership by being engaged in different planning activities. Also, the hospital and skilled nursing MOU's and local mutual assistance program requires facilities to share resources and support sister facilities during a local emergency.

Additionally, EPHC members are engaged in various EPHC workgroups work to promote the coalition; such as 1) Santa Clara County Hospital Emergency Preparedness Program (SCCHEPP), is the hospital group that works together with Fire, Public Health, EMS, and Office of Emergency Management, and local municipalities to plan for top hazards and unusual events 2) Bay Area UASI Mass Care workgroup, work with Mass Care and Shelter partners to bridge medical health with sheltering operations and 3) Santa Clara County Emergency Managers Association, healthcare facilities can plan with local municipalities.

3.6.2 EPHC Financial Sustainability:

EPHC is engaged in horizontal and vertical process for emergency medical and health disaster assistance.

- Horizontal Resource Requesting: Hospital and Skilled Nursing Mutual Assistance agreement
- Vertical Resource Requesting: Santa Clara County MHOAC Program for Resource Requesting, and the California Mutual Aid Agreement for Region II

When possible the agreements delineate the process for reaching out to partners horizontally or vertically for resources; such as, staffing, medical supplies, non-medical supplies, and other resources the process for reimbursement of resources.



4. Roles and Responsibilities

4.1 Medical Health Operational Area Coordinator Program (MHOAC)

EPHC trains to the Medical Health Operational Area Coordinator/Program:

The MHOAC program is a single point of contact and is responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster. During unusual events or disasters, healthcare facilities will rely on the MHOAC for incident coordination, situational awareness, mutual aid, resource allocation, and emergency communications during the event (Appendix 4).

4.1.1 Santa Clara County EMS Duty Officer Program

The EMS Duty Chief is filled by one of the Santa Clara County EMS Agency Program Managers. EMS Duty Chief coverage is accomplished through a standard rotation of qualified personnel. When assigned to coverage, the EMS Duty Chief is the primary contact for all EMS and medical/health issues that are under the authority of the California Health and Safety Code. During this time, the EMS Duty Chief is required to be able to respond to inquiries within ten minutes of notification. One EMS Duty Chief is scheduled at all times.

The EMS Duty Chief works closely with public and private responders and provides council to command as appropriate. They primarily serve as a facilitator, technical reference specialist, and agency representative. The EMS Duty Chief also serves as the initial 24 hour contact for request within the Medical-Health Mutual Aid System. They may provide transportation and support to Health Department personnel (health officers, outbreak teams, public information, etc.), when necessary. The EMS Duty Chief may also staff other emergency/support vehicles and/or may be assigned to a department operations center, EOC, or other area to support a medical health mission.

4.1.2 MOU Agreements:

EPHC Leadership has identified that Hospital and Skilled Nursing Facilities, should be engaged in an informal agreement detailing mutual aid support during an emergency:

- *The County of Santa Clara Hospital Mutual Aid System Memorandum of Understanding for Hospitals:*
- *The Santa Clara County Emergency Cooperative Assistance Agreement for Skilled Nursing Facilities:*

Mutual Aid Agreements for Hospitals and Skilled nursing will be updated based on recommendations received from facility leadership. Agreements will be automatically renewed on an annual basis if no changes are requested from signed partners.



4.2 EPHC Roles and Responsibility of Healthcare Facilities during an Emergency

Each EPHC member has a role in assuring the successful operations during disaster response. The following are the three roles and responsibilities for healthcare partners during an emergency: 1) Maintain Communications with the MHOAC 2) Maintain Existing Services 3) Support Mutual Aid.

EPHC members are to practice at least on a bi-annual basis reporting the following information during a disaster at the statewide medical health exercise, and through monthly communications drills:

- a) Facility Status (short form)
- b) Bed Availability
- c) Resources Assessment
- d) Resource Requesting and
- e) Mutual Aid Support

4.2.1 EPHC Information Sharing Tools

4.2.1.1 EPHC Member Emergency Communications

EPHC members are practice on an annual basis using primary and redundant forms of communication during a disaster at the statewide medical health exercise, and through monthly communications drills.

A) California Health Alert Network

The California Health Alert Network (CAHAN) is the State of California's and Santa Clara County's communications system available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. CAHAN participants have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).

B) EMResource/EMSystem

EMResource is a web-based solution designed to address resource management needs across the health care continuum. Our solution was designed by clinicians for clinicians, equipping those involved in health care and emergency response with practical, convenient and holistic operational views of area and regional resources.

- 1. Situational Awareness
- 2. Status Reporting
- 3. Bed Availability
- 4. Automated Notifications

C) WebEOC



WebEOC is a web-based solution for incident management. Built to support the mission of crisis management, public safety and emergency response personnel, the solution has evolved to provide simplified information access promoting intelligent incident response and business resiliency.

1. Information Management
2. Event Reporting
3. Resource and Task Management

D) Healthcare Facility Emergency Communications Directory

The Emergency Communications Directory by healthcare facility is a document which identifies the facility's primary and secondary emergency contact. The Emergency Communications Directory is a redundant communication list for the County EOC and will be used by healthcare partners for requesting mutual aid. As staff changes occur, it is the responsibility of the facility administrator to update the emergency communications directory. This document is updated in June and November (Appendix 5).

E) Ham Radio/ARES

The Amateur Radio Emergency Service (ARES) consists of licensed amateurs who have voluntarily registered their qualifications and equipment, with their local ARES leadership, for communications duty in the public service when disaster strikes.

4.2 Incident Command System:

EPHC trains to the Incident Command Structure (ICS). ICS organizational structure and procedures enable emergency response personnel to work safely together to take control of a critical incident or unusual event. It can also assist organizations to effectively and efficiently manage the recovery of a critical incident.

A) Reporting to the MHOAC Facility Status During an Emergency:

1. The MHOAC will send out a message to submit facility status
 - i. The message will include instructions on how to submit information
2. During a local emergency, facilities are to use the following forms
 - a. Facility Status Short Form- DEOC 9 (Appendix 6)
3. Data from DEOC 9 forms will be used to gather intel/data about the emergency at the local level.
4. Information from DEOC 9 will assist the MHOAC make decisions at the city/county level
5. The DEOC 9 form will be used to track available resources within the county.

B) Resource Requesting During an Emergency

1. Follow the same protocol when requesting resources during a local emergency



2. Use Medical Resource Request DEOC 9A or Non-Medical Resource Request form OES 213 RR to request resources (Appendix 7)
 - a. It is the facility's responsibility to keep City Emergency Manager and City EOC Contact number in the Communication Section of Emergency Operations Plan



Appendix 5.1 Understanding CMS Emergency Preparedness Rule



SANTA CLARA VALLEY
Emergency Preparedness Healthcare Coalition

Understanding the New CMS Rules for Emergency Preparedness

Risk Assessment and Planning	<ul style="list-style-type: none">•Annual Hazards Vulnerability Assessments•Assessment of Patient Population•Ability to Provide Services During an Emergency	✓ SCVEPHC
Policies and Procedures	<ul style="list-style-type: none">•Establish Emergency Operations and Communications Plan, Evacuation / and or Sheltering Plan, Continuity of Operations, Succession Planning•Patient and Staff Tracking Capability•Secure Confidential Information•Volunteer and Emergency Staffing Integration•Mutual Aid Agreement	✓ SCVEPHC
Communications Planning	<ul style="list-style-type: none">•Internal and External Communications Plan•Situational Awareness and Bed Availability Communications with County Public Health Office	✓ SCVEPHC
Training and Testing	<ul style="list-style-type: none">•Annual Facility Training•Annual Tabletop and Functional/Full-Scale Exercise•After Action Report	✓ SCVEPHC

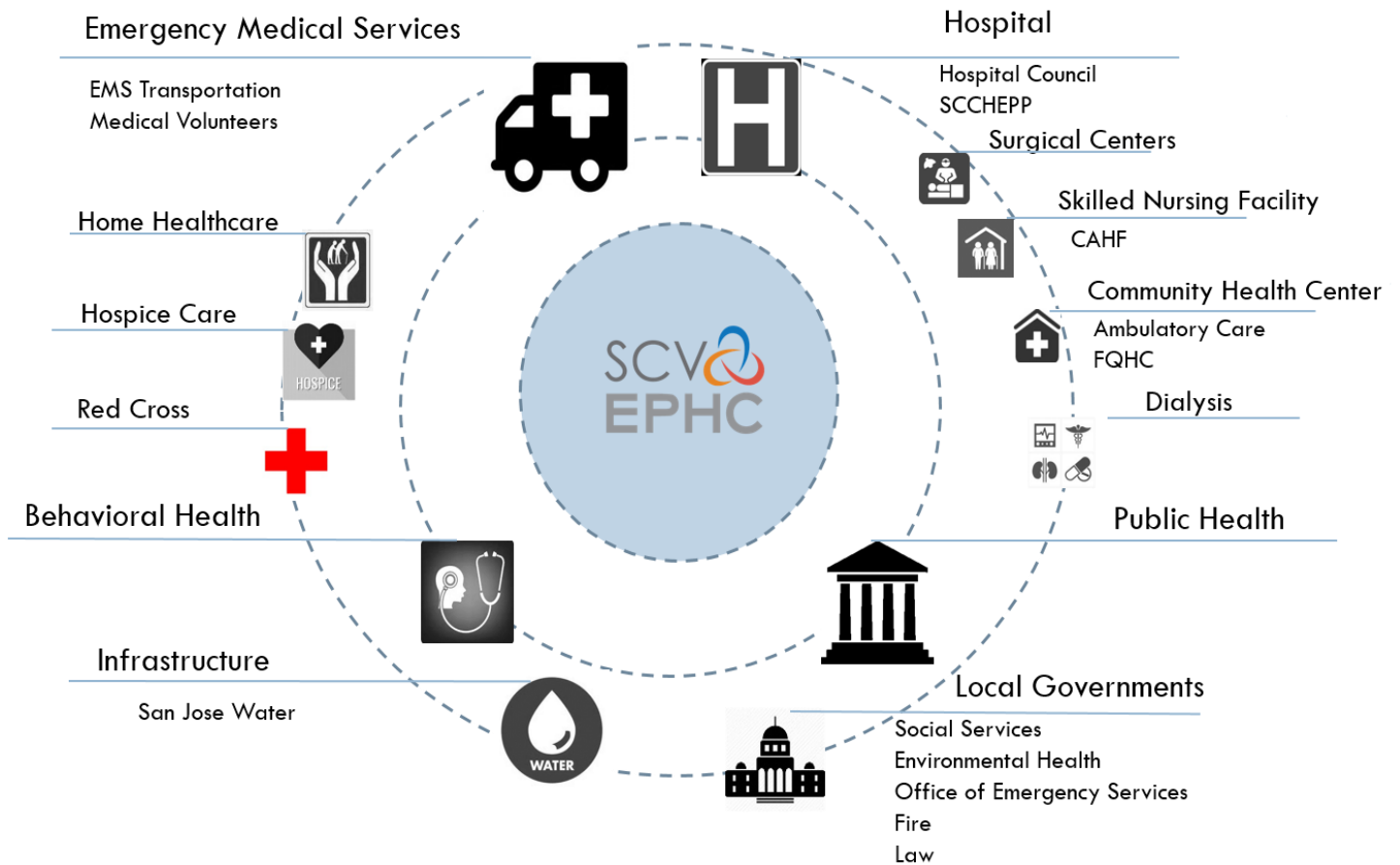


Appendix 5.2 EPHC Coalition Membership Demographics

EPHC Coalition Membership

Hospital	SNF	Surgical*	CHC*	Home Health*	Hospice*	Dialysis*	Non-Profit	Infra-structure
12	52	7	4	3	1	3	2	3

*represents the membership of corporation leadership instead of individual facilities.





Appendix 5.3 HUB Community Concept

HUB- Community Concept

Healthcare Emergency Community Planning and Response

- Regional hubs can expand the capabilities of the SCVEPHC members.

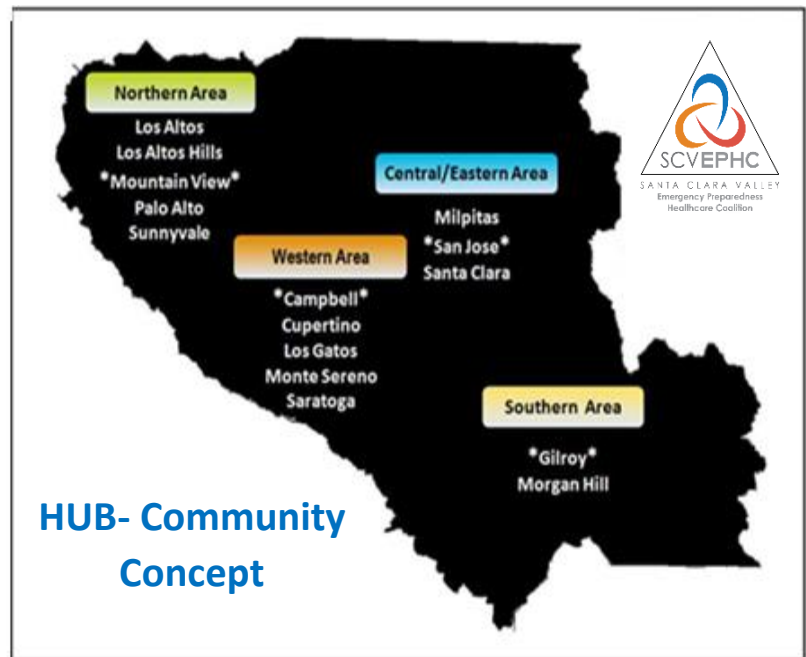
- Hub Liaison position that reports to the coalition and EOC during disasters

- Centralize disaster communications and coordination activities

- WebEOC
- Command 92
- Ham radio

- The four (4) geographic Hub regions would align with the established four regions of the Santa Clara County Volunteer Management Plan.

- Build facility readiness at the local level
- Strengthen local healthcare partnerships
- Improved EPHC facility planning/response outcomes





Appendix 5.4 MHOAC Functions

Medical Health Operational Area Coordinator

Areas of Responsibility

California Health and Safety Code §1797.153.

Function	Lead Agency
Assessment of immediate medical needs	EMS Agency
Coordination of disaster medical and health resources	EMS Agency/Health Officer
Coordination of patient distribution and medical evaluations	EMS Agency
Coordination with inpatient and emergency care providers	EMS Agency (Public Health Preparedness related to grants)
Coordination of out-of-hospital medical care providers	EMS Agency/Public Health (Public Health Preparedness related to grants)
Coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services	EMS Agency
Coordination of providers of non-fire based prehospital emergency medical services	EMS Agency
Coordination of the establishment of temporary field treatment sites	EMS Agency
Health surveillance and epidemiological analyses of community health status	EPI/Lab/Health Officer
Assurance of food safety	Environmental Health Department
Management of exposure to hazardous agents	Environmental Health Department/ EMS Agency/Public Health Lab/Health Officer
Provision or coordination of mental health services	Mental Health Department
Provision of medical and health public information protective action recommendations	Health Officer/Health Information Officer/EMS Agency
Provision or coordination of vector control services	Environmental Health



Function	Lead Agency
Assurance of drinking water safety	Health Officer/Environmental Health
Assurance of the safe management of liquid, solid, and hazardous wastes	Environmental Health
Investigation and control of communicable disease	Health Officers/Lab/PH Communicable Disease



Appendix 5.5 Emergency Communications Enrollment Form

Facility Name	
Street Address	
City, State, Zip	
Main Phone #	
Facility Administrator	
Name	
Title	
Work email address	
Office phone (landline) #	
Work cellphone #	
Fax #	
Personal email address	
Personal cellphone #	
Home telephone (landline) #	
Emergency Preparedness Coordinator	
Name	
Title	
Work email address	
Office phone (landline) #	
Work cellphone #	
Fax #	
Personal email address	
Personal cellphone #	
Home telephone (landline) #	
<p>Please return to Marina Zamarron at marina.zamarron@phd.sccgov.org. Feel free to contact Marina Zamarron at 408-792-5617 with questions.</p>	

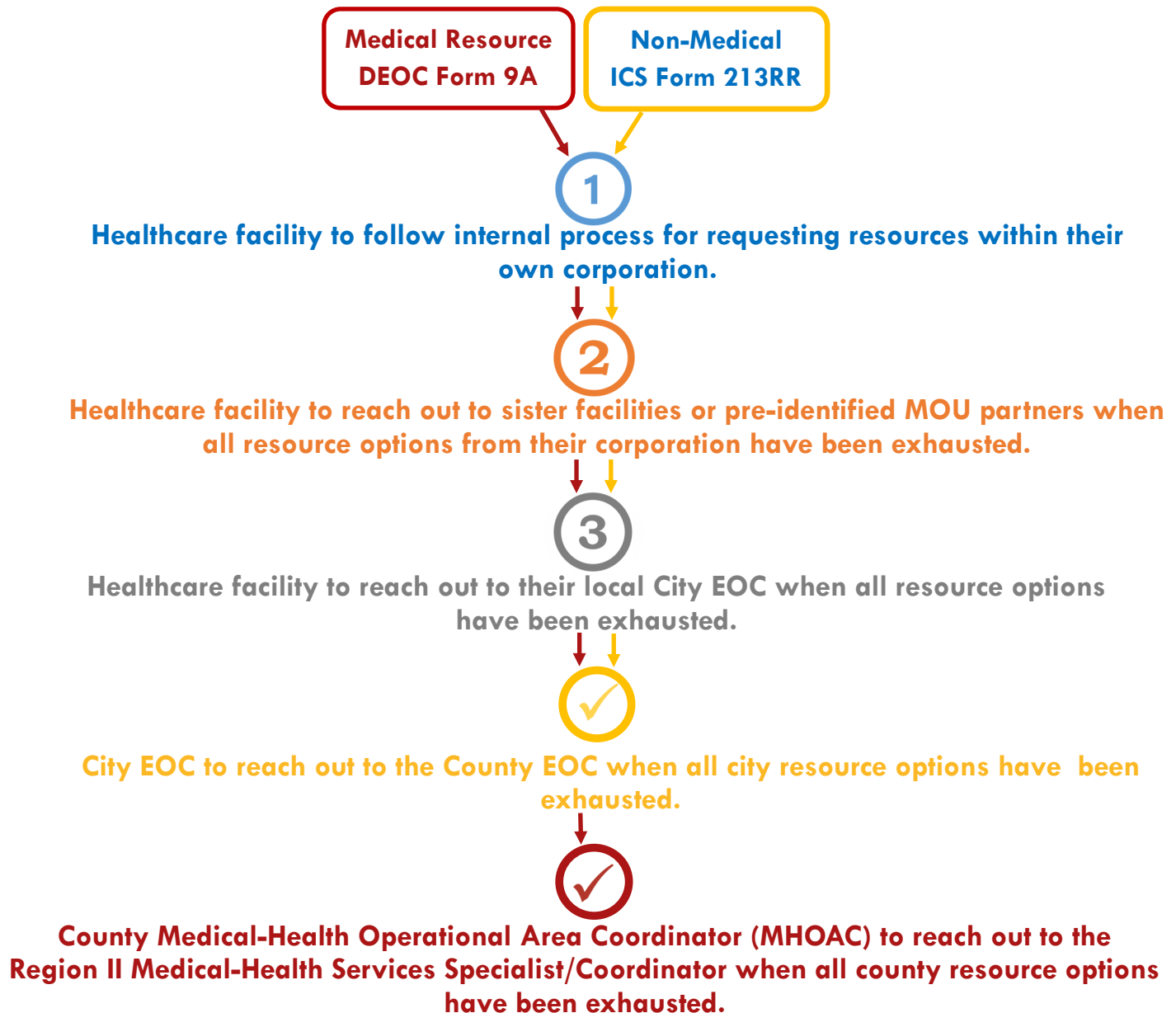


ALLIED HEALTH STATUS REPORT SHORT FORM

FACILITY NAME:		FACILITY TYPE		DATE:		TIME:	
Contact Name:		Phone #		Fax #			
Other Phone, Fax, Cell Phone, Radio:		Incident Name and Date:					
FACILITY STATUS	CHECK ONE	CHECK ATTACHMENTS PROVIDED				Yes/No	
GREEN- FULLY FUNCTIONAL		NHICS/ICS ORGANIZATION CHART					
RED- LIMITED SERVICES		DEOC-9A RESOURCE REQUEST FORMS					
BLACK- IMPAIRED/CLOSED		NHICS/ICS STATUS REPORT FORM - STANDARD					
CONTACT INFORMATION		NHICS/ICS INCIDENT ACTION PLAN					
EOC MAIN CONTACT NUMBER		PHONE/COMMUNICATIONS DIRECTORY					
EOC MAIN CONTACT FAX		GENERAL SUMMARY OF SITUATION/CONDITIONS					
NAME LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH							
CONTACT NUMBER							
INFORMATION OFFICER NAME							
CONTACT NUMBER							
CONTACT EMAIL							
IF EOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS		BED RESOURCE AVAILABILITY	Staffed Bed- M	Staffed Bed-F	Vacant Beds-M	Vacant Bed-F	*Surge #
CONTACT NUMBER		SKILLED NURSING					
CONTACT EMAIL		ASSISTED LIVING					
PATIENT FLOW INFORMATION	TOTAL	SURGICAL BEDS					
PATIENTS TO EVACUATE		SUB-ACUTE					
PATIENTS INJURED - MINOR		ALZHEIMERS/DIMENTIA					
PATIENTS TRANSFERED OUT OF COUNTY		PEDIATRIC-SUB ACUTE					
OTHER PATIENT CARE INFORMATION		PSYCHIATRIC					
DEOC/EOC/DUTY CHIEF USE		*surge number: # of beds in addition to vacant available beds					
		TYPE OF RESOURCES	CHAIRS/ ROOMS	VACANT CHAIRS/ ROOM	FRONT DESK STAFF	MEDICAL SUPPORT STAFF	PROVIDER STAFF
		DIALYSIS					
		SURGICAL					
		CLINIC					
		HOMEHEALTH					
		ADULT DAY CENTER					
Please follow instructions received from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) Use the RESOURCE REQUEST FORM to request resources.							
ALLIED HEALTH STATUS REPORT FORM – Revised February 2018 Department Operations Center Form 9 (DEOC-9)							

Resource Requesting during Emergencies

Please follow these steps when requesting resources during an emergency:



City EOC Contact Information

Name: _____ Phone: _____

Email: _____ Fax: _____

EOC
Emergency
Operations
Center



County of Santa Clara

MEDICAL HEALTH BRANCH

RESOURCE REQUEST FORM #9A

DATE:

TIME OF REQUEST:

REQUESTING FACILITY:

CONTACT:

PHONE:

FAX:

NATURE		FACILITY TYPE	BILLING
SUPPLY	EQUIPMENT	CITY	BILL TO:
MEDICAL GUIDANCE	PERSONNEL	HOSPITAL	
OTHER:		ALLIED HEALTHCARE	ORGANIZATIONAL AUTHORIZATION ID (PO, Facility Resource Request ID, etc.)
		PUBLIC HEALTH	
		HHS DEPT.	
		DEOC REQUEST	
		OTHER	

DESCRIBE THE RESOURCE REQUESTED

Directions: Include quantity, need by, deliver location, duration, specifications, etc. Use one form per request.

STATEMENT OF REQUESTOR

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

NAME:

SIGNED:

DATE:

Fax to 408.794.0735**MHOAC/EMS DUTY CHIEF/DEOC/MEDICAL HEALTH BRANCH USE**

TRACKING	DISPOSITION
TIME RECEIVED: INIT:	REQUEST FILLED ON BEHALF OF THE VENDOR AT THEIR COST
DISPOSITION:	REQUEST FILLED – REFLECT BILLING TO:
REQUEST FILLED	GL ACCOUNT #: OTHER #:
REQUEST NOT FILLED	BUDGET UNIT: COST CENTER:
REFERRED TO EOC	INTERNAL ORDER #: TRACKING ID:
RETURNED TO REQUESTOR	RIMS REFERENCE #: BY:
	CLOSED REQUEST: DELIVERY INFORMATION ENTERED INTO LOG

NOTES**AUTHORIZATION**

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

NAME

SIGNED:

DATE:

DEOC ID#:

DEOC PHONE – 408.794.0700
Revised September 2009

EMS DUTY CHIEF PHONE – 408.998.3438



County of Santa Clara
Emergency Operations Center (EOC)
Resource Request Form 213RR

COMPLETED BY REQUESTOR

1. Incident Name	2. Date Initiated	3. Time Initiated	4. Tracking Number <i>(Completed by OA EOC)</i>
5. Requested By <i>(name, agency, position, email, phone)</i>	<p style="text-align: center;">How to use the EOC Form 213RR</p> <p>Purpose The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.)</p> <p>When to use The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request.</p> <p>Prepared by Any EOC position or agency requesting resources from the OA</p> <p>Approved by Section Chief of the requesting EOC or Supervising Official at requesting agency</p>		
6. Prepared by <i>(name, position, email, phone)</i>	<p>Routed to Planning Section → Logistics Section → Finance/Admin Section → EOC Director → Logistics Section</p> <p>Filed with Logistics Section Resource Tracking Unit / Planning Section Documentation Unit</p>		
7. Approved by <i>(name, position, email, phone)</i>	<p>User Notes The Form 213RR is a two-sided form. Side one is completed by the requestor. Side two is completed by the OA EOC. Please check that both sides are available.</p>		
Signature: _____			

REQUESTED RESOURCE DETAILS

	8. Qty/Unit	9. Resource Description <i>(kind/type, if applicable)</i>	10. Arrival <i>(date/time)</i>	11. Priority	12. Est'd Cost
Requesting Agency / EOC Section				Now <input type="radio"/> High <input type="radio"/> <i>(0-4 hours)</i> Medium <input type="radio"/> <i>(5-12 hours)</i> Low <input type="radio"/> <i>(12+ hours)</i>	
	13. Deliver to <i>(name, agency, position, email, phone)</i>			14. Location <i>(address or lat./long., site type)</i>	
	15. Substitute/Suggested Sources <i>(name, phone, website)</i>				
	16. Supplemental Requirements <i>(include details in #17)</i>			17. Special Instructions	
	<input type="radio"/> Equipment Operator <input type="radio"/> Lodging <input type="radio"/> Fuel <input type="radio"/> Power Fuel Type _____ <input type="radio"/> Meals <input type="radio"/> Maintenance <input type="radio"/> Water <input type="radio"/> Other _____				

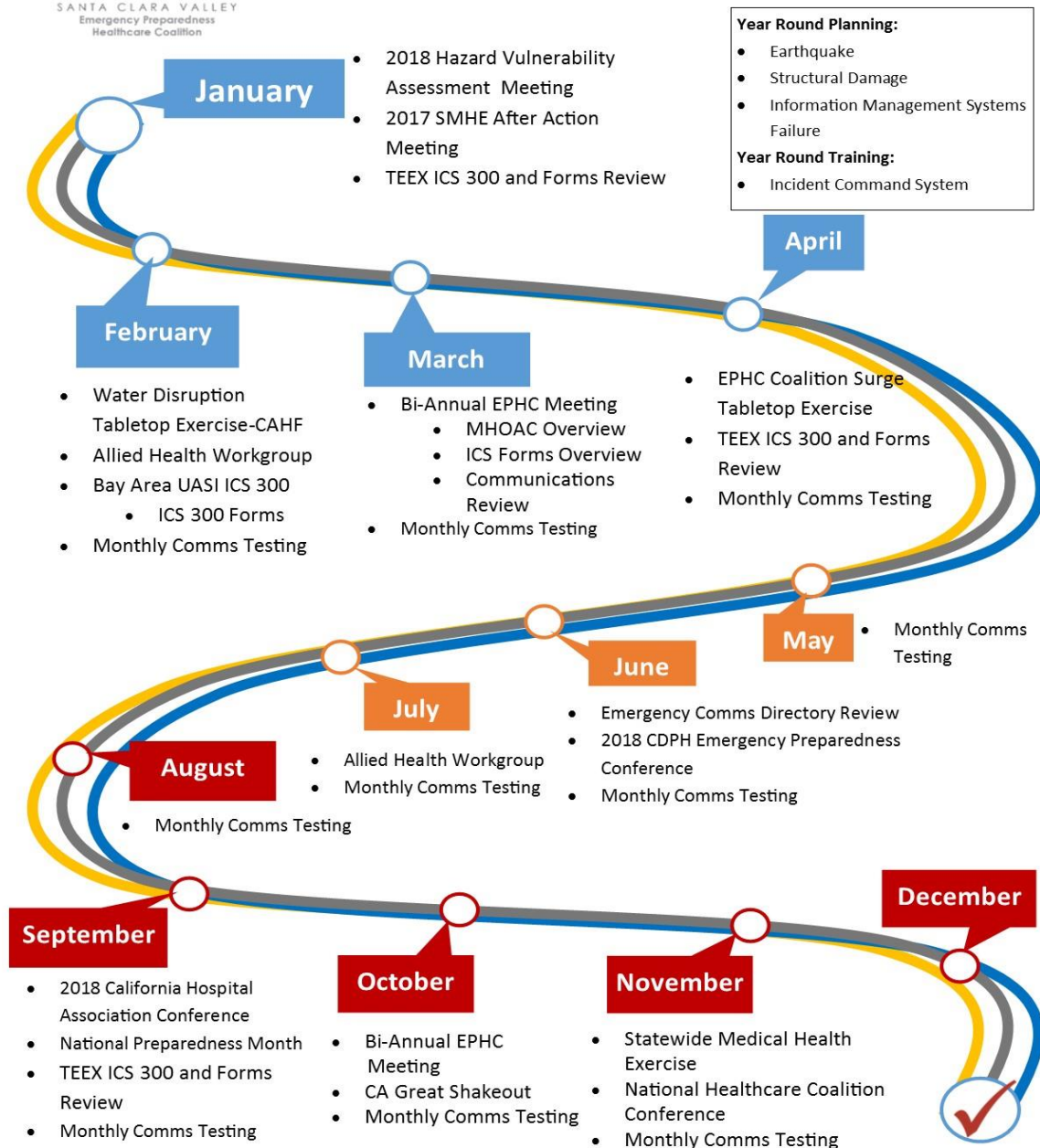


Appendix 5.8 EPHC Training Plan



EPHC: Facility Readiness

2018 Training Calendar





Appendix 5.9 HVA Letter to Members

To: EPHC Members

Date: October 4, 2017

Re: EPHC 2017 Hazard Vulnerability Assessment Report

Report Background:

The mission of the Santa Clara Valley Emergency Preparedness Healthcare Coalition (SCVEPHC) is to promote a coordinated response to a local emergency or disaster. In January 2017, EPHC hosted a coalition centered Hazard Vulnerability Assessment (HVA). A coalition based HVA report has been compiled and disseminated. The HVA was developed with collaboration from the following facilities, including: hospitals, surgical centers, skilled nursing, dialysis, community health centers, and home health care. This report provides analysis and preparedness and planning efforts based on the risks identified by the coalition.

EPHC 2017 Hazard Vulnerability Assessment Analysis:

The HVA identified the following areas as the highest risk for healthcare facilities in Santa Clara County.

- Earthquake
- Structural Damage
- Information Management Failure
- Epidemic Pandemic
- Electrical Power Failure
- Workplace Violence
- Mass Casualty Incident and Infectious Outbreak
- Weapon
- Flood-Internal
- Active Shooter

★ Any of these hazards can pose a need for a full or partial evacuation

Summary of 2017 EPHC HVA Analysis:

Santa Clara Valley Emergency Preparedness Healthcare Coalition, Santa Clara County Hospital Emergency Managers Partnership (SCCHEPP), Santa Clara County EMS plan and practice for an all hazards approach to any local disasters. The following is an



overview of the mitigation, preparedness, response and recovery as a county and recommendations for year 2017-2018.

EPHC members and Public Health collaborated with the Medical Health Operations Area Coordinator (MHOAC) to participate in Emergency Operations communications testing: WebEOC, EMResource, CAHAN, and redundant communications testing such as HAM radio operations.

New allied healthcare partners were identified and enrolled into our California Healthcare Alert Network. Public Health and allied healthcare partners participated in the Operational Area Earthquake Exercise on September 14, 2017. This was the first exercise comprised of a core group of allied healthcare partners; including Hospice, Home health, Skilled Nursing, Community Health Centers, Dialysis Centers. During the exercise, partners completed DEOC 9 and 9 A forms, Bed Reporting, Resource Requesting, Mutual Aid and CAHAN alert.

A workgroup comprised of the County Social Services Agency, American Red Cross, Public Health Department, EMS, and hospitals have been convened to improve family reunification. The hospitals are working to outline universal guidance when implementing family reunification plans during a mass casualty. Hospitals and EMS continue to work on supplies, bed availability and other resources as coordinated through the Medical Health Operations Area Coordinator.

Analysis of Preparedness Elements for year 2017:

- Participation in pediatric surge and mass casualty response during Statewide Medical Health Exercise November 2016.
- Implementation of 2017 CMS Emergency Preparedness Rule centric year-long training January 2017.
- EPHC Hazard Vulnerability Assessment Training January 2017.
- CAHAN Enrollment of new allied healthcare partners 2017.
- Participation in Cyber Security from the NCRIC, EPHC Bi-Annual Meeting April 2017.
- Planned participation in Countywide catastrophic earthquake tabletop and an operations-based exercise September 2017
- Participation in Health Care Workplace Violence Prevention Regulations event July 2016.



Appendix 6.0 SNF Mutual Aid

SKILLED NURSING FACILITIES and/or LONG TERM CARE FACILITIES in SANTA CLARA COUNTY EMERGENCY COOPERATIVE ASSISTANCE AGREEMENT MEMORANDUM of UNDERSTANDING

Purpose:

It is understood that in the event of a large scale incident in Santa Clara County, skilled nursing facilities are still able to provide some degree of medical care and patient advocacy. Hospital admissions of these patients would overwhelm area hospitals and prohibit the admission of critically ill persons. This is not to say that patients sustaining medical problems or injuries, related to large scale incidents, will not be treated and cared for by emergency medical services. Skilled nursing facilities are encouraged to provide care within their scope of practice, rather than transferring patients to hospitals.

The admission of chronically ill patients from the aforementioned facilities, into an acute care hospital, will not serve any population well. The majority of patients residing in or participating in these allied health care facilities or programs are in need of assistance with the basic activities of daily living and not critical care.

This Memorandum of Understanding (MOU) is a voluntary agreement among the Skilled Nursing Facilities and/or Long Term Care Facilities in Santa Clara County for the purpose of providing cooperative assistance to one another at the time of a disaster. Nothing in this MOU is intended to create any legal relationship among the organizations other than that of independent entities agreeing to assist each other during a disaster or other critical situation.

It signifies the belief and a commitment of the undersigned facilities that, as a result of any emergency or disaster, regardless of cause, which may exceed the effective response capabilities of the impacted facility, the affected facility may request assistance from another participant facility as is set forth herein.

This document is intended to augment, not replace any facility's disaster plan. No participant of this Memorandum of Understanding shall be required to provide medical supplies, equipment, services or personnel to another facility that are required to meet their own internal needs. This document supplements the rules and procedures governing interaction with other organizations during a disaster. A disaster may be an "internal" or "external" event that involves one or more facilities and this document assumes that each affected facility's emergency management plan has been fully implemented. The terms provided in this document are to be incorporated into the facility's emergency management plan.

Definitions as used for this MOU shall apply:

1. A "transferring facility" means any signatory facility to this agreement which has been adversely affected by a disaster to the extent that it believes, in its, sole discretion, that it would be advisable to transfer its residents to another skilled nursing facility for a period not to exceed 30 day.
2. A "receiving facility" means a signatory facility to this agreement which is, in its sole discretion, willing and able to house, care for, and treat skilled nursing facility residents from a transferring facility.

By signing this MOU, each facility is evidencing its intent to abide by the terms of the MOU in the event of a disaster. The facilities that participate in this MOU concur to make a reasonable attempt to comply with the following:

1. Evacuation of a facility:

- A. If a disaster affects an undersigned facility (or facilities) requiring a partial or complete evacuation of the facility, the undersigned facilities agree to participate in the distribution of patients from the affected facility.



- B. In the event of an evacuation the transferring facility will contact their Area Coordinator (Area Coordinators are representatives of each Skilled Nursing Facility Region in Santa Clara County. They will coordinate communication with the County and the Skilled Nursing Facilities in their respective regions in the event of a major disaster). The Area Coordinator will contact the Santa Clara County EMS Duty Chief via Santa Clara County Communications (408-998-3438), per established protocol and guidelines.
- C. Transfer Request: A request to transfer patients may initially be made by verbal request, but the request shall be followed up by written documentation. The transferring facility, as best as possible during an emergency event, will identify to the receiving facility the following minimum information:
- " The number of patients needing to be transferred
 - The general nature of the patient's condition, including illness
 - Any specialized services that would be required by the transferred patients
 - Patient medications and/or specialized equipment needed
- D. Documentation: The transferring facility, as best as possible during an emergency event, should provide the receiving facility the following information:
- The patient's medical records
 - Insurance information
 - Patient medication and medication schedule (including last time medication was administered)
 - Specialized equipment that is necessary for the care of the patient
 - Other information that is important for adequate patient care
- E. Patient Transfer: The transferring facility is responsible for tracking the destination of all patients who are being transferred out of their facility. The transferring facility is responsible for making all notifications to the patient's family or guardian as well as the patient's attending or personal physician. Transferring facilities should minimize the amount of personal items of the patients that are being transferred. Any patient property and/or valuables that are transferred with the patient should be documented and a copy of the inventory list provided to the receiving facility.
- F. Supervision: The receiving facility will designate the admitting service, the admitting physician for each patient and, if requested, will provide temporary courtesy privileges to the patient's original attending physician, per the receiving facility's policy and procedures (emergency privileges for physicians and other health care providers will be granted in accordance with The California Association of Health Facilities standards).

2. Medical Supplies and Pharmaceuticals:

- A. In the event that medical supplies and/or pharmaceuticals or equipment are requested, the undersigned facilities agree to share the requested supplies to ensure that patients in Santa Clara County receive the necessary treatment during a disaster. Reusable equipment will be returned to the facility of origin as soon as it is possible. This will be dependent upon the termination of the emergency event and the return of the transferred patients to their original facility.
- B. Requests for medications, pharmaceuticals or equipment may be made verbally, and will be followed up by written documentation.
- C. Documentation: Documentation should provide a detail of the items requested and the condition of any items that are on loan to the receiving facility. Additionally, the documentation should identify who is responsible for the material or equipment.
- D. Authority: Upon receipt of any medical supplies, pharmaceuticals or equipment, the receiving facility will have supervisory responsibility over these items until returned to the transferring facility.



- E. Financial Responsibility: Reimbursement for transportation fuel and associated staffing will be made within ninety (90) days of receipt of an invoice.

3. Miscellaneous Provisions:

- A. Any party may propose amendments to this MOU at any time by providing a written notification to their Area Coordinator.
- B. An undersigned facility may terminate their participation in this MOU at any time by providing a thirty (30) day written notification to the administrator at each of the undersigned facilities.
- C. All compensation for equipment, supplies, personnel, etc. that are provided to the receiving facility, pursuant to this MOU, will be paid by the receiving facility within ninety (90) days of receipt of an invoice from the transferring facility.

4. Financial and Legal Liability:

- A. The receiving facility will assume legal responsibility for any personnel, equipment, medical supplies and pharmaceuticals from the loaner facility during the time the personnel, equipment, supplies and pharmaceuticals are at the receiving facility. The receiving facility will reimburse the loaner facility, to the extent permitted by federal law, for all the loaner facility's costs as determined by the loaner facility's regular rate. Cost will include all usage, damage, replacement, breakage and return costs of borrowed materials, for personnel injuries that result in disability.
- B. The receiving facility assumes the legal and financial responsibility for transferred patients upon arrival at the receiving facility. Upon admission, the receiving facility is responsible for liability claims originating from the time the patient is admitted to the recipient facility.

5. Indemnification

- A. Each facility signatory to this agreement which becomes a transferring and/or a receiving facility as those terms are used herein shall indemnify and hold harmless the facility to whom it transfers residents, or from whom it receives residents, as the case may be, from any and all claims of harm and damages, including attorney fees, which arise either directly or indirectly from intentional acts, errors, omissions and/or negligence of it and its employees, servants, or agents in carrying out the terms and provisions of this MOU.
- B. Each facility signatory to this agreement shall obtain and maintain in full force and affect a policy of general and professional liability insurance with limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate, or it shall maintain an equivalent program of self-insurance. Each facility shall, upon written request, provide a copy of such policy of insurance or evidence of self-insurance program to any other signatory facility of this agreement.

6. Rules, Regulations, Permits and Licenses

- A. All parties should be in conformity with all Federal, State, County and local laws, rules, regulations, both current and those that are enacted in the future. This includes facility and professional licensing and/or certifications that are required. All parties should also comply with all applicable laws concerning wages and hours of employment, occupational safety, health, sanitation, and fire safety.
- B. All undersigned parties certify that they possess and will continue to maintain or cause to be obtained and maintained, at no cost to other parties, all approvals, permissions, permits, licenses, and other forms of documentation required for it and its employees to stay in compliance with all existing domestic statutes, ordinances, regulations or other laws that may be applicable to the performance of services.



Appendix 6.1 EPHC Member List

Surgical

Bay Area Surgical
El Camino Surgical
Palo Alto Medical Foundation/Sutter Health Surgical and Urgent Care
Silver Creek Surgery Center
Trinity Surgery
National Ambulatory Surgery Center, LLC.
Advanced SurgiCare, LLC
O'Connor Building Surgery Center, LLC.
Los Altos Surgery Center, LLC.
Knowles Surgery Center, LLC

Dialysis

Davita Dialysis
Fresenius Dialysis
Satellite Healthcare

Home Health/Hospice/PACE/Outpatient

Care at Home
Heart of Hope Hospice
Lifegen
Maxim Home Health
OnLok
Pathways
South Springs Home Health
Vistas
VN Home Health
Vibrant Care

Non-Profit

California Association of Healthcare Facilities
Emergency Managers Association for Santa Clara County/Municipalities
Medi-Share
Mission College
Red Cross
Hospital Council of Northern California



Infrastructure

San Jose Water
School Nurses

Government

Behavioral Health
Emergency Medical Services
Office of Emergency Services
Public Health
Social Services
Fire

Federally Qualified Community Health Centers

Asian Americans Community Health Center
Foothill Community Health Center
Gardner Family Community Health Center
Indian Health Center
Mayview Community Health Center
North East Medical Community Health Center

Hospitals

El Camino Los Gatos
El Camino Mountain View
Good Samaritan Hospital
Kaiser San Jose
Kaiser Santa Clara
Lucile Packard Children's Hospital
O'Connor Hospital
Regional Hospital
St. Louise Hospital
Stanford Hospital
Valley Medical Hospital
Veterans Hospital



Skilled Nursing Facilities

A GRACE SUB ACUTE & SKILLED CARE	MOUNTAIN VIEW HEALTHCARE CENTER	THE TERRACES AT LOS ALTOS HEALTH FACILITY
CEDAR CREST NURSING AND REHABILITATION CENTER	CUPERTINO HEALTHCARE & WELLNESS CENTER	LOS ALTOS SUB-ACUTE AND REHABILITATION CENTER
COURTYARD CARE CENTER	SAN TOMAS CONVALESCENT HOSPITAL	GRANT CUESTA SUB-ACUTE AND REHABILITATION CENTER
LINCOLN GLEN SKILLED NURSING	HERMAN HEALTH CARE CENTER	CANYON SPRINGS POST-ACUTE
LOS GATOS SNF, LLC	EMPRESS CARE CENTER, LLC	GILROY HEALTHCARE AND REHABILITATION CENTER
MANORCARE HEALTH SERVICES (SUNNYVALE)	AMBERWOOD GARDENS	GOLDEN LIVINGCENTER - SAN JOSE
MISSION DE LA CASA NURSING & REHABILITATION CENTER	CHILDREN'S RECOVERY CENTER OF NO CA D/P SNF	OUR LADY OF FATIMA VILLA
PACIFIC HILLS MANOR	MT. PLEASANT NURSING CENTER	PLUM TREE CARE CENTER
SARATOGA PEDIATRIC SUBACUTE	STONEBROOK HEALTH AND REHABILITATION	LOS GATOS MEADOWS GERIATRIC HOSPITAL
SARATOGA RETIREMENT COMMUNITY HEALTH CENTER	HILLVIEW CONVALESCENT HOSPITAL	VILLA SIENA
SUNNY VIEW MANOR	HEALTH CARE CTR AT THE FORUM AT RANCHO SAN ANTONIO	SAN JOSE HEALTHCARE & WELLNESS CENTER
THE TERRACES OF LOS GATOS	MILPITAS CARE CENTER	WOODLANDS HEALTHCARE CENTER
VASONA CREEK HEALTHCARE CENTER	GREENHILLS MANOR	PALO ALTO SUB-ACUTE AND REHABILITATION CENTER
VISTA MANOR NURSING CENTER	VALLEY HOUSE REHABILITATION CENTER	ALMADEN HEALTH AND REHABILITATION CENTER
WEBSTER HOUSE	CAMDEN POSTACUTE CARE, INC	SKYLINE HEALTHCARE CENTER - SAN JOSE
WHITE BLOSSOM CARE CENTER	SUNNYVALE POST-ACUTE CENTER	WILLOW GLEN CENTER
	MISSION SKILLED NURSING & SUBACUTE CENTER	IDYLLWOOD CARE CENTER