

Santa Barbara County

PUBLIC Health



D E P A R T M E N T

Santa Barbara County

Disaster Healthcare Partners Coalition
Governance Document,
Preparedness & Response Plan
2019

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

Table of Contents

Record of Review and Changes	1
Record of Distribution	1
Introduction	2
Purpose	4
Disaster Healthcare Partners Coalition Structure & Membership	7
Coalition Leadership	8
Healthcare Coalition Participation	9
Roles and Responsibilities for Preparedness	12
Alert & Notification	14
Overview of Roles and Responsibilities of Coalition Partners (Matrix)	15
Roles and Responsibilities During Disaster Response	21
Roles and Responsibilities in Recovery	30
Healthcare Continuity Planning	30
Appendix A: Summary of Healthcare Disaster Cache Resources Available for Request/Deployment	31
Appendix B: Definitions/Acronyms	32
Appendix C: Commitment to Participate Signature Page	33
Appendix D: Hazard Vulnerability Analysis (HVA)	34
Appendix E: Advisory Committee Representatives	35
Appendix F: Emergency and Disaster Communication and Operational Expectations for Facilities Serving Medically Fragile/Vulnerable Individuals	36
Appendix G: Emergency and Disaster Communication and Operational Expectations for Clinic and Outpatient Providers	38
Appendix H: Emergency and Disaster Communication and Operational Expectations for Agencies Serving Medically Fragile/Vulnerable Individuals	40
Appendix I: Public Health & Medical Operations in Santa Barbara County: Requesting Resources & Status Report Process	42

Appendix J: CAHAN Enrollment Form	43
Appendix K: Status Report Forms	44
Appendix L: Resource Request Forms	45
Appendix M: Disaster Healthcare Coalition Partner List	46
Appendix N: Coalition Objectives	48
Appendix O: Coalition Master Calendar	49

DRAFT

This governance document, preparedness & response plan was developed for the Santa Barbara County Disaster Healthcare Coalition by the Santa Barbara County Public Health Department, with input from the Coalition Advisory Committee and general members. The plan will be reviewed and updated annually.

Record of Review and Changes

Date of Revision	Pages Changed	Comments	Initials
3/23/18	4	Updated legal authorities, added CAHAN enrollment information, updated coalition partner and member list	SR
3/27/18	Appendix: F-H	Updated contact information in Emergency and Disaster Communication and Operational Expectations	SR
5/25/18	Appendix E	Update Advisory Committee Members for new term	SR
6/28/18	Appendix N	Add coalition objectives	SR
3/27/19	Appendix K & L	Update Status Report forms and resource request forms- links to webpage	SR
	14	Update response roles in the roles & responsibilities matrix	SR
	20	Add section on alert and notification	SR
	Appendix C	Update to commitment to participate, add links to signature forms	SR

Plan Development and Maintenance

This document will be reviewed yearly and revised as needed once an agreed upon version is reached. Lessons learned as they emerge from After Action Report/ Improvement Plans following real events or planned training exercises will be incorporated into the document.

Record of Distribution

To Whom: Person/Title/Agency	Method of Delivery	Date
Coalition members	Email, webpage	6/23/17
Coalition members	Webpage	6/28/18

Introduction

Overview of Santa Barbara County

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

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

Overview of Santa Barbara County Healthcare System

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

The PHD and EMSA work with healthcare and other partners to prepare to respond to healthcare and medically vulnerable population needs during a disaster. This includes the county's 5 acute care hospitals (including a Level 1 and a Level 3 trauma center), 14 skilled nursing facilities, over 300 facilities and agencies that provide long term care, 4 dialysis centers, over 20 clinics, and numerous ambulatory surgery centers, home health, and home care providers, voluntary organizations including American Red Cross, EMS providers, and city and county offices of emergency management.

The Emergency Medical Services Agency functions as the Medical and Health Operational Area Coordinator (MHOAC) as per **California Health and Safety Code §1797.153** and in this role works with the Public Health Department to ensure the development of medical and health disaster plans that address preparedness, response, recovery, and mitigation functions for the medical community. During events/emergencies the Public Health Department is designated to provide for the organization, mobilization, coordination, and direction of medical and health services, both public and private.

Legal Authorities

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

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

Compliance with Federal Disaster Preparedness Requirements

The Centers for Medicare and Medicaid (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers 2017 Emergency Preparedness Rule requires many coalition members to meet disaster plan, exercise and response requirements. The HCC provides training, assistance with plan development, and community based full scale exercise opportunities that serve to meet the requirements and prepare members for coordinated disaster response.

Santa Barbara Disaster Healthcare Partners Coalition

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

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

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

Purpose

The Santa Barbara Disaster Healthcare Partners Coalition is a network of healthcare organizations, government agencies, long term care, and other providers working together to strengthen emergency preparedness, response and recovery.

The Coalition works to train all members in the local disaster response system procedures to ensure:

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

Hazard Vulnerability Analysis

The coalition participates in an annual Hazard Vulnerability Analysis (HVA). This HVA is available in **Appendix D**. The HVA identifies hazards and risks that are most likely to have an impact on the demands for healthcare services and the ability for coalition members to provide these services during disaster events. Coalition members also conduct HVAs specific to their facility or agency. The HCC uses information from the HVA to identify training and exercise gaps and priorities. The top 10 identified hazards are listed below:

1. Transportation Failure
2. Water Supply Disruption
3. Wildfire
4. Electrical Failure
5. Flood
6. Earthquake- Catastrophic
7. Information Systems Failure
8. Water Supply Contamination
9. Emergent Disease
10. Supply Shortage

The coalition also participated in the jurisdictional THIRRA in 2017.

Identifying Gaps in Preparedness for Disaster

Resource assessments, tabletop, full scale exercises, or real events are used by coalition members to identify gaps in planning, procedures, staffing, equipment, supplies, skills and expertise, services and resources required to respond to disasters. Workshops prioritizing specific partners are conducted to address identified gaps in healthcare system.

Gaps identified during disaster response in 2017-18 include the following:

- General population sheltering needs for persons with access and functional needs
- Back-up power for healthcare outpatient providers and individuals using durable medical equipment at home

- Planning for access to healthcare for isolated communities
- Evacuation planning for hospitals
- Use of surge space during skilled nursing facility evacuations
- Transportation plan for essential healthcare personnel & medical equipment and supplies during highway closures

Areas of Focus

Planning

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

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

Training

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

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

Exercises

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

- Annual exercise with all partners in November. Scenario changes yearly.
- Monthly communication drills for partners with radios/satellite phones
- Quarterly CAHAN drills
- Yearly tabletop for long term care/dialysis/home health providers
- Annual Hospital evacuation exercise (Coalition Surge Test)
- Annual SNF/ICF evacuation exercise
- Bi-annual medical shelter or field treatment site exercise
- Multi-casualty incident tabletops and exercises
- Other exercises as proposed by partners

DRAFT

Disaster Healthcare Partners Coalition Structure and Membership

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

All healthcare providers that serve Santa Barbara County are invited to participate in the coalition. Coalition members include agencies serving individuals with access and functional needs. These agencies coordinate with the PHD to plan in advance to identify individuals with access and functional needs who require assistance during disasters.

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

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

Additional Partnership/Membership

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

Coalition Leadership

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

Advisory Committee

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

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

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

Advisory Committee Membership Terms

The chair and each advisory committee member will be elected to serve a two year term. The Advisory Committee will meet quarterly prior to the general coalition meeting.

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

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

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

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

Representatives from other sectors and/or community based organizations will be asked to attend the advisory committee meetings on an ad-hoc basis. A list of current advisory committee representatives can be found in **Appendix E**.

Executive Committee

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

Healthcare Coalition Participation

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

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

Participation Requirements

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

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

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

- Attend Disaster Healthcare Partners Coalition meetings in their area/region.
- Participate in disaster/emergency trainings, drills, and exercises appropriate to their facility or agency.
- Participate in the annual healthcare partner disaster exercise and write after action reports with improvement plans for their agency/facility.
- Provide up to date disaster contact information for PHD disaster communication database and enroll at least two staff in CAHAN.
- Complete the vulnerable population facility or agency disaster survey if applicable.
- Provide input and expertise when asked in order to develop or improve disaster response plans for the city or county areas.
- Assure that facility or agency disaster plans and procedures have written procedures for how to contact and integrate with the Public Health Department and other providers and public agencies during a disaster.
- During disasters, follow the Santa Barbara County Public Health Department operational and communication guidelines appropriate to their agency/facility for response and coordination with Santa Barbara Public Health/Emergency Medical Services as described in the appendices.

All members are requested to document their participation in the Coalition and their coordination of disaster plans by signing the **Commitment to Participate**. This agreement does not supersede or replace any policies and/or procedures of each member's facility, agency, or organization, or any regulatory or licensing policies which may apply. Each member must sign the **Commitment to Participate** upon becoming a member and whenever there is a change to executive leadership or change to the facility/agency representative.

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

Maintaining and Sustaining the HCC

The primary funding for HCC activities comes through the US Department of Health and Human Services, Assistant Secretary for Prevention and Response's Hospital Preparedness Program (ASPR-HPP) program. The HPP grant is awarded to local communities to develop collaborative system-wide health and medical disaster response capabilities. In Santa Barbara, the Public Health Emergency Preparedness (PHEP) program accepts HPP funds and takes responsibility for grant work planning and fiscal requirements. Staff support for coalition activities may vary, but typically consists of full-time staffing from PHEP using HPP funds. Additional ongoing financial and staffing support to coalition activities is provided in-kind by personnel participating from healthcare organizations.

DRAFT

Roles and Responsibilities for Preparedness for Each Member

Attend Coalition Meetings and Plan for Disasters

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

Location/Administration of Coalition Meetings

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

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

Participate in Training and Exercise

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

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

Develop Disaster Caches and Supplies

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

California Health Alert Network (CAHAN)

Each facility/agency participating in the coalition will have at least two staff enrolled in CAHAN. The PHD uses CAHAN during disaster to communicate with healthcare partners. CAHAN enrollment form and be found in **Appendix J**.

Coalition Members Preparedness Plans and Emergency Supply Caches

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

Establish Relationships with Your City and Emergency Partners

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

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

DRAFT

Alert & Notification

In order to protect and preserve health of vulnerable individuals in our county and provide information to staff serving those individuals, the Santa Barbara Public Health Department will provide disaster and emergency alerts and notifications to Disaster Health Care Partners and the public health department staff.

Healthcare partners are expected to have at least two staff members enrolled in the California Health Alert Network (CAHAN). CAHAN is the primary alerting system used by the Santa Barbara Public Health Department during disasters or emergencies. All partners are also, instructed to register for additional county alerting systems- Santa Barbara County Aware and Prepare and Nixle alerting systems.

Public Health Emergency Preparedness and EMS Agency staff will send alerts and notifications to Disaster Healthcare Partner Members and PHD staff if they are notified by Office of Emergency Management, County Dispatch, health officer or director, safety officer, or EMS personnel of the following event types:

1. Evacuation or Shelter in Place order or warning
2. Event that closes roads that will affect personnel ability to reach their clients or a facility that serves clients
3. Health alert for providers or facilities
4. Other unusual event that affects PHD or Disaster Healthcare Partners

Disaster Healthcare Partners and PHD staff will be alerted via CAHAN using the following levels and designated communication methods:

Level 1	Advisory Level: No Immediate action needed	Email Only
Level 2	Alert Level: Protective action may be needed or transportation may be affected	Email Text to phone(s)
Level 3	Alert & Activation Level: Immediate action may be needed to preserve life and health of patient, residents or staff.	Email Text to phone(s) Voice to all phones in CAHAN

Roles and Responsibilities of Coalition Partners

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Preparedness	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Maintain facility specific emergency plan and train staff • Assure plan is coordinated with city/county partners • Develop disaster caches/supplies • Develop/test evacuation plan • Train staff in HICS • Participate in exercises & training • Attend coalition meetings • Maintain decontamination team and equipment • Have at least two staff enrolled in CAHAN 	<ul style="list-style-type: none"> • 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 • Have at least two staff enrolled in CAHAN 	<ul style="list-style-type: none"> • 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 • Have at least two staff enrolled in CAHAN 	<ul style="list-style-type: none"> • 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 • Have at least two staff enrolled in CAHAN 	<ul style="list-style-type: none"> • 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 • Have at least two staff enrolled in CAHAN

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Emergency Operations Coordination	<ul style="list-style-type: none"> • Reports status of healthcare, EMS, public health, LTC and other functions to region and CDPH • Staff County EOC • Activate PHD/EMSA Department Operations Center • Coordinate resource sharing among healthcare partners 	<ul style="list-style-type: none"> • Activate Hospital Command Center and HICS • Provide status reports via ReddiNet • Coordinate operations with PHD/EMSA and field 	<ul style="list-style-type: none"> • Activate emergency response plan and command structure • Maintain operations & continue to provide care for residents • Provide status and coordinate with PHD/EMSA • SNFs on ReddiNet- provide status reports via ReddiNet 	<ul style="list-style-type: none"> • Activate emergency response plan and command structure • Maintain operations & continue to provide care to current patients • Provide status and coordinate with PHD/EMSA 	<ul style="list-style-type: none"> • Activate emergency response plan and command structure • Maintain operations & continue to provide care • Provide status and coordinate with PHD/EMSA • Ascertain staff availability (location, mobility, ability to respond) 	<ul style="list-style-type: none"> • Activate emergency response plan and command structure • Maintain operations & continue to provide care for clients • Provide status and coordinate with PHD/EMSA or appropriate agency

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Information Sharing	<ul style="list-style-type: none"> • Conduct assessment poll of hospitals using ReddiNET • Send messages via CAHAN, phone, email, radio to request status • Inform healthcare partners on evacuation warnings/orders • Request status information from partners re status of their clients/facility 	<ul style="list-style-type: none"> • Respond to ReddiNET polls, submit status • Use radios/sat phones for redundant communication • Participate in EMSA/PHD teleconferences • Activate procedures for communicating with staff, patients, and partners • Coordinate public information release with PHD/county. • Communicate with licensing agency if necessary 	<ul style="list-style-type: none"> • Submit Status Report to PHD/EMSA • Assure alternate or redundant communication methods • Activate procedures for communicating with staff, residents, and partners • Communicate with licensing agency if necessary 	<ul style="list-style-type: none"> • Submit Status Report to PHD/EMSA • Assure alternate or redundant communication methods • Activate procedures for communicating with staff, patients, and partners • Coordinate public information release with PHD/county • Communicate with licensing agency if necessary 	<ul style="list-style-type: none"> • Submit Status Report to PHD/EMSA • Assure alternate or redundant communication methods • Activate procedures for communicating with staff, patients, and partners • Communicate with licensing agency if necessary 	<ul style="list-style-type: none"> • Submit Status Report to PHD/EMSA or other agency • Have alternate/redundant communication methods • Activate procedures for communicating with staff, patients, and partners • Communicate with licensing agency if necessary

	EMSA/PHD	Hospital	Skilled Nursing Facility/ Long Term Care	Healthcare Centers/ Outpatient Providers	Home Health	Other Agencies
Response/ Medical Surge	<ul style="list-style-type: none"> • 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.- <i>medical evacuations, field treatment sites, or medical shelters</i> • Assess and respond to infectious disease 	<ul style="list-style-type: none"> • 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 • Accept patients from community and other facilities if needed. • 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 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Activate Disaster Plan • Call back staff and implement surge strategies. • Extend or expand operations • Extended hours if necessary to relieve stress from hospitals. • Accept patients from community and other facilities if needed. • 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. 	<ul style="list-style-type: none"> • 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. • Accept patients from community and other facilities if needed. 	<ul style="list-style-type: none"> • 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.

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

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

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

ROLES AND RESPONSIBILITIES DURING DISASTER RESPONSE

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

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

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

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

Operational Guidelines

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

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

Information Sharing and Reporting Status during a Disaster

During a disaster the PHD Department Operations Center staff will request information from healthcare, long term care facilities, and agencies regarding their status and the status of their clients. The MHOAC will be the primary contact point for the coalition during disasters. The MHOAC will provide this information to regional and state agencies. The PHD uses this information to determine the ability of the healthcare system to function after a disaster and the need to provide shelters for displaced persons or long term care residents or other field operations.

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

Ordering Resources During a Disaster

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

- The forms required for healthcare facilities to request resources are detailed in the disaster plan insert in **Appendix L**.
- PHD /EMS Agency will manage the distribution of scarce resources and coordinate within the coalition to distribute resources.
- If resources are needed from outside the county the PHD will make requests via the Regional Disaster Medical Health Operational Area personnel in compliance with the procedures outlined in the California Department of Public Health and Medical Emergency Operations Manual.

DRAFT

Role of Hospitals

Operational Guidelines

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

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

Communication/Information Sharing

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

Disaster Resources

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

Role of Clinics/Outpatient Providers and Ambulatory Surgery Centers

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

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 K**.

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

Disaster Resources

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

Role of Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF) and Long Term Care Facilities

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

Operational Guidelines

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

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

- First consider moving the residents to other skilled nursing facilities. **[H&S 1336.3(b)]**.
- The next option would be for the resident to stay with family.
- The final option would be to move the residents to a public shelter location. Evacuation to a shelter will require sending staff to provide care and assistance to their residents at the shelter site.

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

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

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

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

Communication/Information Sharing

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

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

Disaster Resources

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

DRAFT

Role of Dialysis Centers

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

Operational Guidelines

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

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

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

The End Stage Renal Disease Network (ESRD) 18 may be available to the dialysis center to assist in locating dialysis services. Network 18 will work with individual dialysis centers to determine their status in relationship to the event and whether they have any resource needs. Dialysis Centers are also required report any change in service to ESRD 18.

Communication/Information Sharing

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

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

Disaster Resources

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

Appendix L has resource requests forms that should be signed by the requesting facility.

Role of Home Health and Home Care Agencies

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

Operational Guidelines

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

Communication/Information Sharing

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

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

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

Role of Emergency Medical Services Provider Agencies

Operational Guidelines

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

DRAFT

Roles and Responsibilities in RECOVERY from Disaster

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

Recovery Plans

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

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

Lessons Learned / After-Action Reports

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

Essential Partner Members in Recovering from Disaster

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

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

Short -Term Recovery

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

Intermediate to Long-Term Recovery

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

Healthcare Continuity Planning

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

Appendix A:

Summary of Healthcare Disaster Cache Resources Available for Request/Deployment

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

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

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

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

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

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

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

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

Appendix B

Definitions/Acronyms

LEMSA	Local Emergency Medical Services Agency
MHOAC	Medical Health Operational Area Coordinator
RDMHC	Regional Disaster Medical & Health Specialist
PHD DOC	Santa Barbara Public Health Department Operations Center
EMSA	Santa Barbara County Emergency Medical Services Agency
EOC	Santa Barbara County Emergency Operations Center
SNF	Skilled Nursing Facility
ICF	Intermediate Care Facility
LTC	Long Term Care (non-medical residential facilities including Adult Residential Facilities, Residential Care Facilities for the Elderly, Memory Care, and Assisted Living)
CAHAN	California Health Alert Network

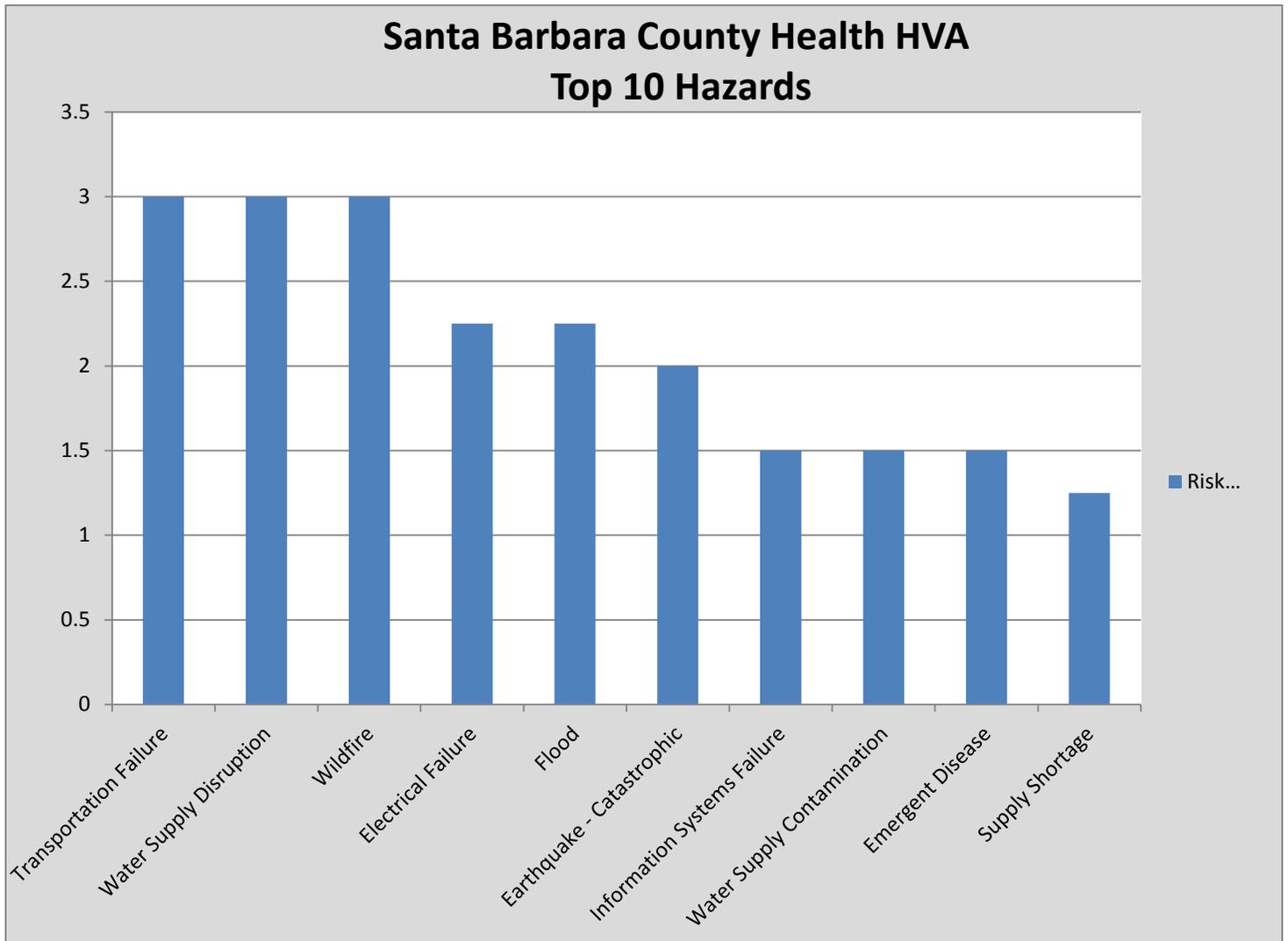
Appendix C:

Single Site Facility/Agency Site Commitment to Participate Form:

http://www.countyofsb.org/uploadedFiles/phd/PROGRAMS/Emergency_Preparedness/Commitment_to_Participate-2019.pdf

DRAFT

Appendix D: Hazard Vulnerability Analysis (HVA)



Appendix E: Advisory Committee Representatives 2018-2020

Santa Barbara County Disaster Healthcare Coalition Advisory Committee 2018-2020				
Type of Agency	Representative's Name	Name of Agency/Facility	Term	Incoming Member
Hospital				
Committee Chair				
SNF	Debbie Mockler-Young Alt: Walter Majetstch	Marian Extended Care Center Santa Maria Care Center	7/2018-6/2020	
County Office of Emergency Management	Brian Uhl	Santa Barbara County OEM	7/2018-6/2020	
City Office of Emergency Services	Rotating with meeting place		7/2018-6/2020	
Outpatient	Ariston Julian	Community Health Centers of the Central Coast	7/2018-6/2020	
Long term care provider			7/2018-6/2020	
Home Health Care	Mara Sorkin Anju Agarwal	Visiting Nurse & Hospice Care Dignity Home Health	7/2018-6/2020	
Public Health Department	Jan Koegler Alt. Stacey Rosenberger	SBPHD	7/2018-6/2020	
EMS Agency	Matt Higgs	SB EMS Agency	7/2018-6/2020	
Student Health Services			7/2018-6/2020	
Specialty Service Providers	<i>Invitation to meetings/trainings as necessary</i>			
Law/Fire	<i>Invitation to meetings/trainings as necessary</i>			
Medical Reserve Corps				

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

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

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

Appendix F:

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

Please insert this document into your disaster plan.

Important Contacts	
Public Health Department Disease Control Program- 24/7 Disease Reports	(805) 681-5280
Public Health Department/EMSA- MHOAC	(805) 681-5274 <i>Work Days</i>
	(805)-694-8301 <i>EMS Duty Officer</i>
After Hours County Dispatch	(805) 692-5722 <i>Ask for the EMS duty officer</i>
Hazardous Materials release	(805) 683-2724 <i>ask for on call hazardous materials unit "HMU"</i>
Public Health DOC- Operations Section	(805) 696-1106 or (805) 696-1109 Operations.medicalbranch@sbcphd.org
Santa Barbara County Emergency Operations Center (EOC) Public Health Branch	(805) 696-1154 eocopshealth@countyofsb.org
PHD/EMSA satellite phone numbers Call (480) 768-2500; Wait for voice prompt and enter 12 digit satellite phone number OR if your phone can make international calls: Dial 00 and the 12 digit Iridium number	8816-224-13872 8816-224-13824 8816-224-13823

1. Communication

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

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

1.2. Communication during a disaster:

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

- If you have an emergency always dial 911. If communications are not working listen to the radio for instructions or go to your local fire or police department where radio communication may be available.

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

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

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

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

2.3. Participate in disaster exercises with PHD/EMSA and healthcare partners

3. Operational Expectations for Your Facility During Disasters:

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

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

3.2. Evacuations

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

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

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

Appendix G:

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

Important Contacts		
Public Health Department Disease Control Program- 24/7 Disease Reports	(805) 681-5280	
Public Health Department/EMSA- MHOAC	(805) 681-5274	<i>Work Days</i>
	(805)-694-8301	<i>EMS Duty Officer</i>
After Hours County Dispatch	(805) 692-5722	<i>Ask for the EMS duty officer</i>
Hazardous Materials release	(805) 683-2724 <i>ask for on call hazardous materials unit "HMU"</i>	
Public Health DOC- Operations Section	(805) 696-1106 or (805) 696-1109 Operations.medicalbranch@sbcphd.org	
Santa Barbara County Emergency Operations Center (EOC) Public Health Branch	(805) 696-1154 eocopshealth@countyofsb.org	
PHD/EMSA satellite phone numbers Call (480) 768-2500; Wait for voice prompt and enter 12 digit satellite phone number OR if your phone can make international calls: Dial 00 and the 12 digit Iridium number	8816-224-13872 8816-224-13824 8816-224-13823	

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 the EMS duty officer- (805)-694-8301.*

- If you have an emergency always dial 911. If communications are not working listen to the radio for instructions or go to your local fire or police department where radio communication may be available

2. Disaster Planning Expectations for Outpatient Facilities

- 2.1. Provide 24/7 disaster contact information to the PHD/EMSA
- 2.2. Provide a copy of your disaster plan for PHD/EMSA review and assure that your plan is consistent with the PHD/EMSA, county and city plans.
- 2.3. Update your disaster plan every year and train and exercise with your staff. This includes: evacuation and shelter in place with clients, disaster call-down and communication, staff reporting expectations, medical surge types of operations, maintain disaster medical and food/water supplies, generator training.
- 2.4. Participate in disaster exercises with PHD/EMSA and healthcare partners

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

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

Appendix H:

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

Please insert this document into your disaster plan.

Important Contacts		
Public Health Department Disease Control Program- 24/7 Disease Reports	(805) 681-5280	
Public Health Department/EMSA- MHOAC	(805) 681-5274	<i>Work Days</i>
	(805)-694-8301	<i>EMS Duty Officer</i>
After Hours County Dispatch	(805) 692-5722	<i>Ask for the EMS duty officer</i>
Hazardous Materials release	(805) 683-2724 <i>ask for on call hazardous materials unit "HMU"</i>	
Public Health DOC- Operations Section	(805) 696-1106 or (805) 696-1109 Operations.medicalbranch@sbcphd.org	
Santa Barbara County Emergency Operations Center (EOC) Public Health Branch	(805) 696-1154 eocopshealth@countyofsb.org	
PHD/EMSA satellite phone numbers Call (480) 768-2500; Wait for voice prompt and enter 12 digit satellite phone number OR if your phone can make international calls: Dial 00 and the 12 digit Iridium number	8816-224-13872 8816-224-13824 8816-224-13823	

1. Communication

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

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

1.2. Communication during a disaster:

- The Santa Barbara Public Health Department will open its Department Operation Center (DOC) during a disaster or emergency. The DOC serves to centralize communication, data collection, and response operations..
- The DOC is located in Santa Barbara at **300 San Antonio Road, Building 1**. Alternate locations for the DOC may be established if damaged or evacuated.
- Agencies who provide care for medically fragile/vulnerable populations should communicate their status and urgent resource requests via the **Operations Section of the Public Health DOC at (805) 696-1106 or 696-1109**.
- If your clients have safely **evacuated or is reporting non-urgent general status please email the Public Health DOC at operations.medicalbranch@sbcphd.org** If evacuated please include a list of all clients and their location(s).

- *If the DOC is not established the Medical and Health Operational Area Coordinator (MHOAC) of PHD/EMSA can be reached by calling (805)681-5274 or call the EMS duty officer- (805)-694-8301.*
- If you have an emergency always dial 911. If communications are not working listen to the radio for instructions or go to your local fire or police department where radio communication may be available.

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

2.1. Complete a PHD/EMS disaster survey with information for the Vulnerable Populations Facility Database

2.1.1. Contact PHD/EMS to update the disaster survey information yearly

2.2. Update your disaster plan every year. This includes all items in the disaster survey: your evacuation destinations, tracking/triage for clients, MOU with a like agency, transport needs for clients and keeping 72 hours of essentials for clients and staff.

2.3. Participate in disaster exercises with PHD/EMSA and healthcare partners.

3. Operational Expectations for Your Agency During Disasters:

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

- Is your agency open, closed, evacuated, relocated?
- Have you identified your clients who need assistance (evacuated or sheltering in place)?
- Have you evacuated clients or do you need assistance to do so?
- Have you tracked your clients in shelters or other evacuation location? Are you providing their care?
- Do you have a resource shortages such as personnel, medical supplies, water, or other items to care for existing or additional patients?
- Do you have resources available to share with other medical facilities/agencies (supplies/staff/vehicles/services)?

3.2. Evacuations

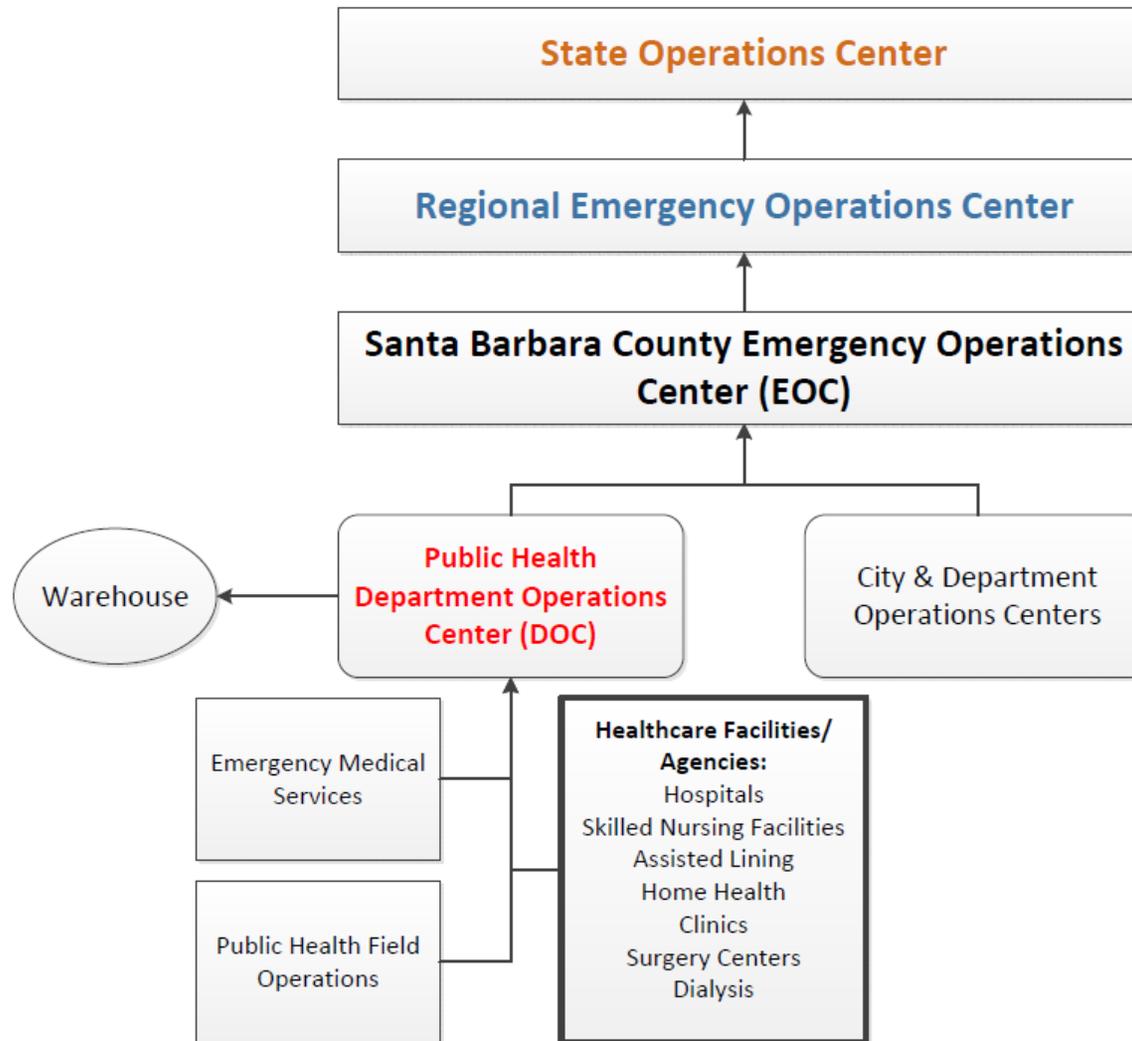
- Be prepared to move your clients during “Evacuation Warning” period. Do not wait till the “Evacuation Order” is given to prepare your clients.
- Provide PHD/EMS with the evacuation destination address (facility, hotel, shelter, medical shelter) and 24/7 manager contact number.
- Track your patients/clients and provide a list of all patients and their evacuation destinations to PHD/EMS.

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

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

Appendix I:

Public Health & Medical Disaster Operations in Santa Barbara County



↑ Arrows indicate flow of requests for medical resources and status reports

Appendix J: CAHAN Enrollment Form

http://cosb.countyofsb.org/uploadedFiles/phd/Disaster_Preparedness/CAHAN-%20Healthcare%20Sign-up%20Form.pdf

Appendix K: Status Report Forms

The following forms are used by healthcare facilities during a disaster and submitted to the Public Health Department Operations Center (DOC). Hospitals & SNFs can submit their status via ReddiNET.

The following forms can be found [here](#).

- SNF/ICF & Assisted Living Status Report
- Single Site Clinic Status Report
- Multi Site Clinic Status Report
- Home Health & Hospice Agency Status Report
- Dialysis Center Status Report
- Surger Center Status Report
- Hospital Status Report

Appendix L: Resource Request Forms

The following forms are used by healthcare facilities to request resources during a disaster and submitted to the Public Health Department Operations Center (DOC).

The following resource request forms can be found [here](#).

- General
- Personnel
- Medical Supplies

Appendix M: Disaster Healthcare Coalition Partner List

Amateur Radio Emergency Services	Friendship House
American Indian Health Services	Fresenius Medical Care
American Medical Response	Foothill Surgery Center (Sansum)
Alto Lucero Transitional Care	Genesis Developmental Services
American Red Cross	Goleta Valley Cottage Hospital
Assisted Home Health & Hospice	GranVida Senior Living & Memory Care
Atterdag Village	Heritage House
Buena Vista Care Center	Hillside House
Carrillo Surgery Center	Hinchee Homes
Casa Del Mar	La Paloma Group Home
Casa Dorinda	LAGs Spine & Pain Treatment Center
Central Coast Home Health & Hospice	Lompoc Artificial Kidney Center
Chumash Casino	Lompoc Comprehensive Care Center
City of Santa Barbara	Lompoc Skilled and Rehabilitation Center
City of Santa Maria	Lompoc Valley Medical Center
Community Health Centers of the Central Coast	Maravilla
Cornerstone House of Santa Barbara	Marian Extended Care Center
Cypress Ambulatory Surgery Center	Marian Regional Medical Center
Cottage Rehabilitation Hospital	Mission Terrace Convalescent Hospital
Country Oaks Care Center	Mission Harbor Behavioral Health
Davita Kidney Center	NurseCore
De La Vina Surgicenter	Orcutt House
Dignity Home Health & Hospice	Premier Surgery Center of Santa Maria
Direct Relief	Pathpoint
Family Service Agency	

Santa Barbara County Office of Emergency Management
Santa Barbara County Public Health Department
The Samarkand Retirement Community
Sansum Clinics
Santa Barbara Artificial Kidney Center
Santa Barbara Convalescent Hospital
Santa Barbara Cottage Hospital
Santa Barbara County Sheriff
Santa Barbara Neighborhood Clinics
Santa Maria Care Center
Santa Maria Digestive Diagnostic Center
Santa Maria Ambulatory Surgery & Laser Center
Santa Ynez Valley Cottage Hospital
Santa Ynez Tribal Health Clinic
School Street House
Serenity House
Shepard Surgical Center (CHC)
Spine & Pain Treatment Medical Center of Santa Maria
The Californian of Santa Barbara
The Oak Cottage of Santa Barbara
Tri-Counties Regional Center
UCP Work Inc.
University of California Santa Barbara
University of California Santa Barbara: Student Health
VA Clinic
Valle Verde Retirement Community

Vandenberg Air Force Base
Villa Maria Health Care Center
Villa Rivera
Visiting Nurse and Hospice Care of Santa Barbara
Vista Del Monte Retirement Community
Wilshire Home Health & Hospice

Appendix N: Coalition Objectives 2018-19

Plan Maintenance

- By June 30 each year the coalition Advisory Committee will review and update the HCC Preparedness & Response Plan.

Strategic

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

Operational

- Annually, facilitate a HVA training for all healthcare partner facilities and engage partners in the update of the community-based medical and health hazard vulnerability analysis.
- Annually conduct exercises for ensure readiness for identified hazards such as: evacuation, sheltering, COOP, workplace violence and disease outbreaks.
- Provide trainings to assist members to meet licensing and accreditation emergency preparedness requirements.
- Monthly, facilitate meeting for the coalition members to learn about current preparedness & response areas, share information and network.
- By June 2020 develop HCC COOP plan that meets requirements of 2017-2022 Health Care Preparedness and Response Capabilities for Hospital Preparedness Program.
- By December 2019 review and complete updates to healthcare community medical surge plan.

Appendix O: Coalition Master Schedule 2019



Santa Barbara County Disaster Healthcare Partners Coalition Master Schedule 2019

January	February	March
<p>January 17th – Santa Barbara- Direct Relief Advisory Committee 10-10:30am General Meeting 10:30am-12:00pm Topics: Surge Planning, Executive Committee Mtg</p>	<p>February 21st – Santa Maria 10am-12pm Topic: ICS for healthcare</p>	<p>March 21st – Lompoc Advisory Committee: 10-10:30am General Meeting 10:30am-12:00pm Topics: How to Conduct HVA?, Coalition Response Plan</p> <p>ICF Evacuation Exercise- March 12th</p>
April	May	June
<p>April 18th – Santa Barbara Executive Committee Mtg 9am-12pm Topics: Overview of Coalition actions over last year, HVA Review</p> <p>Hospital/SNF Evacuation Exercise- April 10th</p>	<p>May 16th – Santa Maria General Meeting: 10am-12pm Topic: County Healthcare Hazard Vulnerability Assessment</p>	<p>No Coalition Meeting</p>
July	August	September – Preparedness Month
<p>July 18th – Lompoc General Meeting: 10am-12pm Topic: ? Evacuation Training- SNF/ICF and Assisted Living</p>	<p>August 15th – Santa Barbara Advisory Committee: 10-10:30am General Meeting 10:30am-12:00pm Topic: 2019 November Exercise Planning</p>	<p>September 19th – Santa Maria Workshops- How to Conduct Table top and Full Scale Exercise? (Write exercise plan, after action, objectives etc.) Will schedule one for SM and one for SB</p>
October	November	December
<p>November Exercise Training/Tabletop October 1st – 8am-1pm Santa Barbara October 3rd – 12-5pm Santa Maria</p> <p>November Exercise Conf Calls 10/25- 9am 11/1- 9am 11/8- 9am</p>	<p>November 5th – Final Exercise Mtg/Tabletop November 19th -21st – Annual Disaster Exercise</p>	<p>December 19th- Exercise After Action Mtg</p>