



**County of San Luis Obispo Public Health Department**  
**Public Health Emergency Preparedness Program (PHEPAC) Meeting**  
**April 12, 2018**

In attendance: Ron Alsop, James Beebe, Kathy Benjamin, Benjamin Berkow, Kerry Boyle, Adam Bramwell, George Brown, Casey Bryson, Peggy Callison, Lando Casabar, Scott Clark, Brandi Colombo, Bethany Fisher, Gay Harvey, Robin Hendry, Karen Jones, Ann McDowell, Elizabeth Merson, Evan Millard, Vince Pierucci, Teri Reeder, Eric Ruelas, Jennifer Sandoval, Pat Snyder, Denise Yi

|   |   |
|---|---|
| <p align="center"><b>Call to Order</b></p>      | <p>Meeting began at 10:34 with a welcome from Elizabeth Merson and introductions.</p>   |
| <p align="center"><b>TOPIC</b></p>              | <p align="center"><b>DISCUSSION</b></p>   |
| <p><b>PROGRAM REPORTS</b></p>                   |   |
| <p>BEHAVIORAL HEALTH</p>                        | <p>No Report</p>  |
| <p>OFFICE OF EMERGENCY SERVICES</p>             | <ul style="list-style-type: none"> <li>• A FEMA evaluated Emergency Monitoring and Decontamination (EMAD) exercise took place on March 21<sup>st</sup>, 2018 at the Madonna Inn Expo Center. EMAD is a function that would be set up - with Public Health nurses having a key role - should a radiological or other release occur due to an accident at Diablo Canyon and could affect the public. Evacuees could come to an EMAD location to be monitored and if needed decontaminated by Public Health nurses and other staff, using portable showers. Approximately 150 people were involved with the exercise, from many agencies. Ron thank the many people and agencies that participated, including Public Health.</li> <li>• OES has purchased Portal Monitors for each of the hospitals in the county, as well as Marian. This is in response to exercises held at the hospitals and with ambulance providers with mock radiological contaminated patients from Diablo Canyon. These exercises are evaluated by FEMA; which hospital and which ambulance provider are rotated; the next such drill is with Marian Regional Medical Center and Cambria Healthcare District. The dress rehearsal (dry run) will be in May and the FEMA evaluated exercise will be in June.</li> <li>• Ron and Vince discussed that County OES worked with Cal OES to put together a 4 day long "all hazards" - in this case an earthquake - exercise and training the California Specialized Training Institute at Camp San Luis. This is unique because due to Diablo Canyon our county exercises nuclear power plant emergencies a lot and thus does have many resources to do other exercises. This was funded by a one time allocation of \$50,000 to County OES. It involved about 55 staff from about 15 County departments and agencies, including CAO Wade Horton, as well as the County Office of Education, Cal Fire and the CHP.</li> </ul> |
| <p>JAMES BEEBE<br/>PUBLIC HEALTH LABORATORY</p> | <ul style="list-style-type: none"> <li>• The PH Lab is currently fully staffed<br/>The PH Lab lost its only Thermocycler during the 17-18 flu season due to the overwhelming amount of testing during the flu season. The lab has received approval to purchase as used Thermocycler through the</li> </ul>   |

## Public Health Emergency Preparedness Program Advisory Committee PHEPAC Minutes 01/04/2018

|  |   |
|--|---|
|  | <p>County in the upcoming fiscal year (18-19)</p> <ul style="list-style-type: none"> <li>• PH Lab will be organizing their annual “Packing and Shipping of Dangerous Goods” course. The Federal Aviation Administration (FAA) and the Department of Transportation require shippers to be certified on the packing and shipping of dangerous goods. The PH lab will provide this training at Hardy Diagnostics in Santa Maria to hospital and laboratory workers on Saturday April 14<sup>th</sup>, 2018.</li> </ul>  |
| ANN MCDOWELL<br>COMMUNICABLE DISEASE                   | <ul style="list-style-type: none"> <li>• This has been a very long flu season –began in December 2017 and is continuing into April 2018.</li> <li>• Valley Fever has been a huge concern this year. In March of 2017, 22 cases were reported and in March of 2018, there have been over 200 confirmed cases reported. The recent rains are a contributing factor to the increased number of cases since the fungus thrives in wet soil. Fire personnel and construction workers are advised to be especially careful since they are at a higher risk of being exposed working in dirt and dust-heavy environments.</li> </ul>   |
| ENVIRONMENTAL HEALTH                                   | No Report   |
| VINCE PIERUCCI<br>EMERGENCY MEDICAL<br>SERVICES AGENCY | <ul style="list-style-type: none"> <li>• There was a Multi Casualty Incident (MCIs) last week at the “Y” (Hwy 46 and 41). The incident was handled very using ReddiNet at the incident site and in the hospitals.</li> <li>• The new MCI policy was implemented in May 2017 and so far has proven to be effective. There has been significant improvement in communication of information between Fire, EMS and hospitals.</li> </ul>   |
| ELIZABETH MERSON<br>PHEP REPORT                        | <ul style="list-style-type: none"> <li>• <b>Staffing changes:</b> Megan Harrington accepted a promotional position at OES and will be starting at the end of this month</li> <li>• <b>Exercise and Events:</b> Public Health hosted a Disaster Mental Health class for Behavioral Health staff in February. The class was instructed by Red Cross volunteers.</li> <li>• Public Health participated in the Emergency Monitoring and Decontamination (EMAD) exercise with OES on March 21<sup>st</sup>, 2018 at the Madonna Expo Center.</li> <li>• Karen Jones organized a Long Term Care Facility Emergency Planning Seminar on March 22<sup>nd</sup>. PHEP staff attended to present and provide support at the seminar.</li> <li>• <b>Readiness:</b> Reorganized Alternate Care Site (ACS)/Medical Shelter supplies</li> <li>• Updated Emergency Operations Plan (EOP)</li> <li>• In process of updating Temporary Medical and Health Care Site Plan and corresponding SOPs</li> <li>• Closed Point of Distribution (POD) SOP is complete and healthcare partners are encouraged to sign an agreement to become a Closed POD site. By becoming a Closed POD site, your organization can distribute medication and medical supplies to your staff, patients, and family members, which prevents them from going to a public POD. <b>See attached</b> Closed POD FAQ. Elizabeth will distribute Closed POD SOP.</li> </ul> |
| ROBIN HENDRY<br>COMMUNICATIONS                         | <ul style="list-style-type: none"> <li>• ReddiNet was updated on 4-4-18, distributed handout to hospitals</li> <li>• Iridium Satellite phones: <ul style="list-style-type: none"> <li>-Check battery age – replace the battery if it is 3+ years old</li> </ul> </li> </ul>   |

## Public Health Emergency Preparedness Program Advisory Committee PHEPAC Minutes 01/04/2018

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|---|--|
|   | <p>-10 Iridium satellites were launched into orbit on March 30<sup>th</sup>, 2018. This should improve satellite phone connectivity</p> <ul style="list-style-type: none"> <li>• The GIS facility map is not loading in iOS. We are working with CDPH to resolve this issue.</li> <li>• CAHAN- Please update your organization with the new enrollment forms <b>(See attached)</b></li> </ul>  |
| DENISE YI<br>MEDICAL RESERVE CORPS<br>(MRC) AND HEALTHCARE<br>PREPAREDNESS WORKGROUP<br>(HCPWG) | <ul style="list-style-type: none"> <li>• There will be a Medical Reserve Corps (MRC) orientation on Wednesday May 2<sup>nd</sup> at the Public Health Department. <b>(See attached)</b></li> <li>• The Healthcare Preparedness Work Group meetings started in February 2018. This work group was created to provide a platform to share best practices and information for healthcare partners new to emergency planning. The next meeting will be on May 3<sup>rd</sup>. <b>(See attached)</b></li> </ul> |
| <b>AGENDA ITEMS</b>   |  |
| JAN KOEGLER<br>COUNTY OF SANTA BARBARA<br>PUBLIC HEALTH DEPARTMENT                              | <ul style="list-style-type: none"> <li>• Lessons Learned from Montecito Mudslides – <b>(See attached presentation)</b></li> </ul>  |
| ELIZABETH MERSON<br>CLOSED POINT OF DISTRIBUTION<br>STANDARD OPERATING<br>PROCEDURE             | <ul style="list-style-type: none"> <li>• This topic was covered earlier in meeting.</li> </ul>   |
| ELIZABETH MERSON<br>HAZARD VULNERABILITIES<br>ASSESSMENT RESULTS                                | <ul style="list-style-type: none"> <li>• <b>Please see the attachment</b>, this topic was skipped due to time limitations.</li> </ul>  |
| RECENT EXERCISES AND REAL<br>EVENTS DEBRIEF   | <ul style="list-style-type: none"> <li>• This topic was skipped. Please email any recent exercises and/or real events debrief you have to <a href="mailto:phep@co.slo.ca.us">phep@co.slo.ca.us</a></li> </ul>  |
| <b>AGENCY ROUNDTABLE</b>  | <ul style="list-style-type: none"> <li>• Skipped due to time overlap. Please email any roundtable and/or discussion items you have to <a href="mailto:phep@co.slo.ca.us">phep@co.slo.ca.us</a></li> </ul>  |
| <b>UP COMING EVENTS</b>   | <ul style="list-style-type: none"> <li>• Medical Reserve Corps Orientation May 2nd, 2018 @3:00 pm <b>(See attached)</b></li> <li>• Healthcare Preparedness Work Group Meeting May 3rd, 2018 @2:00pm <b>(See attached)</b></li> </ul>   |
| <b>NEXT MEETING</b>   | <p>Next SLO-DHCC Meeting:<br/>Thursday, July 5<sup>th</sup>, 2018 at 10:30 am<br/>CHP Coastal Division Headquarters, 4115 Broad Street, #B-10, San Luis Obispo, CA</p>   |
| ADJOURN   | The meeting adjourned at 12:00pm   |



## **CLOSED POINT OF DISTRIBUTION (POD)** **FREQUENTLY ASKED QUESTIONS**

**What is the purpose of a Closed Point of Distribution (POD)?**

To provide lifesaving medications, vaccine or medical supplies to a designated population of people and their household members during a public health emergency.

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**What are the requirements for becoming a Closed POD?**

In the County of San Luis Obispo, organizations with medically trained personnel and at least 100 employees/students are eligible to become **Closed PODs**. Could be non-medical if non-pharmaceutical interventions

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**How much is it going to cost?**

Medications, vaccine, medical supplies and training are **free** of charge.

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**Will there be training provided?**

Training resources are listed in the **Closed POD** Standard Operating Procedure (SOP).

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**When would we be asked to distribute medications at their own facility?**

The only time the health department would ask organizations to distribute medications, vaccines or medical supplies to their employees, students, clients, and household members would be if there is a great risk to the entire population and preventive medical measures need to be taken immediately.

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**Who operates the Closed POD?**

Your employees operate the **Closed POD** with oversight from San Luis Obispo Public Health Department (SLOPHD).

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**Will people be allowed to pick up medications for their household members?**

Yes, employees are allowed to pick up medications for their household members.

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|   |   |
|---|---|
| <b>How will pharmaceuticals be packaged?</b>  | Packaging will depend on the type of pharmaceuticals being distributed. Appropriate dosage instructions will accompany the pharmaceuticals.   |
| <b>Who needs to receive the pharmaceuticals or medical supplies?</b>  | SLOPHD will provide guidance on who needs to receive the pharmaceuticals or medical supplies, which will depend on the circumstances of the public health emergency.  |
| <b>What about pets?</b>   | The pharmaceutical and medical supplies provided at the <b>Closed POD</b> are for humans only. Employees with pets should contact their veterinarians for more information about the risk to their pet and any preventive measures they can take to help protect the health of their pet.   |
| <b>What about employees who telework or commute long distances to and from work?</b>  | As a <b>Closed POD</b> , expect to provide pharmaceuticals or medical supplies to all employees and their household members, realizing that long distance commuters may choose to go to an open POD closer to their home.   |
| <b>Is it possible that our organization will need to operate a Closed POD after-hours, during the weekend, or on a holiday?</b> | Public health emergencies can occur at any time. It is essential that your organization be prepared to operate a <b>Closed POD</b> during non-working hours since your employees' health will be at risk if medications are delayed.  |
| <b>Is this legal? What if someone gets hurt or has a reaction to the medicine?</b>  | Yes, it is legal. Public health officials depend on volunteers to assist during public health emergencies. Participating as a <b>Closed POD</b> is a voluntary program and there are various laws and statutes applicable to liability protection. We will be happy to review the liability protections afforded to your organization under federal law as well as California statutes. |

If you are interested in becoming a Closed POD Partner, please Public Health Emergency Preparedness at contact: [phep@co.slo.ca.us](mailto:phep@co.slo.ca.us)



# Healthcare Preparedness Work Group Meeting

The County of San Luis Obispo Public Health Department would like to invite all healthcare facilities new to emergency planning to attend the Healthcare Preparedness Work Group meeting. This work group is designed to provide a platform for healthcare partners to network, share best practices and exchange information on emergency planning and preparedness efforts in the county.

## 2018 Schedule

February 1st  
March 1st  
May 3rd  
June 7th  
August 2nd  
September 6th  
November 1st  
December 6th

**County of San Luis Obispo  
Public Health Department  
2180 Johnson Ave, 2nd Floor  
Large Conference Room  
2:00-3:00 pm**



**Questions?  
Contact Denise Yi  
805-788-2067  
dyi@co.slo.ca.us**

# Hazards Vulnerability Assessment (HVA)

County of San Luis Obispo  
2017 Update

# Overview of Tool

- Tool used to identify, assess, and prioritize hazards based on probability of events, impacts on health and health systems and affects of preparedness measures in mitigating the hazards.
- Developed by LA County with input from Orange County, New York City and other planning partners.
- 2012: original assessment completed with SLO County healthcare partners
- 2015 & 2017: Update to assessment in 2012 to reassess hazards and to identify any changes needed in emergency planning priorities

# Defining Risk

- ▶ Risk Calculation is Relationship of:
  - ▶ Probability that an event associated with a particular hazard will occur
  - ▶ Severity of the event
  - ▶ Impact on public health, healthcare and behavioral health systems
  - ▶ Adjusted by the protective value of existing agency and community preparedness/mitigation resources
- ▶ Risk Score = Probability x Severity x (Impact-Mitigation)

# Biological Hazards Tab Ex.

## BIOLOGICAL HAZARDS

| HAZARD                         | PROBABILITY* | HEALTH SEVERITY | HEALTH SYSTEM IMPACT  |   |   | MITIGATION CAPACITY   |   | RISK SCORE |
|--------------------------------|--------------|-----------------|---|---|---|---|---|------------|
|                                |              |                 | PUBLIC HEALTH   | EMS/ HEALTHCARE   | BEHAVIORAL/ MENTAL HEALTH   | RESPONDER AGENCIES  | COMMUNITY AGENCIES                                      |            |
|                                |              |                 | Improbable: 0<br>Remote: 1<br>Occasional: 2<br>Probable: 3<br>Frequent: 4 | NA: 0<br>Negligible: 1<br>Marginal: 2<br>Critical: 3<br>Catastrophic: 4 | NA: 0<br>Negligible: 1<br>Marginal: 2<br>Critical: 3<br>Catastrophic: 4 | NA: 0<br>Negligible: 1<br>Marginal: 2<br>Critical: 3<br>Catastrophic: 4 | NA: 0<br>Low: 1<br>Moderate: 2<br>High: 3<br>Extreme: 4 |            |
| Aerosolized Anthrax            | 1            | 4               | 4   | 4   | 4   | 2   | 1   | 2.25       |
| Agroterrorism                  | 1            | 2               | 3   | 3   | 2   | 2   | 2   | 0.50       |
| Botulism                       | 1            | 3               | 3   | 2   | 2   | 2   | 1   | 0.75       |
| Emergent Disease               | 2            | 3               | 4   | 3   | 3   | 3   | 2   | 1.88       |
| Intentional Food Contamination | 2            | 3               | 3   | 3   | 3   | 2   | 2   | 1.88       |
| Natural Food Contamination     | 4            | 2               | 2   | 2   | 2   | 2   | 2   | 1.00       |
| Pandemic Flu                   | 2            | 3               | 4   | 4   | 4   | 3   | 2   | 2.63       |
| Pneumonic Plague               | 1            | 4               | 4   | 3   | 3   | 2   | 1   | 1.75       |
| Smallpox                       | 1            | 3               | 4   | 3   | 3   | 2   | 1   | 1.31       |
| Tularemia                      | 1            | 1               | 3   | 3   | 2   | 2   | 1   | 0.31       |
| Vectorborne                    | 2            | 2               | 2   | 2   | 2   | 1   | 1   | 1.00       |
| Water Contamination            | 2            | 2               | 3   | 3   | 4   | 3   | 2   | 1.25       |

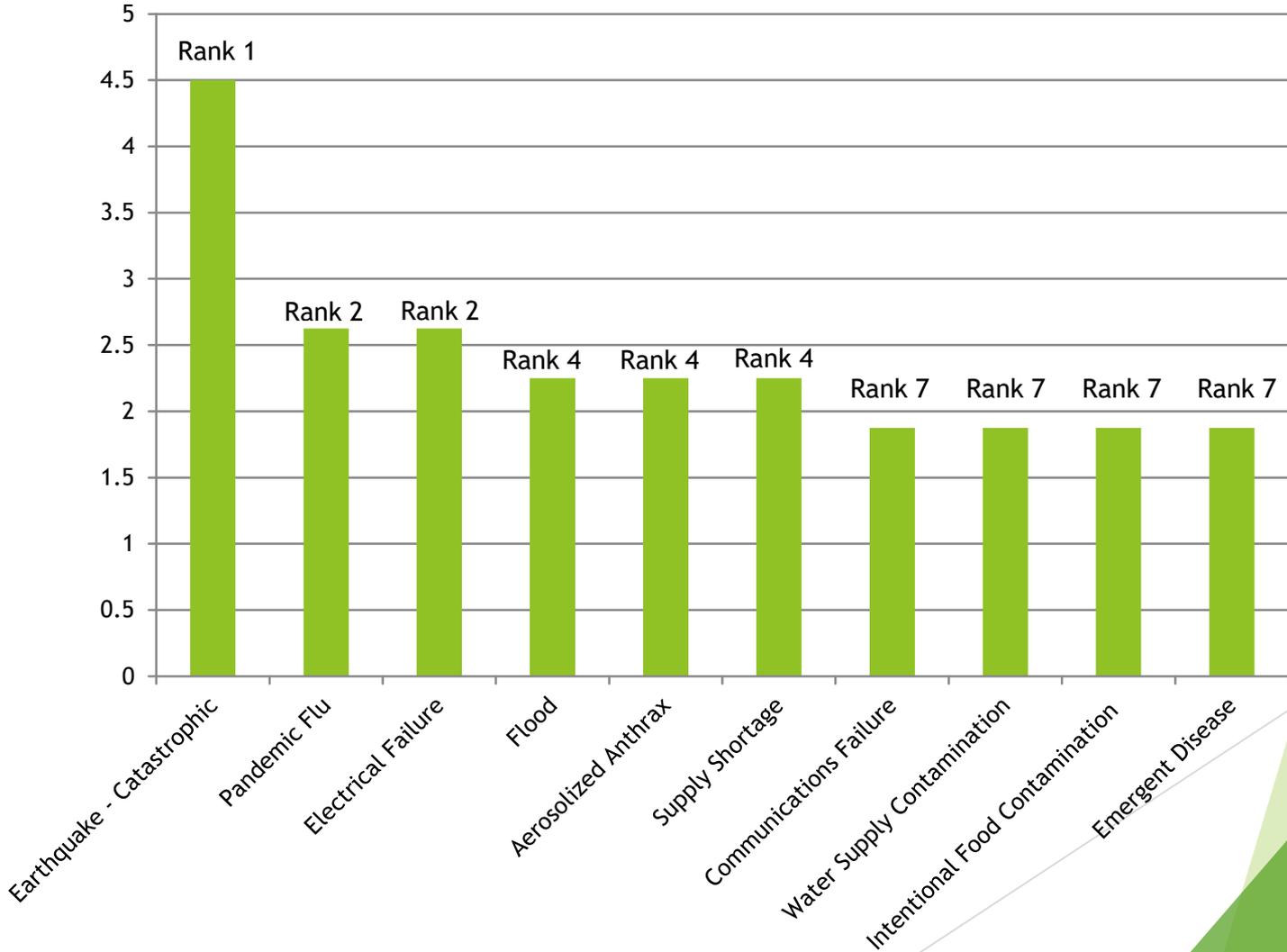
# 2017 Update Process

- ▶ Solicited input from subject matter experts (SMEs)
  
- ▶ Met and updated with:
  - ▶ Health Agency personnel
  - ▶ HPP

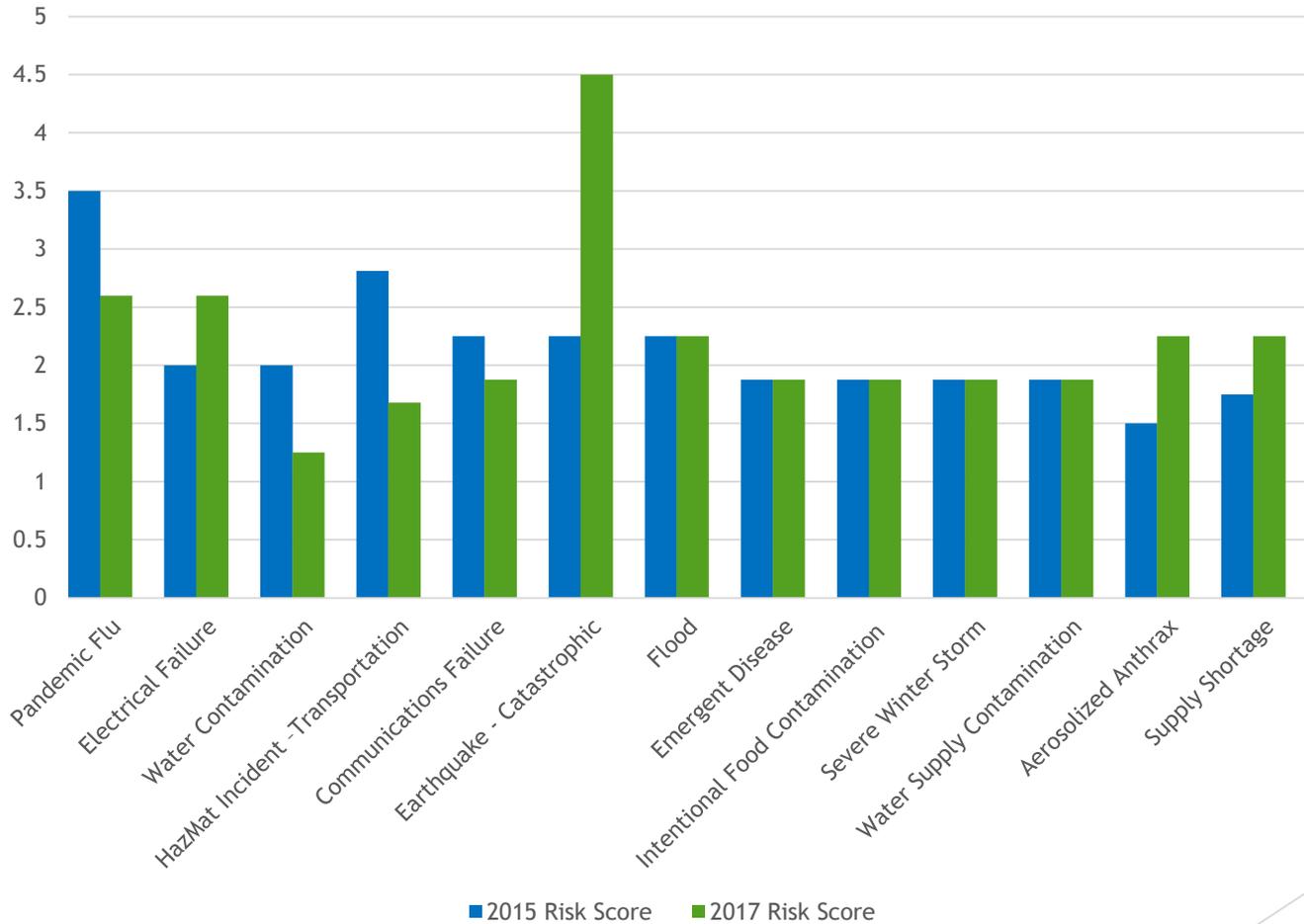
# 2017 Risk Scores

| Hazard                             | Risk Score | Rank |
|------------------------------------|------------|------|
| Earthquake - Catastrophic          | 4.5        | 1    |
| Pandemic Flu                       | 2.625      | 2    |
| Electrical Failure                 | 2.625      | 2    |
| Flood                              | 2.25       | 4    |
| Aerosolized Anthrax                | 2.25       | 4    |
| Supply Shortage                    | 2.25       | 4    |
| Communications Failure             | 1.875      | 7    |
| Water Supply Contamination         | 1.875      | 7    |
| Intentional Food Contamination     | 1.875      | 7    |
| Emergent Disease                   | 1.875      | 7    |
| Severe Winter Storm                | 1.875      | 7    |
| Nuclear Attack – 10 Kiloton Device | 1.75       | 12   |
| Pneumonic Plague                   | 1.75       | 12   |
| HazMat Incident –Transportation    | 1.6875     | 14   |
| Wildfire                           | 1.5        | 15   |
| Earthquake - Moderate              | 1.5        | 15   |
| Improvised Explosive Device        | 1.5        | 15   |
| Fire - Largescale Urban            | 1.5        | 15   |
| Landslide                          | 1.5        | 15   |
| Climate Change                     | 1.5        | 15   |

# 2017 Top 10 Hazards



# 2015 & 2017 Comparison



# Changes from 2015 to 2017

- Earthquake moved from the number 5 spot to the number 1 spot
- Pan Flu moves down from number 1 to number 2
- Water contamination moves down from number 2 to number 24
- Flood moves from Rank 5 to Rank 2
- HazMat moved from Rank 4 to Rank 14



# SLO MRC ORIENTATION

SAN LUIS OBISPO COUNTY MEDICAL RESERVE CORPS

Wednesday, May 2nd, 2018

3:00 – 4:00 pm

SLO MRC is made up of volunteer healthcare professionals and auxiliary staff trained to respond with and assist local emergency responders and public health professionals.



SLOMRC provides an organized group for healthcare professionals to efficiently volunteer their expertise to fulfill crucial staff needs in large-scale emergencies.

San Luis Obispo County Public Health Department  
2180 Johnson Ave, San Luis Obispo, CA



**TO REGISTER:**

Email Denise Yi at  
[slomrc@aol.com](mailto:slomrc@aol.com)

Find out more about SLO MRC at <http://www.slocounty.ca.gov/MRC>



# FROM FIRE TO DEBRIS FLOW: A COLLABORATIVE COMMUNITY RESPONSE

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Santa Barbara County Public Health Department

- **Jan Koegler, MPH, Manager, Public Health Emergency Preparedness**
- **Stacey Rosenberger, MPH, Emergency Services Planner,**

**Santa Barbara County**

**PUBLIC**

**Health**

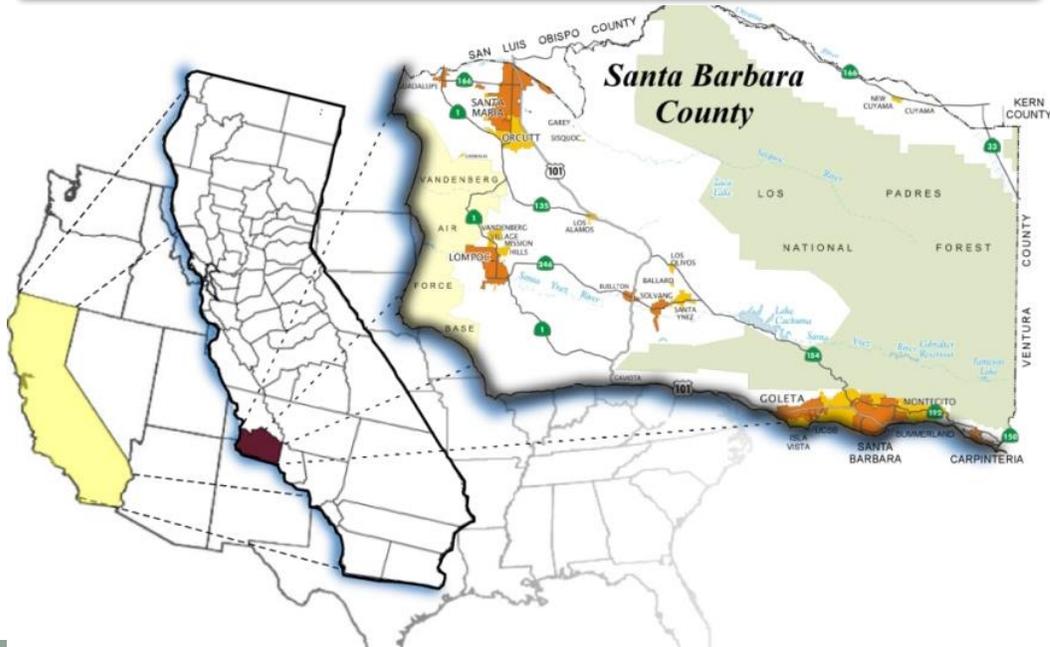


**D E P A R T M E N T**



# Santa Barbara County

- Population: 446,170\* (19<sup>th</sup> in state)
- Land square mileage: 2735 sq. mi.\*
- 8 incorporated cities (represent only 70 square miles)



# Healthcare in Santa Barbara County

- 5 Hospitals
- 14 Skilled Nursing Facilities
- Primary Care:
  - Santa Barbara Neighborhood Clinics (FQHC)
  - PHD Health Care Centers (FQHC)
  - Sansum Clinic
  - Community Clinics of the Central Coast (FQHC)
  - American Indian Health Services (FQHC)
  - Santa Ynez Tribal Clinic (FQHC)
  - Dignity Health
- Home Health, 4 Dialysis, surgical centers and numerous long term care facilities

# Disaster Healthcare Partners Coalition Members

- Hospitals
- City and County Government
- American Red Cross
- Dialysis
- Residential Care Facilities for the Elderly
- Long Term Care Ombudsman
- Medical Reserve Corps
- Long Term Care Facilities
- Skilled Nursing Facilities
- Home Health
- Clinics
- Surgery Centers
- Homeless Shelter
- UCSB
- Emergency Responders



Santa Barbara County

**Disaster Healthcare Partners Coalition**

*Partner. Prepare. Respond.*

## *Timeline Thomas Fire and Debris Flow*

### **Fire Santa Barbara**

December 4:

*Power Outage*

December 6 – 19:

Evacuations/Fire

- 16 residences destroyed
- 0 killed in SB, firefighters injured
- 11 licensed facilities evacuated
- Hazardous air conditions

### **Debris Flow**

January 9th

- 166 residences destroyed
- 391 damaged
- 21 persons killed, 2 missing
- 28+ persons injured
- Utility Outage: All utilities in Montecito X 2 + weeks
- Carpinteria internet X 2 weeks
- 1 facility evacuated, 5 SIP



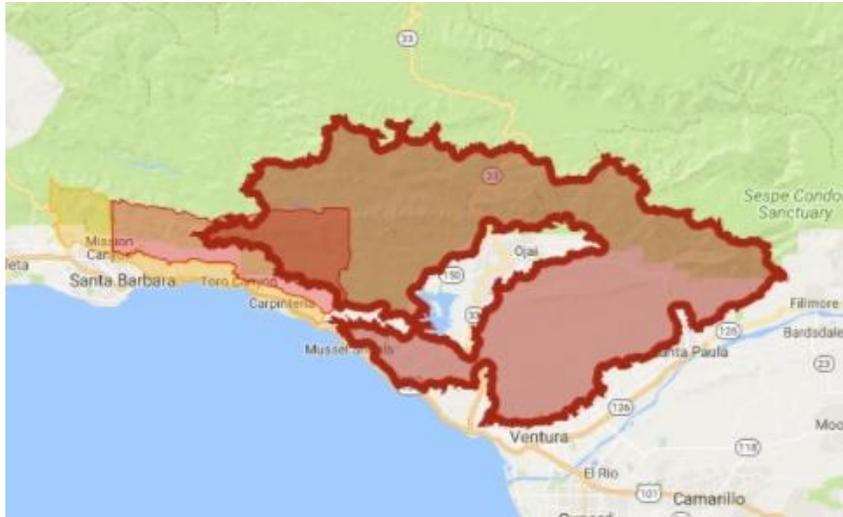
**To the many agencies and facilities that helped each other during the fire and debris flow:**

- Loaned equipment and supplies to the ARC shelter and to facilities housing evacuees
- Provided care and assistance to patients from other agencies
- Provided transportation to evacuees and staff
- Supported the volunteers and workers with vaccinations
- Supported their staff with hotel rooms, cots, RV's, food
- Worked long hours and provided moral support and "can do" attitude!

# THOMAS FIRE

December 4<sup>th</sup> – January 12<sup>th</sup>





# Thomas Fire- December 4<sup>th</sup> 2017

- Started December 4<sup>th</sup> 2017 in Ventura County
  - 100% containment January 12<sup>th</sup> 2018
- 281,893 acres burned
- Largest fire in California's modern recorded history
- Structures- Destroyed: 1,063, Damaged: 280
- Very large “voluntary evacuation” zones



Santa Barbara covered in ash and smoke from the Thomas Fire. Photo taken on Dec. 8, 2017, at 12:00 p.m. (Kelsey Gerckens / KEYT.com)

| Stations Monitoring Ozone and Particulates |           |                 |                      |
|--|-----------|-----------------|----------------------|
| Location                                   | Ozone     | PM10            | PM2.5                |
| Santa Barbara *                            | Good (6)  | Unhealthy (176) | Hazardous (303)      |
| Santa Maria *                              | Good (18) | Good (20)       | Good (20)            |
| Lompoc H St                                | Good (2)  | Moderate (68)   | Unhealthy (153)      |
| Goleta                                     | Good (1)  | Unhealthy (151) | Very Unhealthy (236) |
| El Capitan                                 | Good (22) | Moderate (90)   |                      |
| Las Flores Cyn                             | Good (31) | Moderate (90)   |                      |
| VAFB                                       | Good (35) | Moderate (70)   |                      |
| Carpinteria                                | Good (19) |                 |                      |
| Lompoc HS and P                            | Good (37) |                 |                      |
| Nojoqui                                    | Good (28) |                 |                      |
| Paradise Rd                                | Good (27) |                 |                      |
| Santa Ynez                                 | Good (18) |                 |                      |

# Hazardous & Unhealthy

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## *Air Quality*

# Distributed 200,000 Masks or more.....



**Medical Reserve Corps, PHD staff,  
libraries, clinics, CERT, Direct Relief- all  
distributed masks**





Santa Barbara County



## N-95 Mask Distribution

- N-95 Mask Distribution to the Public 12/6-13
  - PHD distribution locations: Costco in Goleta, Franklin Community Center and Lompoc Home Depot
  - Direct Relief stored and distributed masks throughout the county to FQHCs and the public
- Approximately 300,000 total N-95 masks distributed in county to the public and individual agencies

# N-95 MASK DISTRIBUTION

## FREE MASK DISTRIBUTION FOR DECEMBER 18 – DECEMBER 23, 2017 (REVISED)

(SANTA BARBARA, Calif.) -- Over 350,000 N-95 masks have been distributed to communities in Santa Barbara County affected by unhealthy levels of smoke from the Thomas Fire. The N-95 masks will continue to be distributed to areas of the county experiencing air that is unhealthy or unhealthy for sensitive groups as measured by the Air Pollution Control District.

Mask distribution continues to be a collaborative effort of Direct Relief, the Santa Barbara Medical Reserve Corps, area Cities and CERT volunteers, the Santa Barbara County Public Health Department, and libraries. There is no charge for the mask.

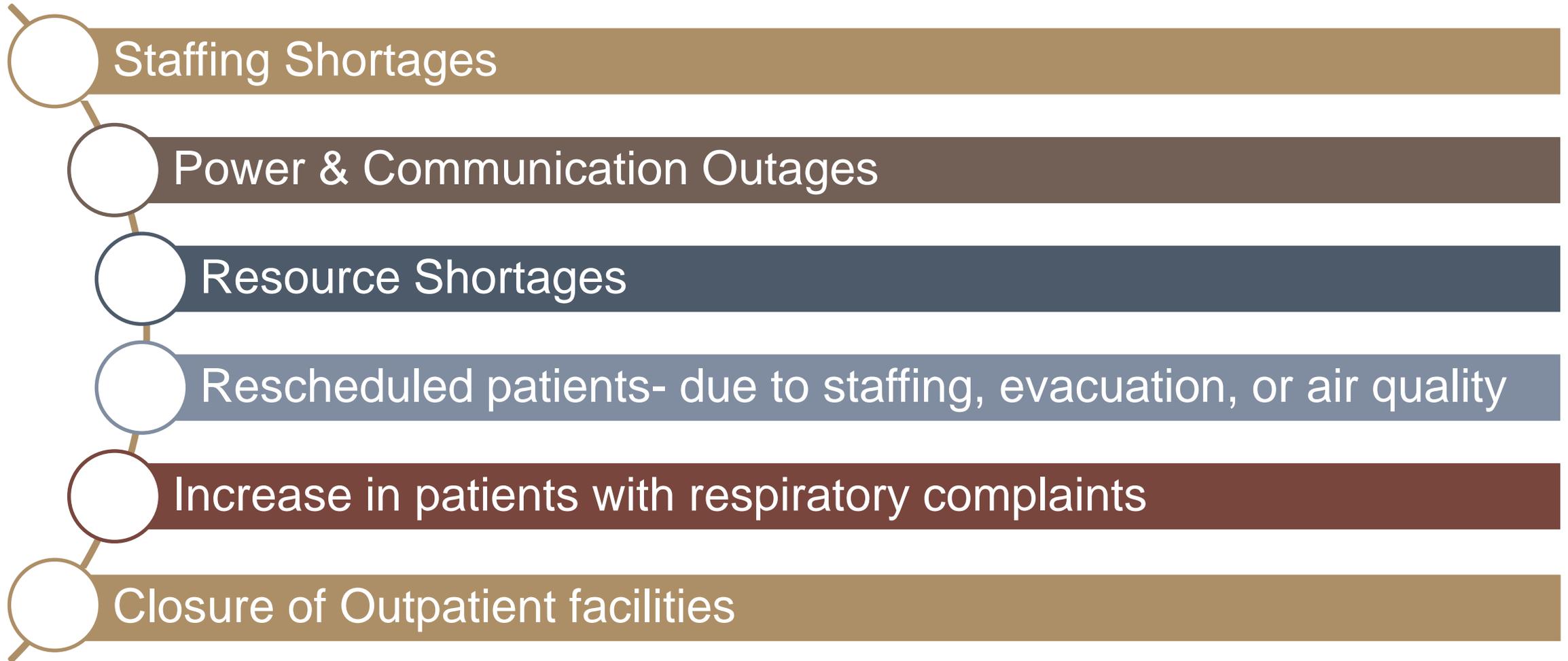
The following sites will have N-95 masks available on Monday, December 18<sup>th</sup> - Saturday 23<sup>rd</sup>:

| Site                           | Location                            | Distribution Days  |
|--------------------------------|-------------------------------------|--|
| Goleta Valley Community Center | 5679 Hollister Avenue<br>Goleta     | Monday – Friday 9 a.m. – 5 p.m.  |
| Goleta City Hall               | 130 Cremona Drive<br>Goleta         | Monday –Thursday 9 a.m. – 5 p.m.<br>No Friday distribution   |
| Santa Barbara Public Library   | 40 Anapamu Street,<br>Santa Barbara | Monday – Thursday 10 a.m. - 7 p.m.<br>Friday 10 a.m. – 5:30 p.m.   |
| Carpinteria Library            | 5141 Carpinteria Ave<br>Carpinteria | Monday 10 a.m. – 7:30 p.m.<br>Tuesday, Thursday, Friday 10 a.m. –<br>5:30 p.m.<br>Saturday 10 a.m. – 4:00 p.m. |
| Buellton CVS                   | 218 East Hwy 246,<br>Buellton       | Monday – Sunday 8 a.m. – 10 p.m.<br>(normal store hours)   |

N-95 masks require a tight seal to be effective and as a result the available adult sized masks will provide only limited protection for most children. N-95 masks when fitted properly provide some protection from the fine particles in smoke. **Ordinary dust masks and surgical masks do not provide this protection.**

Individuals with heart and lung conditions should consult their health care provider before using an N-95 mask.

# Impacts to Healthcare System



# Impacts of Thomas Fire

| ANSWER CHOICES                                    | RESPONSES |
|---|-----------|
| ▼ Staffing shortages                              | 80.00% 16 |
| ▼ Power and/or communication outage               | 65.00% 13 |
| ▼ Resource shortages                              | 40.00% 8  |
| ▼ Rescheduled patients due to staff shortage      | 35.00% 7  |
| ▼ Reschedule patients due to ash/poor air quality | 25.00% 5  |
| ▼ Other   | 25.00% 5  |
| Total Respondents: 20                             |           |

## Example: Impact of Thomas Fire *Community Health Center*

- Power outages
- Caused issues with vaccine refrigerators-transfer required
- Eastside site closed half of day due to voluntary evacuation order and poor air quality
- Increase in patients with respiratory issues and refills on respiratory medication
- Rescheduled routine visits due to staffing shortages
  - Evacuations
  - Poor air quality
  - Exposure of infants/peds during transit to visits



# Transfer of Vaccine During Power Outage

- Power outages began on the night of December 4th and power continued to be unstable for the next few days.
- 3 sites have generators
  - Westside
  - Eastside
  - Goleta
- Generators were going on and off as the power fluctuated –generators switches malfunctioned
- Sansum Clinics offered to store vaccine
- Moved vaccine of December 5<sup>th</sup>
- MOU with Sansum Clinics created on December 6<sup>th</sup> for future disasters





# Lessons Learned & Best Practices

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Each site needs a generator! If you have a generator it doesn't always work.

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Plan for staffing shortages. Staff may have to evacuate their family

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Large supply of N-95 masks to distribute to clients

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Partnerships made through the Disaster Healthcare Coalition were invaluable. Relationship with Sansum Clinic was made during the many coalition meetings, trainings and exercises.

# Evacuations

| Facility Name                               | Type          | Number Residents/Destination             |
|---|---------------|--|
| Mountain House (Cressend Health)            | Mental Health | 14-Hilton Hotel Goleta                   |
| Montecito Care & More                       | RCFE          | 6-private residence, then to Valle Verde |
| Woodglen Hall                               | RCFE          | 50-Vista del Monte, Mariposa at Ellwood  |
| La Ventana Treatment Programs               | Mental Health | 6-unable to contact                      |
| Granvida                                    | RCFE/Memory   | 35-Mariposa at Ellwood, Hotel, Other     |
| Casa Juana Maria- Mental Wellness Center    | ARF           | 6-UCSB ARC Shelter                       |
| Cottage Grove House- Mental Wellness Center | ARF           | 9-UCSB ARC Shelter                       |
| Cornerstone House                           | ICF           | 6-Hillside House ICF                     |
| Villa Riviera                               | RCFE          | 17-old GVCH building                     |
| Casa Omega                                  | RCFE          | 2-Radisson in SM                         |
| Oak Cottage of Santa Barbara                | RCFE/Memory   | 27-Village at Sydney Creek               |

# Evacuation and Sheltering

- Coordinated evacuation and placement of residents from 11 facilities
- Provided MRC/PHD staffing at American Red Cross shelters in Santa Barbara and Ventura
- Coordinated with SLO Ombudsman re facilities evacuated to SLO



# 1/9 DEBRIS FLOW

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## Montecito, Carpinteria-Summerland

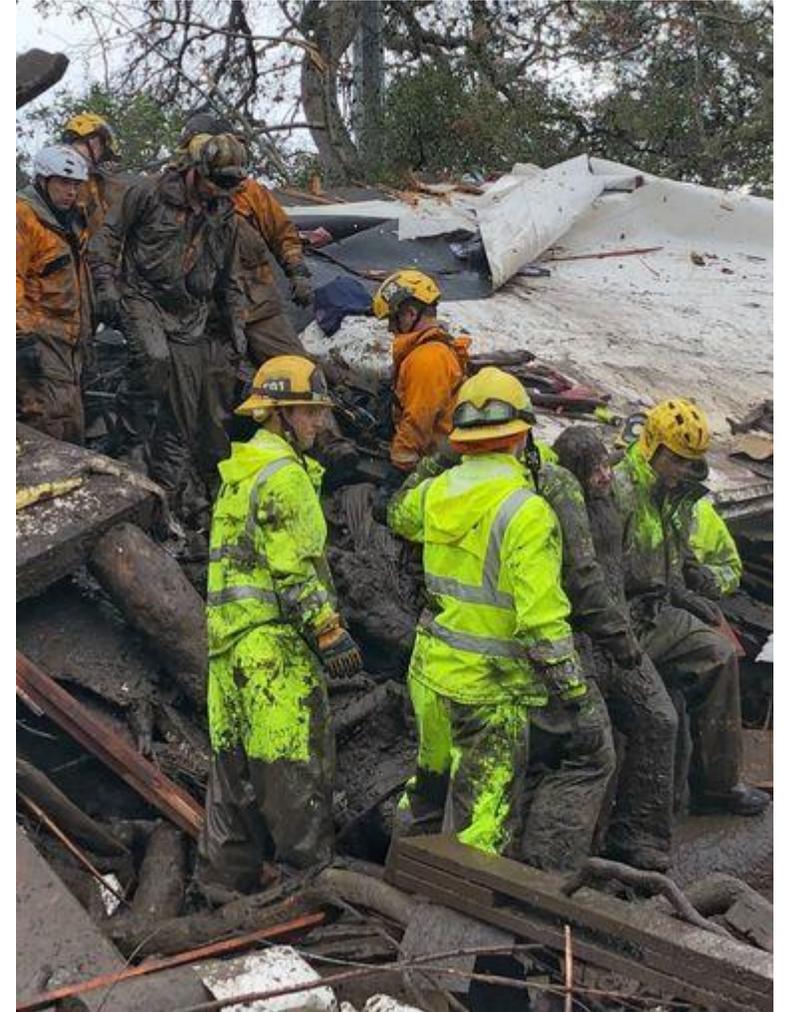
- Both effected by the 1/9 Debris Flow
- Montecito: 10,000 residents(estimated 4,000 year-round)
  - Special district that covers 21.7 square miles
- Carpinteria: 14,000 residents
- Summerland: 2,000 residents
  - Carpinteria-Summerland special district covers over square miles 40

# Storm Preparation

- Prepared for the storm predicted, not the storm we received
- Pre-deployed 1 additional ambulance
- Heavy fire/swift water rescue teams/helicopter pre-deployment
- EMS Agency pre-deployed disaster trailer
- Anticipated debris flow and road closures, not to this magnitude
- Three EMS Missions (as well as full MHOAC role)
  - Incident Support – Rescuers
  - Incident Support – MCI
  - EMS System Maintenance

# January 9<sup>th</sup>, 2018

- Early hours rain fall measures at 0.5 inch/5 minutes (200 year storm), Carpinteria: .86/15 minutes
- Water main break
- Approx 0414 explosion of 2 homes, gas main break, fire
  - Fire crews unable to access
- Numerous reports of trapped residents and a mixture of medical 911 calls
- Casualty Collection Point established in a Von's parking lot
  - High clearance vehicles brought evacuees to the CCP
  - Sort and Sieve: Ambulance vs Shelter
- Estimated 900-1,200 rescues
- Only 28 ambulance transports



# On-Going efforts

- 30 sq mi debris field
- 500,000 cubic yards of debris
- Immediate road access issues
  - 101 impassable
  - Summerland isolated in both directions
  - Carpinteria unable to go north (no access to local ER)
- Search and Rescue: 7 days
- Protracted Strike team deployments
- Protracted EMS System issues
- Staffing challenges (road access)



## January 9<sup>th</sup>, 2018

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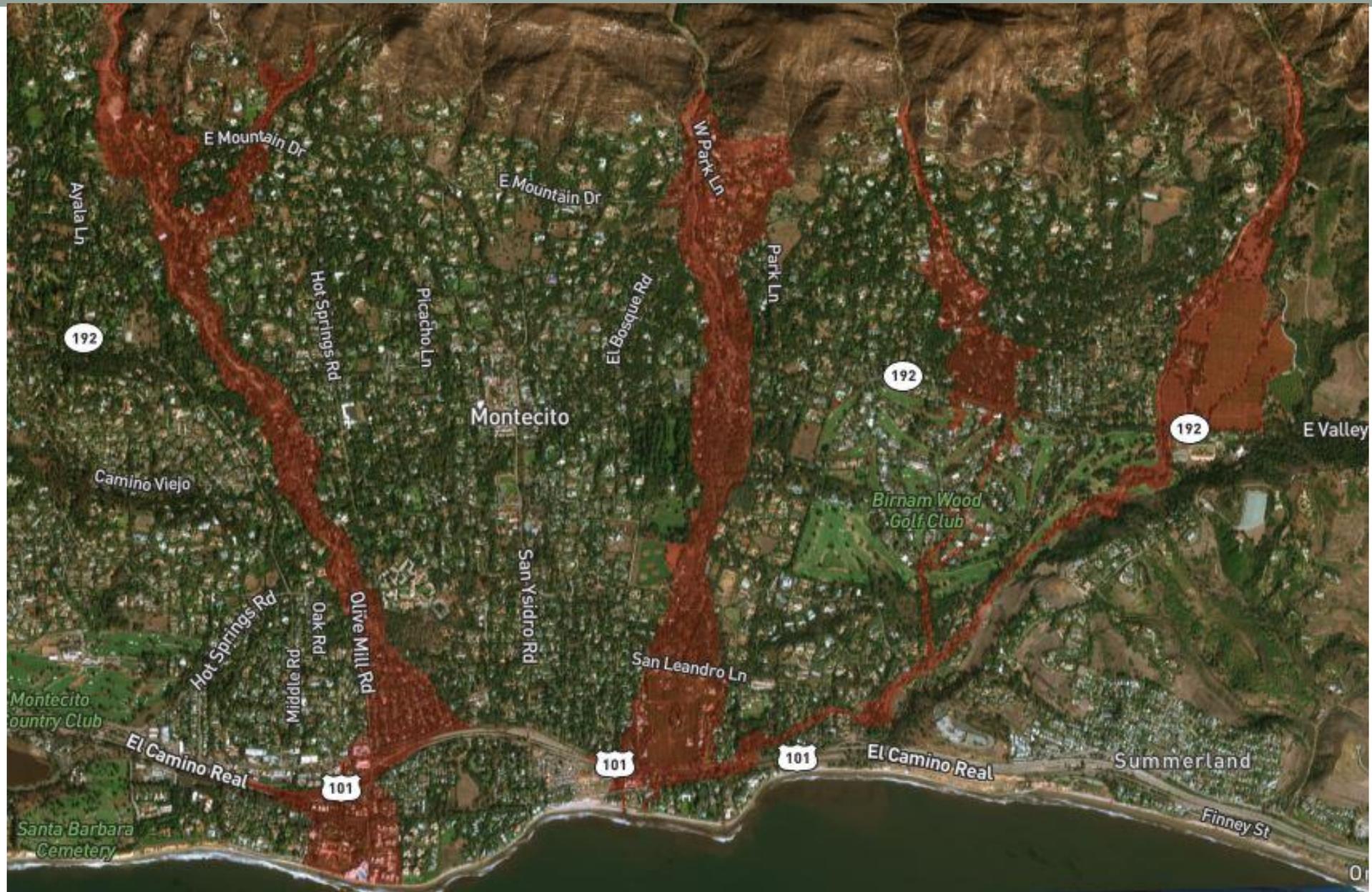
- Received 3.3 inches of rain-.5 fell within 5 minutes
- 23 fatalities
- Estimated 900-1,200 rescues, 28 ambulance transports
- Water, power, gas and communication outages
- Highway 101 and 192 closed

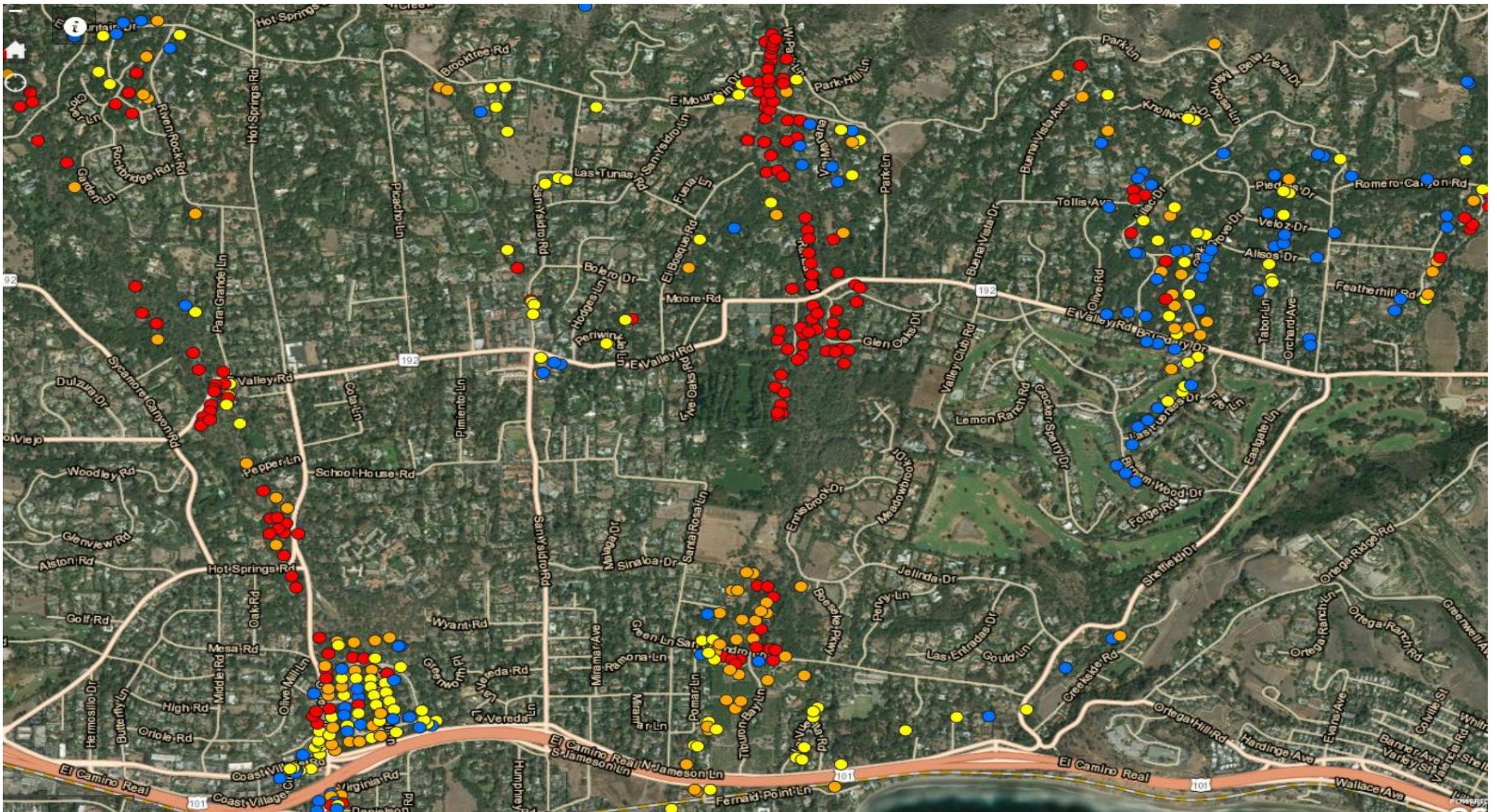
# Peak Resources Assigned to 1/9 event

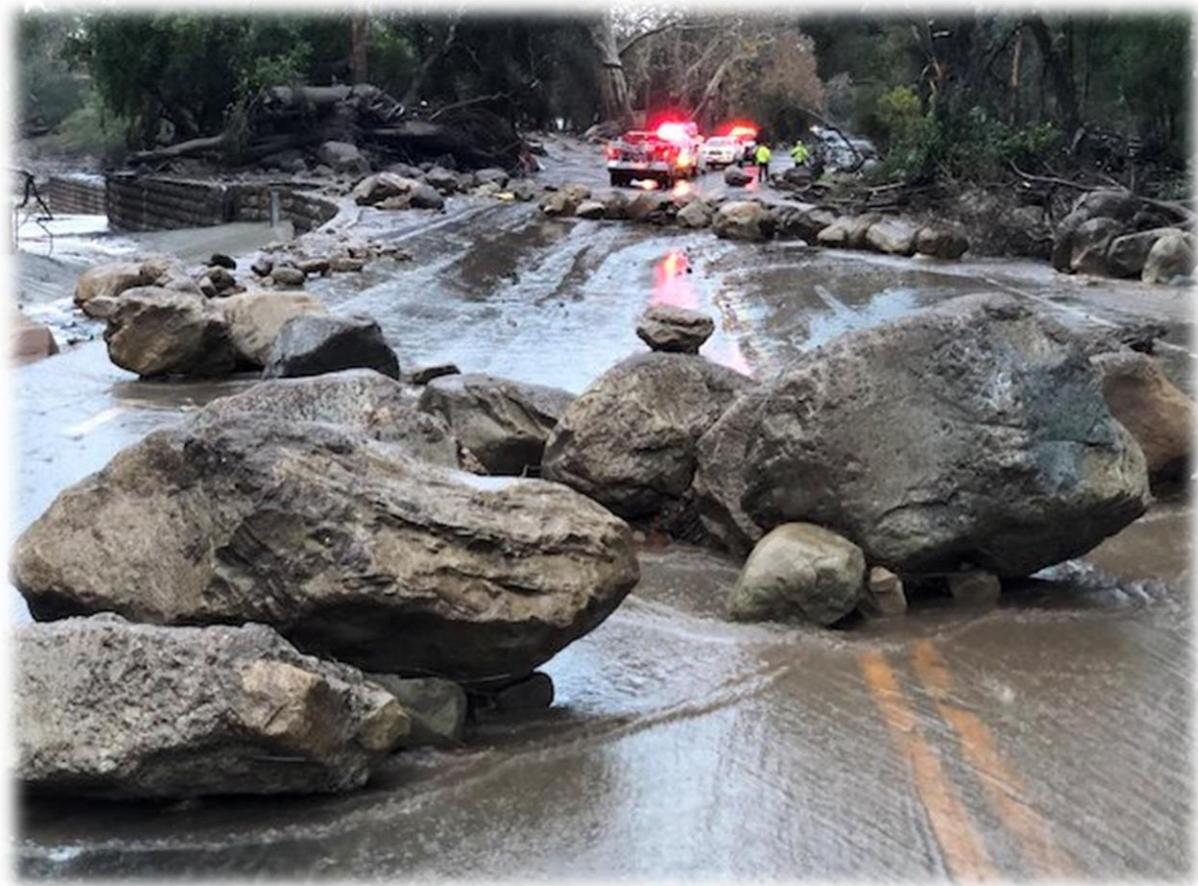
- 30 ambulances
- 6 ambulances supervisors
- 3 EMS Duty personnel + 4 support staff
- About 800 FF's
- 11 helicopters
- The list goes on













# Highway 101 Closure

Closed for 13 days

- January 9<sup>th</sup> – Highway 101 closed due to debris flow across multiple parts of the highway and train
- January 11<sup>th</sup> – Amtrak service resumes
- January 16<sup>th</sup> – Santa Barbara County begins busing essential staff from Ventura (teachers, healthcare, city and county staff)
- January 21<sup>st</sup> – Highway 101 opens

- One-quarter mile section under 12 feet of water and debris
- Crews removed more than 100,000 cubic yards of material from the 101 highway
- Caltrans crews worked 24/7
- Opened in 13 days!



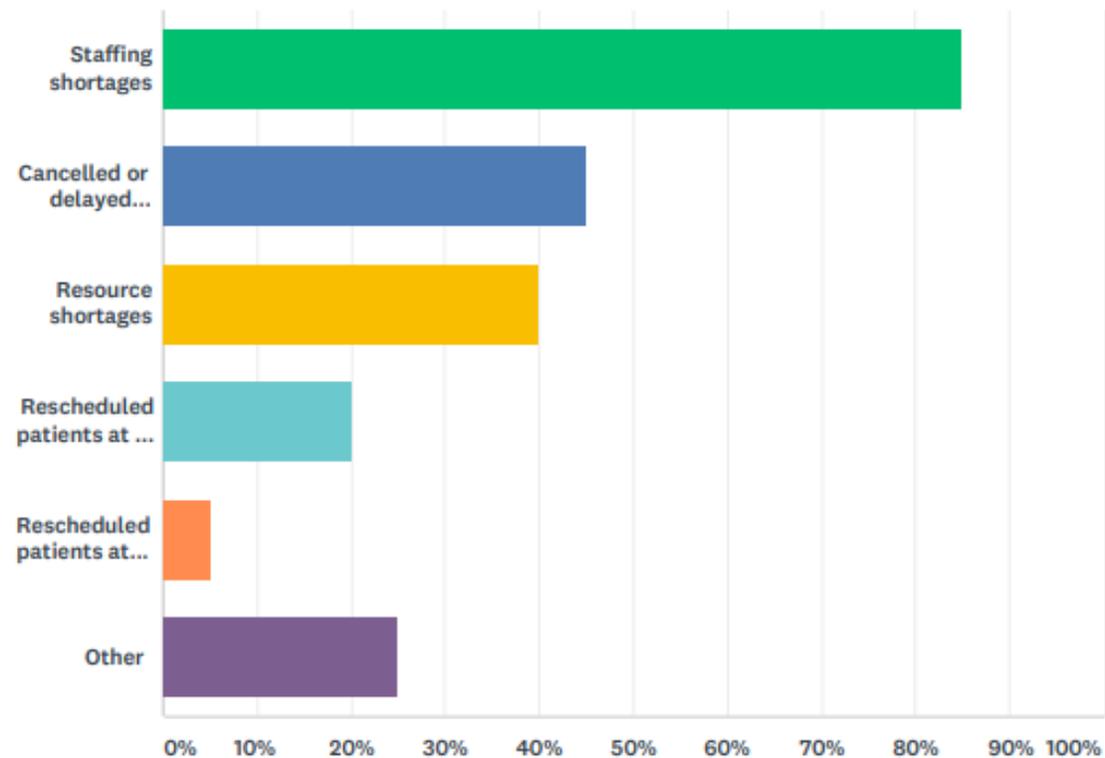
# Impacts to Healthcare: 1/9 Debris Flow

- Staffing Shortages
- Access to critical healthcare (dialysis, home health etc.)
- Power & Communication Outages
- Resource Shortages
- Rescheduled patients- due to staffing

# Impacts from 1/9 Debris Flow

Q11 Impacts to your facility/agency during the flood (check all that apply)

Answered: 20 Skipped: 7



# Impact to Everyday Operations

101 Closure- Transportation of staff was largest impact!

- 21% of staff live south (Summerland down)
- Thought it would be cleared within the first week but it took 2 weeks
- Staff came to work by boat, train, bus
- \$30 food vouchers to staff
- Staff were housed with other staff
- Impact to supply deliveries
  - McKesson drove 6 hours to deliver supplies from LA warehouse
  - Then set delivery schedule Tuesday & Thursday

**McKESSON**

# Response

- Provide EMS and healthcare services to isolated Carpinteria (Ventura EMS), support facilities SIP
- Evacuation of Casa Dorinda a large Continuing Care Retirement Community
- Evacuation of home health patients, some refused
- Movement of dialysis patients to Ventura/SB
- Hazardous materials removal
- Support American Red Cross Shelter with clinical staff and medical
- Evacuated, recovered, and sheltered large and small animals
- Ocean water testing
- Critical health staff transportation program through 101 corridor
- Prioritizing access to area for retrieval of medical items

## In Aftermath of Deadly Mudslides, Direct Relief and Santa Barbara Neighborhood Clinics Offer Free Tetanus Vaccines to Responders, Cleanup Workers, and Residents



*Dr. Charles Fenzi receives a box filled with Tdap vaccinations at Goleta Neighborhood Clinic on January 16 from Direct Relief's Katie Lewis and Dr. Angel Iscovich. The combination vaccine will be offered free-of-charge to individuals exposed to flood water and debris following the tragic mudslide in Montecito. (Lara Cooper/Direct Relief)*

# Transportation during 101 Closure

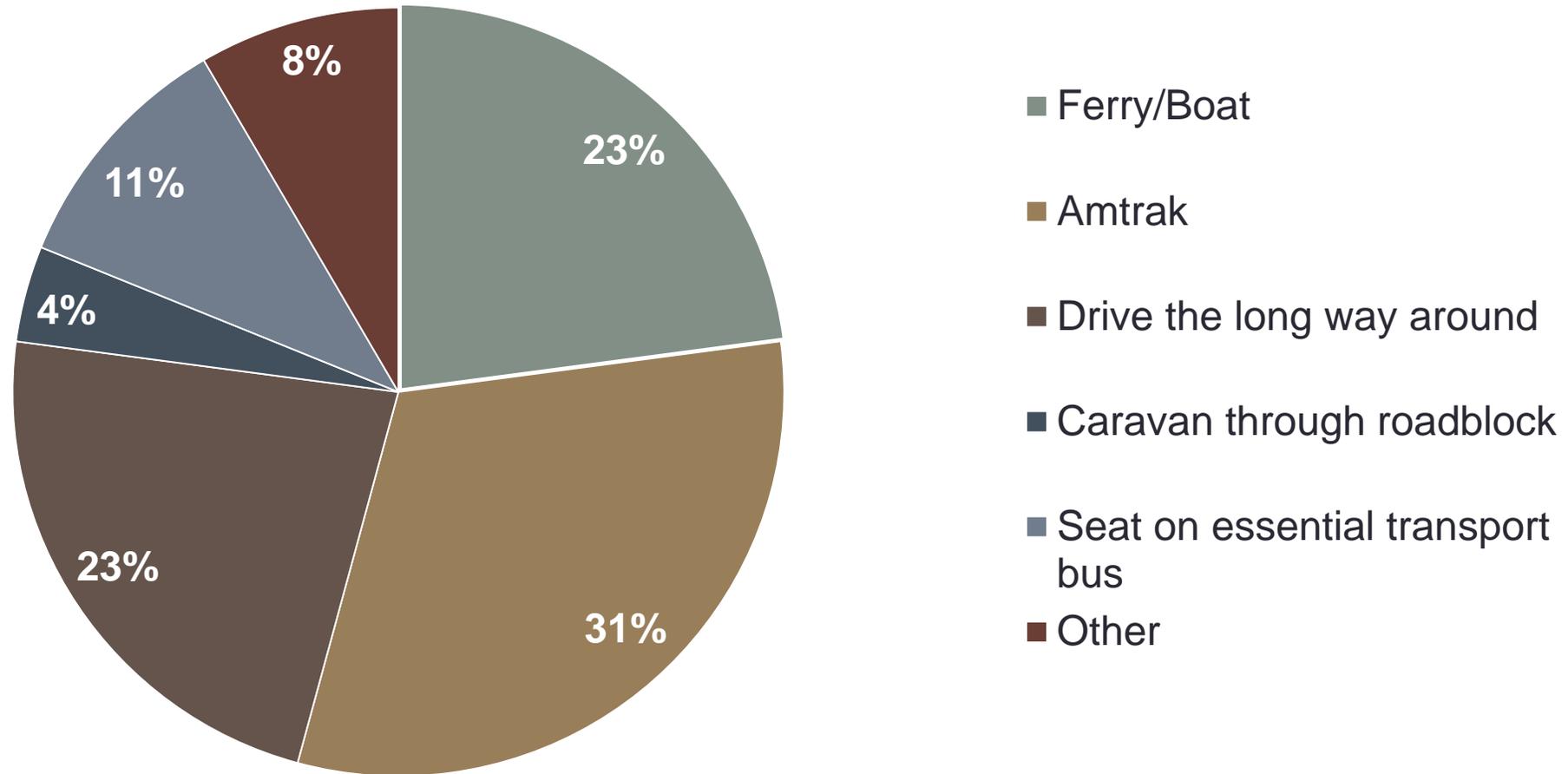
Caravans of buses or cars- Hospitals, dialysis providers, home health arranged by PHD

Boat from Ventura

Amtrak- January 11<sup>th</sup>

Essential Employee Transportation Program-  
January 16<sup>th</sup>

# Transportation During 101 closure



| Facility/Agency                                       | % of staff that live in Carpinteria or further South |
|---|--|
| Mission Terrace                                       | 15.65%   |
| Santa Barbara Neighborhood Clinics                    | 20.78%   |
| Sansum Clinic   | 22.73%   |
| Isla Vista Neighborhood Clinic                        | 27.27%   |
| Valle Verde Retirement                                | 37.50%   |
| The Samarkand   | 13.46%   |
| VA Greater Los Angeles/ Santa Maria and Santa Barbara | 41.67%   |
| Santa Barbara Cottage Hospital                        | 17.14%   |
| Casa Dorinda  | 49.81%   |
| Hillside House  | 50.00%   |
| UCSB Student Health Service                           | 15.00%   |
| Visiting Nurse & Hospice Care                         | 22.22%   |
| UCP WORK, Inc.  | 2.75%  |
| American Indian Health Services                       | 17.81%   |
| RedCross-Pacific Coast Chapter                        | 28.57%   |
| Vista del Monte                                       | 46.88%   |
| Goleta Neighborhood Dental Clinic                     | 15.00%   |



# Transportation Planning

Criteria for essential staff bus

## **First Tier:**

- Provide essential healthcare to maintain health status (dialysis, hospital, cancer treatments, diagnostic or other services that can't be delayed)
- Serve dependent individuals (home health, skilled nursing, residential care)

## **Second Tier:**

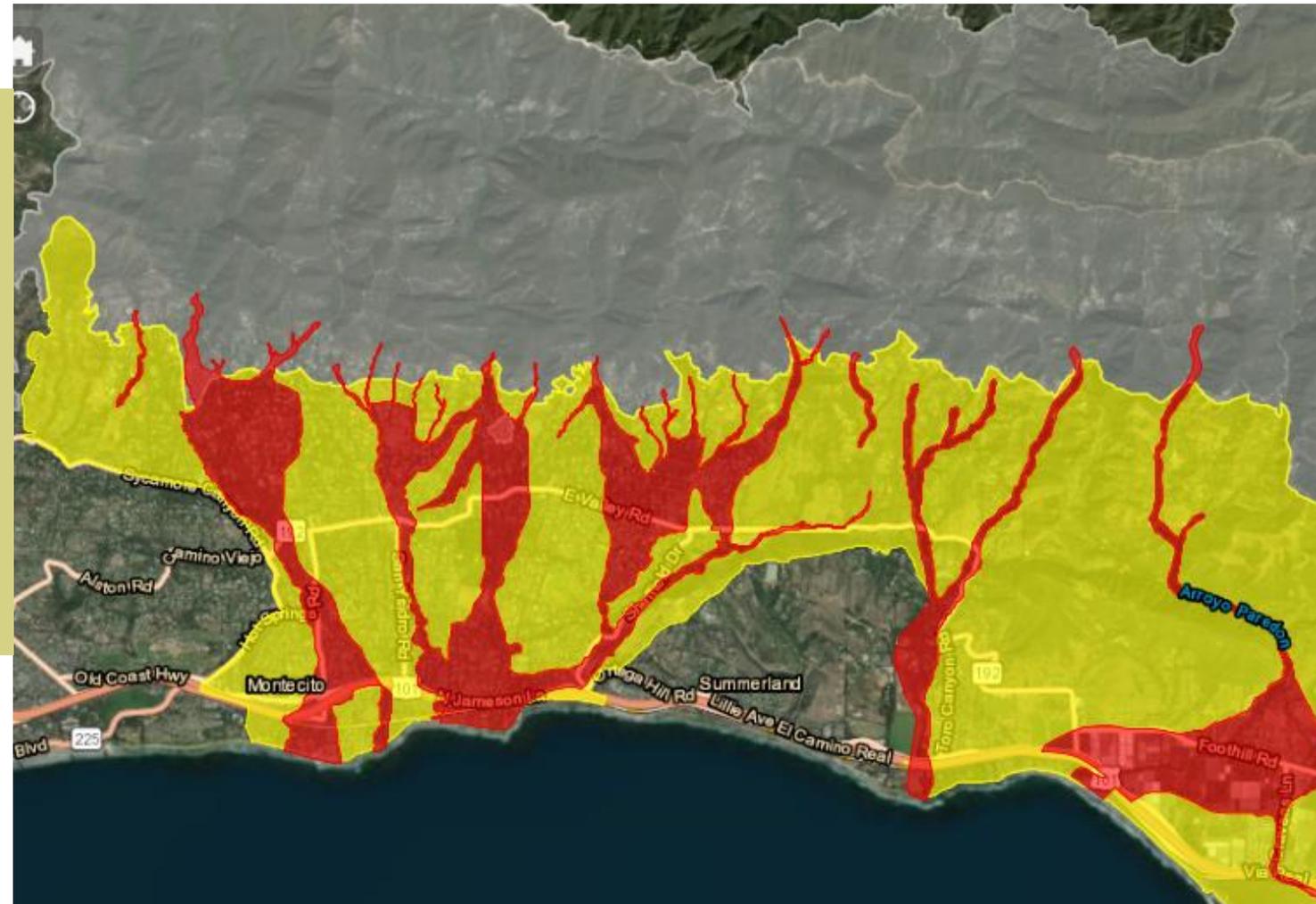
- Maintain services that will result in degradation of patient health status

# Essential Employee Transportation Program

- Started on January 16<sup>th</sup>- One week following the debris flow
- CHP escorted buses through the roadblocks
- 60 spots on the buses for transportation of essential healthcare staff from Ventura to Santa Barbara
- Staff left Ventura at 5:15 am arrived in Santa Barbara at 6:30am arrived back in Ventura at 7:30pm- Very long day

# Ongoing Evacuations: 2018 and beyond

Red and yellow areas have had mandatory evacuations 3 times since the 1/9 debris flow



# 72-Hour Storm Evacuation Timeline

## Pre-Evacuation Advisory Issued

Community members should begin planning for potential evacuations. If at any time you feel threatened, take immediate action. Do not wait for a notification.

72 Hours

48 Hours

24 Hours

12 Hours

Storms Arrives

## Mandatory Evacuation Order Issued

Community members in Extreme and High Risk Areas should evacuate now

## Recommended Evacuation Warning

Community members with access or functional needs or large animals should evacuate now

## Mandatory Evacuation Order Becomes Effective

Community members in Extreme and High Risk Areas should have left the area

## Storm Arrives

Storm capable of producing debris flows similar to the 1/9 debris flow event



[ReadySBC.org](http://ReadySBC.org)

# Preparation for the future

| Level 1                |  |
|------------------------|--|
| Rainfall <sup>A2</sup> | Minor event <0.1 inches in 15 min. <0.2 inches in 30min. <0.3 inches in 60 min.  |
| Outcome                | Runoff is largely free of debris and stays within the current channel network. The potential of debris flows being triggered is low. Some blockage and backup may occur at channel constrictions. Surface streets may exhibit minor flooding, but remain passible to vehicle traffic. Few, if any, structures may be anticipated to be endangered.             |
| Level 2                |  |
| Rainfall               | Moderate event 0.1 inches in 15min. 0.2 inches in 30 min. 0.3 inches 60 min.   |
| Outcome                | Runoff includes mud and some debris. The potential of debris flows being triggered is moderate. Flow in the main channels is rapid and blockage and overtopping at channel constrictions is expected. Roads may be flooded and obstructed by debris limiting vehicle access. Structures close to and immediately downstream of choke points may be endangered. |

| Level 3  |  |
|----------|--|
| Rainfall | Moderate to major event 0.2 inches in 15min. 0.3 inches in 30 min. 0.5 inches in 60 min.   |
| Outcome  | Runoff contains a high concentration of mud and debris. The potential of debris flows being triggered is high. Overtopping flows and channel avulsion is expected at channel constrictions. Roads are likely blocked. Structures within designated hazard zones may be endangered  |
| Level 4  |  |
| Rainfall | Catastrophic event >0.6 inches in 15 min. >0.8 inches in 30 min. >1.0 inches in 60 min.  |
| Outcome  | The potential of debris flows being triggered is extreme and the magnitude of flow would be comparable to, or larger than, the January 9, 2018, event. Debris flows are anticipated to move out of, and over the channel banks and occupy new areas not impacted during the January 9th event. Roads are likely blocked and considered unsafe for travel. Structures within the designated hazard areas would be endangered. |

# Healthcare Contingency Planning: Carpinteria

## **Problems:**

- Carpinteria can be isolated again
- Medical facilities may be in evacuation zones and/or have utility outages.
- Facilities have agreed to share buildings, staff, and resources
- Patients may present with injuries due to flood or debris flow or have emergent health care conditions.

# Final thoughts

- Know the partners in your community!
- Develop MOUs and relationships ahead of time
- Participate with your local healthcare coalition



**Volunteer veterinarian checks out search and rescue dog returning from a long work day in the field. Thomas Debris Flow 2018-Earl Warren Showgrounds**