



HPP & HCPWG Meeting Minutes

June 2, 2022

Time: 11:00 am – 12:00 pm

Location: Virtual via Zoom

Send corrections to Michael Brindle (mbrindle@co.slo.ca.us)

INTRODUCTIONS (ALL)

Denise Yi (PHEP), Robin Hendry (PHEP), Michael Brindle (PHEP) Maya Craig-Lauer (PHEP), Vince Pierucci (EMSA), Sara Schwall (EMSA), Brandi Colombo (CCHH), Emma Lauriston (Tenet), Chris Anderson, Diane Hebrard (CCHH), Iva Larkin, Karen Jones (Ombudsman), Miranda Rose (ASH), Natasha Lukasiewich (French), Diane Hebrard (CCHH), Melissa Smith-Huff (Central Coast Endoscopy Centers in SLO and Templeton).

1. Meeting Introduction – Denise Yi

- County PHEP and EMS departments will be relocating to a new office building at 2995 McMillan Ave, San Luis Obispo that will have a space to host future meetings.
- The anticipated move-in date is mid-July. We are hoping to begin hosting meetings in-person in August.

a. COVID-19 After Action Review

- The County COVID-19 AAR was finalized on 5-30-22.
- Once approved, we plan to share the AAR with the Disaster Healthcare Coalition partners.

b. Upcoming Drills and Exercises

- **NPP FEMA evaluated drill**
 - The NPP FEMA evaluated drill will be held in the Fall. PHEP and EMS are preparing the new office space at McMillan to house the new Department Operations Center.
- **Statewide Medical and Health Exercise**
 - The Statewide Medical and Health Exercise (SWMHE) will be resuming in grant year 22-23. The exercise will be held in either the Fall or Spring.
 - CDPH is allowing LHDs to combine the SWMHE with the Medical Surge Response Exercise (MRSE) to eliminate redundancy.

- **Fall POD Exercise**
 - 22-23 is a Public POD year.
 - The annual Flu POD is up for discussion, with potential changes in operations such as: PPE, COVID vaccine, dispensing testing kits, etc.

2. Communications Update – Robin Hendry

a. Rapid Alerting System Discussion

- Rapid Response Systems
 - Designed to improve the safety of patients, victims, and the general population in an emergency.
 - First decide on patient need, then decide how to respond, and finally collect data.
 - ReddiNet and Everbridge (CAHAN) are both web-based emergency medical communications systems.
 - Emma Lauriston (Tenet) – Tenet uses ReddiNet and Everbridge as rapid alerting systems. The biggest issue faced was keeping contacts up to date in Everbridge.
 - Karen Jones (LTCO) – Dial My Calls was a failed project since it lacked the capacity to do e-mail blasts.
 - Brandi (CCHH) – CCHH uses Microsoft Teams which has continued to work for us. However, if the phone lines were to go down, it would be difficult to keep communication with the patients.
 - Miranda (DHS-A) – Everbridge is going to be used in all the State hospitals moving forward. One predicted issue about this is that it will be difficult to maintain so many contacts for all the employees at the state hospitals.

Link to the Rapid Response Systems Survey:

<https://forms.office.com/g/f32k8mx4xL>

3. MRC and HPP Requirement Updates – Maya Craig-Lauer (Presentations attached)

a. Continuity of Operations Planning (COOP)

- COOP ensures that essential services and functions remain operational during an emergency.
- Ensure that the lessons learned from exercises and real events make their way into your current plans.
- Use AARs from other facilities to improve your plans.
- Lessons learned from Hurricane Sandy: Back up power sources damaged, staff were not trained enough on evacuations and lack of staff coordination at all levels.
- [ASPR's Topic Collection: Continuity of Operations \(COOP\)/ Business Continuity Planning](#)

- Provides healthcare-oriented resources for continuity planning including a hospital continuity planning toolkit
- [California Hospital Association's Hospital Continuity Resources: A Toolkit for Healthcare Providers](#)
 - Provides sample presentations and forms for healthcare continuity planning along with a continuity checklist and BCP tool

b. Management of Surge Staffing Resources and Discussion

- Hospital Staff Sharing During an Emergency
 - Hospitals sending and receiving staff during an emergency can quickly run into issues with credentialing.
 - A proposed solution is to provide credentials and training to select volunteers prior to a disaster.
 - Vince Pierucci (EMSA) would like partner feedback to gauge interest in a program to pre-approve and provide clearances for Medical Reserve Corps volunteers as hospital staffing resources. A similar program in Kern County has been successful.

c. Burn Surge Annex Discussion and Partner Feedback

- Limited Burn Care Resources in SLO County
 - Most patients needing burn care will be stabilized at a local hospital, then referred to a burn specialist likely outside the county.
 - Please refer to the attached presentation and draft of Burn Surge Annex.
 - **Submissions for edits to the Burn Surge Annex must be submitted by June 16th to mcraiglauer@co.slo.ca.us.**

4. Final Note

a. Robin Hendry is retiring!!

- Robin will be retiring on **June 30TH**.
- Robin has been with the PHEP program for over 15 years. She started out as a temp and stayed with us for much longer than expected. We are going to miss her deeply. She played a vital role in the County's COVID response. You can find her volunteering at the Pacific Wildlife Center, where she will be helping animals and can be reached at (805)-543-WILD.

RAPID RESPONSE SYSTEMS



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RAPID RESPONSE SYSTEMS

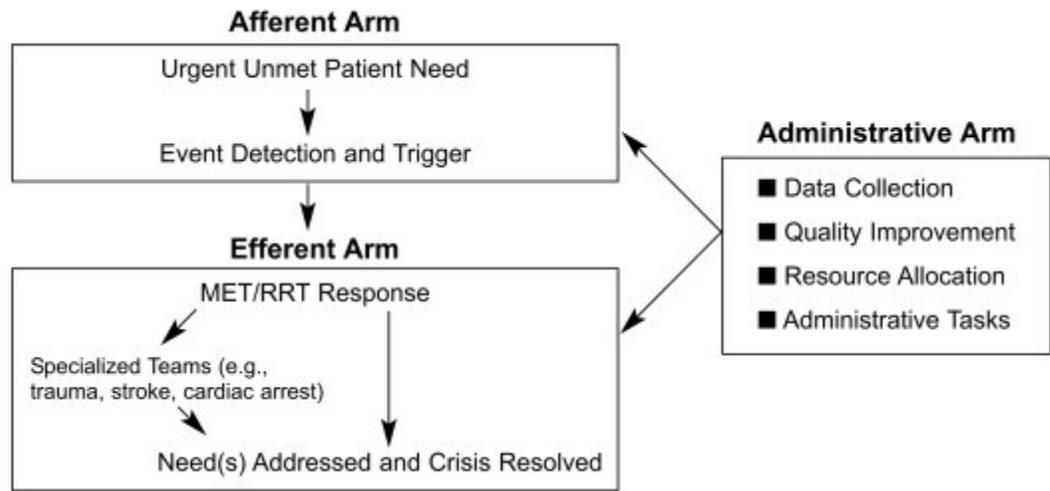
- Definition
- Examples of How RRS is used
- Examples of Current Systems
- Discussion



DEFINITION

- Rapid Response Systems (RRS) are designed to improve the safety of:
 - Patients in the Hospital
 - Victims in the field
 - General population in emergencies
- They are based on prospective identification of high-risk vulnerable populations, early notification of a team of responders who have been preselected and trained, rapid intervention by the response team, and ongoing evaluation of the system's performance





WHERE RAPID RESPONSE SYSTEMS ARE USED SOME EXAMPLES



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GENERAL POPULATION

- Natural Disasters
 - Earthquakes
 - Wild Fires
 - Tsunami
 - Floods
- Active Shooter
- Threat to national/local security
- Accident at Diablo Canyon Power Plant



HOME/PRIVATE ENVIRONMENT



- Medical Emergency
- Fire
- Home Intruder
- Auto accident



HOSPITAL - NURSING FACILITY

- Improve the safety of patients
 - Monitoring and relaying information regarding status of patients to hospital staff
 - Internal & External Disasters
 - Codes (Red, Silver etc)



MASS CASUALTY INCIDENT (MCI)

- Defined as disasters, either man-made or natural, in which local management agencies and the healthcare system can quickly become overwhelmed.
- In SLO County, an MCI is declared when there are 3 victims
- Monitoring and relaying information regarding status of patients to hospital staff is crucial



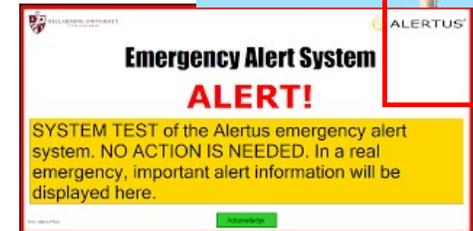
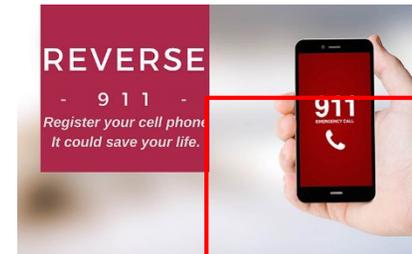
SYSTEMS THAT ARE USED SOME EXAMPLES



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- **Reverse 9-1-1**
 - Operated by the County Sheriff
- **Early Warning Sirens**
 - Operated by the Office of Emergency Services (OES)
- **Emergency Alert System (EAS)**
 - National public warning system that includes broadcasters, cable television systems, wireless cable systems, satellite digital audio radio service (SDARS) providers, and direct broadcast satellite (DBS)



- **ReddiNet**
 - Provides critical information in emergencies
 - Web-based emergency medical communications system that is used to report hospital, patient, and emergency event status.
 - Used by hospitals, EMS, first responders, and other health care providers.
- **Everbridge Mass Notification System**
 - Broadcasts messages to inform employees and the public of an emergency.
 - Sends multiple channel messages through SMS, email, desktop alerts, and/or voice.
- **California Health Alert Network (CAHAN)**
 - Web-based system used to send warnings of impending or current situations that may affect the public's health



Discussion



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WHAT SYSTEM(S) DOES YOUR FACILITY USE?

- What you are using
 - Examples of how they are used
- What needs do you have that are not being met
- We will be sending out a short survey with the meeting minutes



CONTINUITY OF OPERATIONS PLANNING FOR HEALTHCARE



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TOPICS

- Basics of a Continuity of Operations Plan (COOP)
- Incorporating lessons learned into a COOP
- Group discussion



What is a COOP?

- *“an effort within individual executive departments and agencies to ensure that Primary Mission Essential Functions (PMEFs) continue to be performed during a wide range of emergencies, including localized acts of nature, accidents and technological or attack-related emergencies.”*

— National Continuity Policy Implementation Plan (NCPIP) and the National Security Presidential Directive 51 / Homeland Security Presidential Directive 20 (NSPD-51 / HSPD-20)

- Also known as a Business Continuity Plan (BCP)



CREATING A COOP

1. Perform a risk assessment
2. Perform a business impact analysis
3. Design response and recovery strategies
4. Develop and distribute plan
5. Exercise and maintain plan



BUSINESS IMPACT ANALYSIS

Essential Functions and Downtime Impact

	Essential Function or Service	Patient Safety Impact	Operational Impact	Family Experience Impact
1.	Provide patient care	5	5	5
2.	Acquisition and requisition of essential supplies	3	4	2
3.	Nursing administration	1	3	1
4.				
5.				
6.				

Impact Ratings

Operations Impact	9 - N/A or blank
	1- >72 hours
	2- <72 hours
	3 - <24 hours
	4 - < 8 hours
	5 - <4 hours
Patient Safety Impact	6 - 0 hours
	9 - null (or blank)
	1 - None at all
	2 - minimal risk
	3 - moderate risk
Family Impact	4 - severe risk
	5 - immediately life threatening
	9 - null (or blank)
	1 - none at all
	2 - minimal
	3 - moderate
	4 - severe

Source: ASPR's Hospital Continuity Business Impact Tool



BASIC STRUCTURE

- Introduction
- Overview
- Scenarios
- Response Team
- Response Actions (Downtime Procedures)
- Recovery Actions
- Testing & Maintenance



BOLSTERING EXISTING COOPS

- Ensure the incorporation of lessons learned from exercises and real events into your plans
- Seek additional lessons learned from the after action reports (AARs) of other facilities.



LESSONS FROM HURRICANE SANDY

- Existing plans did not anticipate a multi-event outage in their plans.
- Back-up power sources were damaged or destroyed and could not be used.
- Lack of coordination at all staffing levels
- Staff lacked knowledge of evacuation procedures

Source: FEMA P-942, Hurricane Sandy in New Jersey and New York MAT Report, Recovery Advisories & Fact Sheets



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UNANTICIPATED IMPACTS OF COVID

- Vaccine mandates
- Strikes
- Widespread illness/Staff absenteeism
- Long-term emergency activation
- Visitor policies
- Testing requirements



Discussion

- What unanticipated impacts of COVID are you going to incorporate into your COOP?
- Do you have any of your own continuity of operations lessons learned that you would like to share?



Healthcare COOP Resources

- [ASPR's Topic Collection: Continuity of Operations \(COOP\)/ Business Continuity Planning](#)
 - Provides healthcare-oriented resources for continuity planning including a hospital continuity planning toolkit
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 - Provides sample presentations and forms for healthcare continuity planning along with a continuity checklist and BCP tool



The background features a close-up of a fire with bright orange and yellow flames. A dark red, semi-transparent rectangular overlay covers the right side of the image. A white frame is positioned on the left side, partially overlapping the fire and the red overlay.

Burn Surge Annex Partner Review

Scope

Due to the limited burn care capabilities in the county, this plan focuses on the stabilization and movement of burn patients to the appropriate care providers (burn centers)



1.4

Assumptions

- Incidents that would cause the activation of this plan typically occur with little to no warning.
- The MHOAC will be notified of any burn mass casualty event. The source of this notification may vary (i.e., EMS, Hospitals, etc.).
- Burn victims may present with additional injuries like those noted in the Combined Injury section of this document.
- An incident causing a burn surge could also cause a surge of patients with non-burn injuries.
- Depending on the scope and severity of the incident, burn patients may arrive to hospitals through EMS transport or self-transport.
- All hospitals may receive burn patients or experience other impacts.
- Patients transported to the hospital without EMS transport will likely concentrate at the facility closest to the incident location.
- Hospitals will need to stabilize burn patients and may have to provide some treatment and supportive care until they can be transferred to a burn center.

2.3 Roles & Responsibilities

2.3.1 In addition to the responsibilities detailed in the Surge Capacity SOP, the following responsibilities are required with the activation of the Burn Surge Plan:



2.3 Roles & Responsibilities

2.3.2 County Public Health Department shall:

2.3.2.1 Coordinate patient movement using the MHOAC Program.

2.3.2.2 MHOAC will coordinate with hospital chief nursing officers (CNOs) as part of a multiagency coordination (MAC) Group if necessitated by the incident.



2.3 Roles & Responsibilities

2.3.3 Local Area Hospitals shall:

2.3.3.1 Provide initial stabilization and treatment to burned patients. This care should be under the direction of the hospital director and can be in collaboration with SMEs from burn centers.



2.3 Roles & Responsibilities

2.3.4 EMS Providers shall:

2.3.4.1 Coordinate with the MHOAC to determine which hospital to transport patients to for treatment.

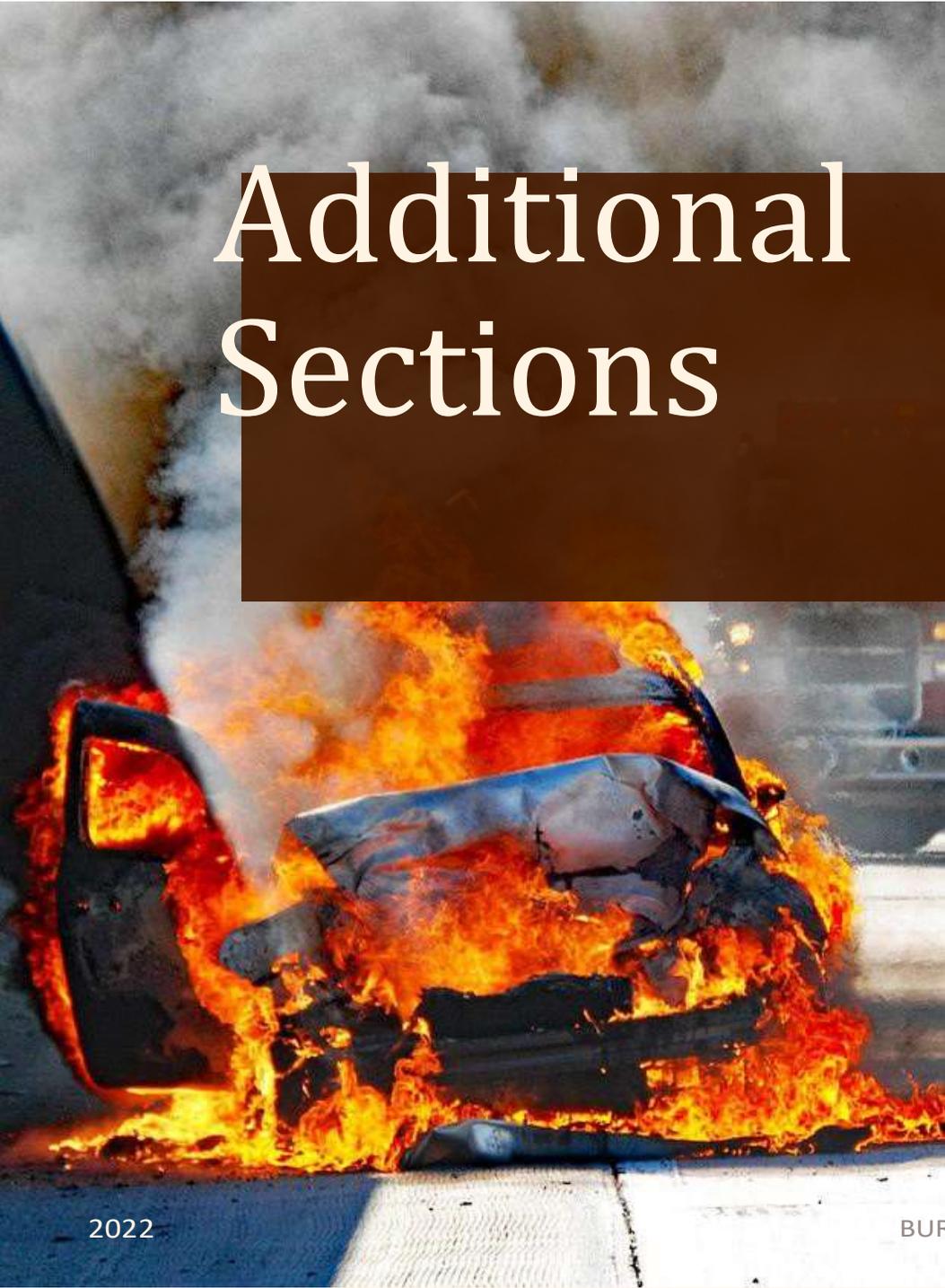
2.3.4.2 Transport burn patients to regional burn centers as directed by the MHOAC.





2.3.4 Logistics

- Space
- Staff
 - Hospitals may utilize SMEs from burn centers to virtually assist with burn care and management.
- Supplies
 - Additional supplies may be requested through the MHOAC.



Additional Sections

- 2.5 Special Considerations:
 - 2.5.1 Behavioral Health
 - 2.5.2 Pediatric
 - 2.5.3 Combined Injury
 - 2.5.3.1 Blast Injuries
 - 2.5.3.2 Radiation Injuries
 - 2.5.3.3 Toxic Industrial Chemical Injuries
- 2.6 Operations - Medical Care
 - 2.6.1 Triage and Secondary Triage
 - 2.6.2 Treatment
- 2.7 Transportation



Partner Review

- Please review this plan and send in edits and feedback by **June 16, 2022**
- Send edits and feedback to mcraiglauer@co.slo.ca.us
- Thank you!