



County of San Luis Obispo  
Public Health Department

# **Surge Capacity**

## **Standard Operating Procedure**

**ORIGINAL PROCEDURE**

January 2008


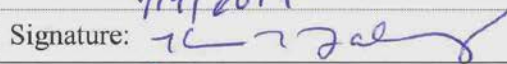
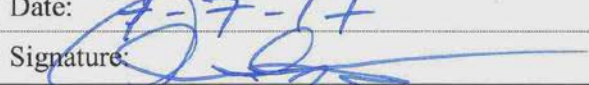


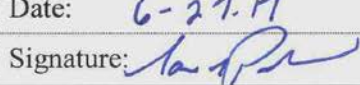
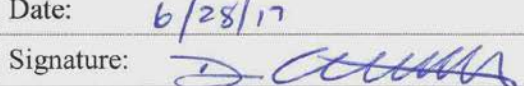
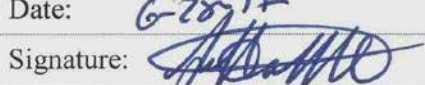

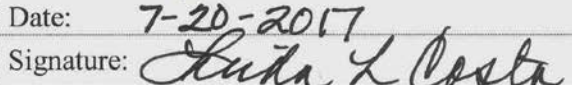
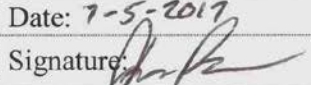
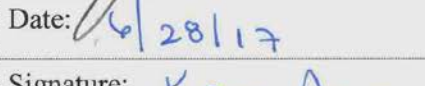
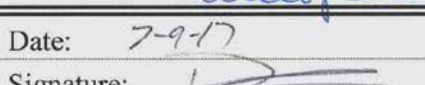
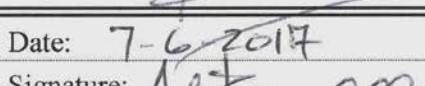
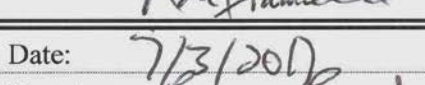
**REVISED**

October 2014

June 2017

May 2018

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### REVISIONS

	REVISION DESCRIPTION	DATE
Original Document		01/2008
Revision	Revise Surge Level Definitions	10/2014
Revision	Redefined Surge Level 1 to include non-hospital facilities that have strained resources Added AFN considerations	05/2017
Revision	Administrative Edits	5/2018

**DISTRIBUTION**

<b>COPY</b>	<b>QUANTITY</b>	<b>LOCATION</b>	<b>DATE</b>
Original	1	County Public Health Department Office File	
Working Copy	1	County Public Health Department Office File	
EOC	3	County OES Office	
<b><i>Health Care Facilities</i></b>			
	1	Arroyo Grande Community Hospital	
	1	French Hospital Medical Center	
	1	Sierra Vista Regional Medical Center	
	1	Twin Cities Community Hospital	
	1	Department of State Hospitals - Atascadero	
	10	Community Health Centers of the Central Coast	
	1 each / 9 total	Urgent Care Facilities	
	1	Long Term Care Ombudsman Office	
	1 each / 8 total	Skilled Nursing Facilities	
<b><i>Ambulance Services</i></b>			
	1	Cambria Healthcare District	
	1	San Luis Ambulance Services	
<b><i>Police Departments</i></b>			
	1	San Luis Obispo PD	
	1	Arroyo Grande PD	
	1	Morro Bay PD	
	1	Grover Beach PD	
	1	Pismo Beach PD	
	1	Atascadero PD	
	1	Paso Robles PD	
	1	Cal Poly State University PD	
	1	Cuesta College PD	
<b><i>CHP and Sheriff Department</i></b>			
	1	California Highway Patrol—SLO Area Office	
	2	Sheriff's Office Headquarters	

COPY	QUANTITY	LOCATION	DATE
<b><i>City and Community Fire Departments</i></b>			
	1	Atascadero City FD	
	1	Cambria CSD FD	
	1	Cayucos Fire Protection District	
	1	Diablo Canyon Power Plant FD	
	1	Five Cities Fire Authority	
	1	Morro Bay FD	
	1	Paso Robles Department of Emergency Services	
	1	San Luis Obispo City FD	
	1	San Miguel CSD FD	
	1	Santa Margarita FD	
	1	Templeton CSD FD	
<b><i>CAL FIRE / County of San Luis Obispo Fire</i></b>			
	40	CAL FIRE / SLO County Fire Department	
<b><i>State and Federal Institution's Fire Departments</i></b>			
	1	Department of State Hospitals - Atascadero	
	1	California Men's Colony	
	1	Camp Roberts Emergency Services / Military	
	1	Hearst Castle	

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## **PART ONE – OVERVIEW**

### **1. INTRODUCTION**

#### **1.1 Purpose**

- 1.1.1 Assist acute care hospitals in rapidly identifying and responding to a potential surge within the hospital system.
- 1.1.2 Provide direction to acute care hospitals for an effective response to any event that presents the potential for a large number of persons seeking emergent and/or acute medical assistance, within the hospital grounds, following a significant event.
- 1.1.3 Describe the interagency coordination between the Public Health Department, hospitals, fire departments, law enforcement agencies, ambulance providers, community health clinics, urgent care clinics and long term care facilities.

#### **1.2 Goals**

- 1.2.1 Define the three levels of hospital surge and describe actions that the response community will take at each level.
- 1.2.2 Provide for the safety and welfare of healthcare provider staff, patients and visitors during a surge event.
- 1.2.3 Describe procedures for the notification of community partners by the hospitals and the Public Health Department to allow for a county-wide coordinated approach to caring for the health of the county population.
- 1.2.4 Describe the procedures for ensuring the needs of individuals with disabilities and access and functional needs (AFN) are met during a surge event. Persons in need of additional response assistance may include those with physical and mental disabilities, those living in institutionalized settings, the elderly, children, those from diverse cultures, low-income individuals, and individuals with little or no English proficiency. Adaptations should be made to ensure that crisis management efforts maintain independence, communication, transportation, supervision and medical care throughout and post incident.

#### **1.3 Background**

- 1.3.1 All acute care hospitals within San Luis Obispo County have adopted the Hospital Incident Command System (HICS) standard. HICS serves as the San Luis Obispo County hospitals' operations response structure during a medical emergency or disaster event and is designed to provide clearly defined job duties and

responsibilities.

- 1.3.2 The County of San Luis Obispo Public Health Department and all response partners have adopted and utilize the National Incident Management System (NIMS), the Standardized Emergency Management System (SEMS), as well as the Incident Command System (ICS).
- 1.3.3 Hospital surge refers to the ability of a health care system to provide appropriate medical care and treatment for a markedly increased volume of patients based on the situation.
- 1.3.4 Medical surge capability describes the types of services provided to patients during times when the health care system is experiencing a surge of patients.
- 1.3.5 The County Health Officer has the authority and responsibility to take whatever steps are deemed necessary to maintain the health of the community
- 1.3.6 In the absence of gubernatorial orders waiving specific licensing and regulatory requirements, use of facilities outside of existing licensure should trigger notification/requests to appropriate State licensing and regulatory agencies.
- 1.3.7 This procedure was prepared by the County of San Luis Obispo Public Health Department in coordination with representatives of local hospitals, local law enforcement agencies, ambulance providers, local fire departments, community health clinics and long term care providers.

#### **1.4 *Authorities and References***

- 1.4.1 California Health and Safety Code, Section 101080

## **2. CONCEPT OF OPERATIONS**

### **2.1 *Scope***

Guide the hospitals and other response entities in San Luis Obispo County in responding effectively to any event that presents the potential for a large number of persons seeking emergency and/or acute medical assistance, at the location of the hospital, or the defined hospital zone.

### **2.2 *Definitions***

A Surge Event is a significant event or circumstances that impact the healthcare delivery system resulting in excess demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.



Surge Level 1:

Patients presenting to the hospitals or healthcare facilities result in significant stress to healthcare facility resources, however, waivers for normal patient care services are not required.

Surge Level 2:

All local medical providers are affected, requiring regularly scheduled planning sessions or conference calls in order to strategize, coordinate, collaborate, and communicate among all community medical/health providers, EMS agency, Public Health, Fire, and OES representatives.

Surge Level 3:

The capability of local facilities to provide Alternative Patient Care is exceeded, requiring the activation and use of medical resources from outside the Operational Area.

**2.3 Responsibilities**

**2.3.1 County Public Health Department shall:**

- 2.3.1.1 Direct all aspects of community health including but not limited to isolation, quarantine and prophylaxis.
- 2.3.1.2 Facilitate, through coordination with the California Department of Public Health (CDPH), State Emergency Medical Services Authority (EMSA) and the Governor, expanded scope of practice, field triage, alternative destination, suspension of nursing ratios and appropriate California Code of Regulation Title 22 regulations.
- 2.3.1.3 Work within the local Operational Area, Medical Health Operational Area Coordinator (MHOAC), and mutual aid providers to obtain resources for distribution and/or use during a surge event.
- 2.3.1.4 Communicate situation and necessary actions to all healthcare providers, community partners, Regional Disaster Medical Health Coordinator (RDMHC) Program, CDPH, State EMSA and the general public.
- 2.3.1.5 Assist hospitals in early discharge.
- 2.3.1.6 Coordinate and communicate between hospitals, supporting Health Care Facilities and RDMHC Program, CDPH and State EMSA and provide situation status reports as necessary.

- 2.3.1.7 Assess ability of non-impacted hospitals, clinics, urgent care and long term care facilities to receive transfer and/or discharged patients.
- 2.3.1.8 Coordinate with ambulance providers and other transportation to transfer patients between facilities.
- 2.3.1.9 Facilitate resource requests.
- 2.3.1.10 Convey field triage and alternative destination policy to EMS providers.
- 2.3.3 Local Area Hospitals shall:
  - 2.3.3.1 Provide optimal care to the greatest number of patients in the most expeditious manner utilizing available resources.
  - 2.3.3.2 Communicate resource needs and availability (including timely bed availability statistics) to the Public Health Department MHOAC Program as needed.
- 2.3.4 Law Enforcement Agencies shall:
  - 2.3.4.1 Provide security and traffic control to all areas in which care is being provided.
- 2.3.5 Emergency Medical Services (EMS) Providers shall:
  - 2.3.5.1 Provide field triage and, if necessary, transportation to appropriate facility.
    - 2.3.5.1.1 Field triage may include triage at patient residences, hospital campus, clinic campus, long term care facility or other non-hospital setting.
    - 2.3.5.1.2 Appropriate facilities may include hospitals, long term care facilities, clinics, or Government Authorized Alternate Care Sites (GAACS).
    - 2.3.5.1.3 Triage may include providing homecare instructions and not transportation.
- 2.3.6 Community Health Clinics and Urgent Care Facilities shall:
  - 2.3.6.1 Notify the Public Health Department immediately upon increase of patient load.
  - 2.3.6.2 Consult with the Public Health Department to determine appropriate disposition for patients.

2.3.6.3 Provide patient care as appropriate within capability of facility.

2.3.6.4 Consider expanding hours of operation to accommodate increase in patient load.

2.3.7 Long Term Care Providers

2.3.7.1 Coordinate with the Long Term Care Ombudsman Office and Public Health Department regarding availability to take patients discharged from hospitals.

2.3.7.2 Coordinate with hospitals regarding patient admittance criteria as the criteria may change in a surge event.

2.3.7.3 Provide patient care as appropriate within capability of facility.

**2.4 Access and Functional Needs**

Access and functional needs may include physical, sensory, behavioral health, cognitive and intellectual needs. The medical stability, survival, and dignity of people with functional needs may be jeopardized when emergency conditions disrupt their patterns of care.

Planning for functional needs support includes:

- Communication assistance and services
- Availability of durable medical equipment, consumable medical supplies and personal assistance services
- Access to medication to maintain physical and behavioral health functions
- Assistance for individuals with cognitive and intellectual needs
- Availability of auxiliary aids and services necessary to ensure effective communication
- Access to an air-conditioned and/or heated environment
- Availability of food and beverages appropriate for individuals with dietary restrictions
- Provision of food and supplies for service animals

Adaptions should be made to ensure crisis management efforts maintain independence, communication, transportation, supervision and medical care throughout the surge incident to include:

- Physical Access
  - Doors & Ramps
  - Restrooms & Showers
  - Transportation
- Security
- Safety
- Privacy
- Service delivery adaptations

- Additional resources / specialized assistance required
  - Equipment, supplies, including special mobility devices
  - Assistance from personnel / staff
- Communication
  - Foreign language translation
  - Sign language interpreters
  - Alternative delivery systems for sight impaired
  - Alternative delivery systems for low literacy level and children
- Power
  - Refrigeration for medications
  - Oxygen systems
  - Mobility systems (batteries)
- Service Animals

### **3. EQUIPMENT**

Equipment needed for response to a surge event includes surge tents, decontamination tents, personal protective equipment (PPE), cots, various durable medical equipment, supplies and medications.

### **4. TRAINING**

- 4.1 The Public Health Department will develop training materials on these procedures and provide initial training to Public Health Department staff, County OES, and Sheriff Watch Commanders.
- 4.2 The Hospitals, law enforcement agencies, fire departments, ambulance companies, community health clinics, urgent care clinics and long term care facilities will provide training to their agency personnel, as appropriate. The Public Health Department will provide assistance in these trainings upon request.

### **5. PROCEDURE REVIEW AND REVISION**

This procedure will be reviewed and updated every two years or as needed by the Public Health Department. Revisions will be based on after action reports and quality improvement process reviews completed following significant trainings, drills, exercises and actual events. The County Health Officer, Public Health Emergency Preparedness Program Manager or the Emergency Medical Services Division Manager will determine whether a particular training, drill, exercise or actual event was significant, and, therefore requires an after action report and/or quality improvement process review.

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## **PART TWO – CHECKLISTS**

**Checklist 1 - Hospitals**

**Checklist 2 - Public Health Department**

**Checklist 3 - Emergency Medical Services Providers**

**Checklist 4 – Community Health Clinic / Urgent Care Facilities**

**Checklist 5 – Long Term Care Facilities**

**Checklist 6 – Residential Care Facilities**

**Checklist 7 - Law Enforcement Agencies**

## **CHECKLIST 1: Hospitals**

### **1. SURGE LEVEL 1**

- \_\_\_\_\_ 1.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 1.2 Reference the California Hospital Association Surge Planning Checklist to manage surge: <http://www.calhospitalprepare.org/healthcare-surge>
- \_\_\_\_\_ 1.3 Post ReddiNet notice of bed availability and hospital capacity.
- \_\_\_\_\_ 1.4 Notify the Public Health Department of increase in patient load and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
- \_\_\_\_\_ 1.5 Notify and call in appropriate staff
  - \_\_\_\_\_ 1.5.1 Call in Public Information Officer as needed.
- \_\_\_\_\_ 1.6 Determine need for infection control and notify all staff as appropriate.
  - \_\_\_\_\_ 1.6.1 Determine need for personal protective equipment
  - \_\_\_\_\_ 1.6.2 Set up isolation rooms and/or areas
  - \_\_\_\_\_ 1.6.3 Follow isolation and quarantine procedure
  - \_\_\_\_\_ 1.6.4 Notify County Public Health Department of communicable diseases or other agents suspected
- \_\_\_\_\_ 1.7 Determine need for decontamination and notify staff as appropriate.
  - \_\_\_\_\_ 1.7.1 Set up decontamination area
  - \_\_\_\_\_ 1.7.2 Follow decontamination procedures
- \_\_\_\_\_ 1.8 Develop communications plan and implement as appropriate.
  - \_\_\_\_\_ 1.8.1 Establish Communications
    - ReddiNet

- CAHAN
- Landlines
- Cell Phones
- Satellite Phones
- Email
- Radio
- ARES/RACES

- \_\_\_\_\_ 1.9 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 1.10 Assess internal resources and inventory all supplies including pharmaceuticals.
- \_\_\_\_\_ 1.11 Develop re-supply plan.
- \_\_\_\_\_ 1.12 Accelerate discharge and patient off-load procedures.
  - \_\_\_\_\_ 1.12.1 Assess acuity of current patients to determine if care needed requires remaining in hospital or if other level of care may be possible.
  - \_\_\_\_\_ 1.12.2 Transfer patients as appropriate.
- \_\_\_\_\_ 1.13 Utilize ReddiNet to report bed capacity and census every 12 hours or more frequently if necessary or requested.
  - \_\_\_\_\_ 1.13.1 In the event ReddiNet is not available, utilize the following to communicate with the MHOAC: (contact numbers will be provided to all facilities at time of CHADOC/MHOAC activation)
- \_\_\_\_\_ 1.14 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

## **2. SURGE LEVEL 2**

- \_\_\_\_\_ 2.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 2.2 Reference the California Hospital Association Surge Planning Checklist to manage surge: <http://www.calhospitalprepare.org/healthcare-surge>
- \_\_\_\_\_ 2.3 Activate Emergency Operations Plan (EOP)
  - \_\_\_\_\_ 2.3.1 Activate the Hospital Command Center as appropriate per facility EOP

\_\_\_\_\_ 2.4 Develop communications plan and implement as appropriate.

\_\_\_\_\_ 2.4.1 Establish Communications:

- ReddiNet
- CAHAN
- Landlines
- Cell Phones
- Satellite Phones
- Email
- Radio
- ARES/RACES

\_\_\_\_\_ 2.5 Utilize ReddiNet to report bed capacity and census every 12 hours or more frequently if necessary or requested.

\_\_\_\_\_ 2.5.1 In the event ReddiNet is not available, utilize backup communications methods.

\_\_\_\_\_ 2.6 Notify MedCom of facility status.

\_\_\_\_\_ 2.6.1 Request that MedCom notify EMS Providers of surge status.

\_\_\_\_\_ 2.7 Maintain communication with Public Health Department/MHOAC program.

\_\_\_\_\_ 2.7.1 Provide situation status reports. (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).

\_\_\_\_\_ 2.7.2 Request additional resources (supplies, pharmaceuticals, personnel)

\_\_\_\_\_ 2.7.3 Discuss potential need for establishing Government Authorized Alternate Care Site if trajectory of patient demand appears to be towards Surge Level 3.

\_\_\_\_\_ 2.7.4 Coordinate all public information with Public Health Public Information Officer prior to release.

\_\_\_\_\_ 2.8 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.

\_\_\_\_\_ 2.9 Notify and query the following staff for shift availability per facility Emergency Operation's Plan:

\_\_\_\_\_ 2.9.1 All licensed staff



- \_\_\_\_\_ 2.9.2 All non-licensed staff (as needed)
- \_\_\_\_\_ 2.9.3 Reassign licensed administrative staff to patient care roles.
- \_\_\_\_\_ 2.10 Determine need for infection control and notify all staff as appropriate.
  - \_\_\_\_\_ 2.10.1 Determine need for personal protective equipment
  - \_\_\_\_\_ 2.10.2 Set up isolation rooms and/or areas
  - \_\_\_\_\_ 2.10.3 Follow isolation and quarantine procedure
  - \_\_\_\_\_ 2.10.4 Notify County Public Health Department of communicable diseases or other agents suspected
- \_\_\_\_\_ 2.11 Determine need for decontamination and notify staff as appropriate.
  - \_\_\_\_\_ 2.11.1 Set up decontamination area
  - \_\_\_\_\_ 2.11.2 Follow decontamination procedures
  - \_\_\_\_\_ 2.11.3 Notify Local Fire Department and County HazMat Team via Local Fire Department
- \_\_\_\_\_ 2.12 Assess internal resources and inventory all supplies including pharmaceuticals.
- \_\_\_\_\_ 2.13 Develop re-supply plan.
- \_\_\_\_\_ 2.14 Cancel all elective, routine or non-essential surgeries.
- \_\_\_\_\_ 2.15 Accelerate discharge and patient off-load procedures.
  - \_\_\_\_\_ 2.15.1 Assess acuity of current patients to determine if care needed requires remaining in hospital stay or if other level of care may be possible.
  - \_\_\_\_\_ 2.15.2 Transfer patients as appropriate.
- \_\_\_\_\_ 2.16 Consider canceling or delaying admissions.
- \_\_\_\_\_ 2.17 Consider cohorting patients.
- \_\_\_\_\_ 2.18 Request California Department of Public Health (CDPH) Licensing and Certification to grant temporary permission to exceed licensed bed capacity.

- \_\_\_\_\_ 2.18.1 Request use of surge tents. See CDPH Guidance regarding approval for use of surge tents: <https://www.calhospitalprepare.org/post/approval-health-care-facility-use-surge-tents>
- \_\_\_\_\_ 2.18.2 Request altered/expanded use of facilities
- \_\_\_\_\_ 2.18.3 Use the Program Flexibility Form (CDPH 5000): <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000.pdf>
- \_\_\_\_\_ 2.19 Coordinate with the Public Health Department to determine if any emergency regulatory waivers have been enacted.
- \_\_\_\_\_ 2.20 Request Emergency Medical Services (EMS) personnel to assist in triage as needed.
- \_\_\_\_\_ 2.21 Lock down facility as needed.
- \_\_\_\_\_ 2.22 Secure hospital perimeter and designate parking zones as needed.
  - \_\_\_\_\_ 2.22.1 Request Law Enforcement Agency (LEA) assistance as needed
- \_\_\_\_\_ 2.23 Perform Just in Time training as appropriate
  - \_\_\_\_\_ 2.23.1 Triage
  - \_\_\_\_\_ 2.23.2 Isolation
  - \_\_\_\_\_ 2.23.3 Patient Registration
  - \_\_\_\_\_ 2.23.4 Decontamination
  - \_\_\_\_\_ 2.23.5 Treatment Protocols
  - \_\_\_\_\_ 2.23.6 Disaster Charting
- \_\_\_\_\_ 2.24 Implement facility specific disaster charting as appropriate.
- \_\_\_\_\_ 2.25 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### 3. SURGE LEVEL 3

- \_\_\_\_\_ 3.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 3.2 Reference the California Hospital Association Surge Planning Checklist to manage surge: <http://www.calhospitalprepare.org/healthcare-surge>
- \_\_\_\_\_ 3.3 Activate Emergency Operations Plan (EOP)
  - \_\_\_\_\_ 3.3.1 Activate the Hospital Command Center as appropriate per facility EOP
- \_\_\_\_\_ 3.4 Develop communications plan and implement as appropriate.
  - \_\_\_\_\_ 3.4.1 Establish Communications:
    - ReddiNet
    - CAHAN
    - Landlines
    - Cell Phones
    - Satellite Phones
    - Email
    - Radio
    - ARES/RACES
- \_\_\_\_\_ 3.5 Utilize ReddiNet to report bed capacity and census every 12 hours or more frequently if necessary or requested.
  - \_\_\_\_\_ 3.5.1 In the event ReddiNet is not available, utilize backup communications methods.
- \_\_\_\_\_ 3.6 Notify MedCom of facility status.
- \_\_\_\_\_ 3.7 Maintain communication with Public Health Department/MHOAC program. (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
  - \_\_\_\_\_ 3.7.1 Provide situation status reports.
  - \_\_\_\_\_ 3.7.2 Request additional resources (supplies, pharmaceuticals, personnel)
  - \_\_\_\_\_ 3.7.3 Coordinate all public information prior to release.
  - \_\_\_\_\_ 3.7.4 Request activation Government Authorized Alternate Care Site Standard Operating Procedure (SOP) (as necessary).

- \_\_\_\_\_ 3.8 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 3.9 Notify and query the following staff for shift availability per facility Emergency Operation's Plan:
  - \_\_\_\_\_ 3.9.1 All licensed staff
  - \_\_\_\_\_ 3.9.2 All non-licensed staff (as needed)
  - \_\_\_\_\_ 3.9.3 Reassign licensed administrative staff to patient care roles.
- \_\_\_\_\_ 3.10 Increase length of staff shifts
- \_\_\_\_\_ 3.11 Request the SLO Public Health Department to contact State Department of Health Care Services (DHCS) or California Department of Public Health (CDPH) to suspend nursing ratios as appropriate.
- \_\_\_\_\_ 3.12 Determine need for infection control and notify all staff as appropriate.
  - \_\_\_\_\_ 3.12.1 Determine need for personal protective equipment
  - \_\_\_\_\_ 3.12.2 Set up isolation rooms and/or areas
  - \_\_\_\_\_ 3.12.3 Follow isolation and quarantine procedure
  - \_\_\_\_\_ 3.12.4 Notify County Public Health Department of communicable diseases or other agents suspected
- \_\_\_\_\_ 3.13 Determine need for decontamination and notify staff as appropriate.
  - \_\_\_\_\_ 3.13.1 Set up decontamination area
  - \_\_\_\_\_ 3.13.2 Follow decontamination procedures
  - \_\_\_\_\_ 3.13.3 Notify Local Fire Department and County HazMat Team via Local Fire Department
- \_\_\_\_\_ 3.14 Assess internal resources and inventory all supplies including pharmaceuticals.
- \_\_\_\_\_ 3.15 Develop re-supply plan.
- \_\_\_\_\_ 3.16 Cancel all elective, routine or non-essential surgeries.
- \_\_\_\_\_ 3.17 Accelerate discharge and patient off-load procedures.

- \_\_\_\_\_ 3.17.1 Assess acuity of current patients to determine if care needed requires remaining in hospital or if other level of care may be possible.
- \_\_\_\_\_ 3.17.2 Transfer patients as appropriate.
- \_\_\_\_\_ 3.18 Consider canceling or delaying admissions.
- \_\_\_\_\_ 3.19 Consider cohorting patients.
- \_\_\_\_\_ 3.20 Request California Department of Public Health (CDPH) Licensing and Certification to grant temporary permission to exceed licensed bed capacity.
  - \_\_\_\_\_ 3.20.1 Request use of surge tents. See CDPH Guidance regarding approval for use of surge tents: <https://www.calhospitalprepare.org/post/approval-health-care-facility-use-surge-tents>
  - \_\_\_\_\_ 3.20.2 Request altered/expanded use of facilities
  - \_\_\_\_\_ 3.20.3 Use the Program Flexibility Form (CDPH 5000): <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000.pdf>
- \_\_\_\_\_ 3.21 Increase capacity of existing patient rooms.
- \_\_\_\_\_ 3.22 Convert out-patient space and common area space into inpatient space.
- \_\_\_\_\_ 3.23 Set up surge tents.
- \_\_\_\_\_ 3.24 Coordinate with the Public Health Department to determine if any emergency regulatory waivers have been enacted.
- \_\_\_\_\_ 3.25 Request Emergency Medical Services (EMS) personnel to assist in triage as needed.
- \_\_\_\_\_ 3.26 Lock down facility as needed.
- \_\_\_\_\_ 3.27 Secure hospital perimeter and designate parking zones as needed.
  - \_\_\_\_\_ 3.27.1 Request Law Enforcement Agency (LEA) assistance as needed
- \_\_\_\_\_ 3.28 Perform Just in Time training as appropriate
  - \_\_\_\_\_ 3.28.1 Triage

- \_\_\_\_\_ 3.28.2 Isolation
- \_\_\_\_\_ 3.28.3 Patient Registration
- \_\_\_\_\_ 3.28.4 Decontamination
- \_\_\_\_\_ 3.28.5 Treatment Protocols
- \_\_\_\_\_ 3.28.6 Disaster Charting
- \_\_\_\_\_ 3.29 Implement facility specific disaster charting as appropriate.
- \_\_\_\_\_ 3.30 Establish external triage, registration, treatment and discharge.
- \_\_\_\_\_ 3.31 Staff and supply all external areas.
- \_\_\_\_\_ 3.32 Implement facility family care plan.
- \_\_\_\_\_ 3.33 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

#### **4. DEMOBILIZATION**

- \_\_\_\_\_ 4.1 Notify all agencies that hospital is returning to normal operations.
- \_\_\_\_\_ 4.2 Implement Recovery Plan
  - \_\_\_\_\_ 4.2.1 Recover all equipment and restore to pre-emergency location and condition.
  - \_\_\_\_\_ 4.2.2 Repair damaged equipment and ensure repairs are charged to the incident.
  - \_\_\_\_\_ 4.2.3 Replace missing equipment and charge to the incident
- \_\_\_\_\_ 4.3 Collect all incident records and turn them in to Command

## **CHECKLIST 2: Public Health Department**

### **1. SURGE LEVEL 1**

- \_\_\_\_\_ 1.1 Activate CHADOC SOP and MHOAC SOP as appropriate.
  - \_\_\_\_\_ 1.1.1 Provide CHADOC and MHOAC Contact Information to response entities as appropriate.
  - \_\_\_\_\_ 1.1.2 Monitor ReddiNet for hospital status
- \_\_\_\_\_ 1.2 Notify hospitals in the Operational Area, pre-hospital providers, MedCom, County Office of Emergency Services, Regional Disaster Medical and Health Coordinator (RDMHC) Program, State Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH) as appropriate
- \_\_\_\_\_ 1.3 Collect situation reports from hospitals and other healthcare providers as appropriate.
  - \_\_\_\_\_ 1.3.1 Utilize ReddiNet to query hospitals and to receive hospital situation status information. If ReddiNet is down, utilize back up communication methods.
- \_\_\_\_\_ 1.4 Receive and fill resource requests from hospitals and other healthcare providers as appropriate.
- \_\_\_\_\_ 1.5 Launch Epidemiologic Investigation as appropriate
  - \_\_\_\_\_ 1.5.1 Develop case definition
  - \_\_\_\_\_ 1.5.2 Provide case definition to health care providers
- \_\_\_\_\_ 1.6 Determine need for Isolation and Quarantine and activate Isolation/Quarantine procedures as applicable
  - \_\_\_\_\_ 1.6.1 Notify hospitals
  - \_\_\_\_\_ 1.6.2 Advise hospitals, EMS, and Health Care providers of appropriate personal protective equipment
- \_\_\_\_\_ 1.7 Develop risk communication materials as appropriate.

- \_\_\_\_\_ 1.7.1 FAQs for response personnel, providers, schools, and the general public
- \_\_\_\_\_ 1.7.2 Media Releases
- \_\_\_\_\_ 1.7.3 Provider Alerts
- \_\_\_\_\_ 1.7.4 Coordinate with hospital Public Information Officers
- \_\_\_\_\_ 1.8 Develop Situation Report, Incident Action Plan (IAP) and Communications Plan as appropriate.
- \_\_\_\_\_ 1.9 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

## **2. SURGE LEVEL 2**

- \_\_\_\_\_ 2.1 Activate CHADOC SOP and MHOAC SOP as appropriate.
  - \_\_\_\_\_ 2.1.1 Provide CHADOC and MHOAC Contact Information to response entities as appropriate.
- \_\_\_\_\_ 2.2 Monitor ReddiNet for hospital status
- \_\_\_\_\_ 2.3 Notify hospitals in the Operational Area, pre-hospital providers, MedCom, County Office of Emergency Services, County Administrative Officer, other County Departments Regional Disaster Medical and Health Coordinator (RDMHC), Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH) as appropriate
- \_\_\_\_\_ 2.4 Launch Epidemiologic Investigation as appropriate
  - \_\_\_\_\_ 2.4.1 Develop case definition
  - \_\_\_\_\_ 2.4.2 Provide case definition to health care providers
- \_\_\_\_\_ 2.5 Determine need for Isolation and Quarantine and activate Isolation/Quarantine procedures as applicable
  - \_\_\_\_\_ 2.5.1 Notify hospitals
  - \_\_\_\_\_ 2.5.2 Advise hospitals, EMS, and Health Care providers of appropriate personal protective equipment
- \_\_\_\_\_ 2.6 Develop risk communication materials.



- \_\_\_\_\_ 2.6.1 FAQs for response personnel, providers, schools, and the general public as appropriate
- \_\_\_\_\_ 2.6.2 Media Releases
- \_\_\_\_\_ 2.6.3 Provider Alerts
- \_\_\_\_\_ 2.6.4 Coordinate with hospital Public Information Officers
- \_\_\_\_\_ 2.6.5 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
  
- \_\_\_\_\_ 2.7 Develop Situation Report, Incident Action Plan (IAP) and Communications Plan.
- \_\_\_\_\_ 2.8 Provide an Agency Representative from the Public Health Department to impacted hospitals as appropriate.
- \_\_\_\_\_ 2.9 Assign staff to County Emergency Operations Center (EOC) and Joint Information Center (JIC) if activated.
- \_\_\_\_\_ 2.10 Determine need and activate Receipt, Stage and Store Site (RSS) (see RSS SOP) as appropriate.
  - \_\_\_\_\_ 2.10.1 Request Vendor Managed Inventory or Strategic National Stockpile supplies.
- \_\_\_\_\_ 2.11 Determine need and activate Point of Distribution (POD) Sites (see Closed POD, P POD and FR POD SOPs) as appropriate.
- \_\_\_\_\_ 2.12 Collect situation reports from hospitals and other healthcare providers as appropriate.
  - \_\_\_\_\_ 2.12.1 Utilize ReddiNet to query hospitals and to receive hospital situation status information. If ReddiNet is down, utilize back up communication methods.
- \_\_\_\_\_ 2.13 Receive and fill resource requests from healthcare providers.
- \_\_\_\_\_ 2.14 Communicate with RDMHC Program, CDPH and State EMSA to provide Situation Reports and request resources as needed.
- \_\_\_\_\_ 2.15 Coordinate with hospitals to determine need for pre-hospital triage. Reference Emergency Triage SOP.

- \_\_\_\_\_ 2.15.1 Enable pre-hospital triage as appropriate.
- \_\_\_\_\_ 2.15.2 Communicate decision to pre-hospital providers.
- \_\_\_\_\_ 2.16 Proclaim a Public Health Emergency as appropriate.
  - \_\_\_\_\_ 2.16.1 Request proclamation of Local Emergency by County Board of Supervisors as appropriate.
  - \_\_\_\_\_ 2.16.2 Request a Gubernatorial State of Emergency Proclamation
- \_\_\_\_\_ 2.17 If a proclamation of a state of emergency exists, CHO will request the Governor amend regulations to expand healthcare professionals' scope of practice and suspend nursing ratios as appropriate.
- \_\_\_\_\_ 2.18 Assess ability of unaffected hospitals to receive patient transfers.
- \_\_\_\_\_ 2.19 Query long term care facilities via Long Term Care Ombudsmen's Office on available bed capacity to determine potential for discharging hospital patients to facilities.
  - \_\_\_\_\_ 2.19.1 Coordinate appropriate transportation to transport patients from hospitals to Long Term Care Facilities.
- \_\_\_\_\_ 2.20 Query clinics, urgent care centers, etc. to determine capacity for caring for non-acute patients.
  - \_\_\_\_\_ 2.20.1 Coordinate appropriate transportation to transport patients to alternate sites.
- \_\_\_\_\_ 2.21 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **3. SURGE LEVEL 3**

- \_\_\_\_\_ 3.1 Activate CHADOC SOP and MHOAC SOP
  - \_\_\_\_\_ 3.1.1 Provide CHADOC and MHOAC Contact Information to response entities
- \_\_\_\_\_ 3.2 Monitor ReddiNet for hospital status
- \_\_\_\_\_ 3.3 Notify hospitals in the Operational Area, pre-hospital providers, MedCom, County Office of Emergency Services, County Administrative Officer, other County Departments Regional Disaster Medical and Health Coordinator (RDMHC)

Program, Emergency Medical Services Authority (EMSA), California Department of Public Health (CDPH) as appropriate and neighboring Local Health Departments.

- \_\_\_\_\_ 3.4 Launch Epidemiologic Investigation as appropriate
  - \_\_\_\_\_ 3.4.1 Develop case definition
  - \_\_\_\_\_ 3.4.2 Provide case definition to health care providers
- \_\_\_\_\_ 3.5 Determine need for Isolation and Quarantine and activate Isolation/Quarantine procedures as applicable
  - \_\_\_\_\_ 3.5.1 Notify hospitals
  - \_\_\_\_\_ 3.5.2 Advise hospitals, EMS, and Health Care providers of appropriate personal protective equipment
- \_\_\_\_\_ 3.6 Develop risk communication materials.
  - \_\_\_\_\_ 3.6.1 FAQs for response personnel, providers, schools, and the general public as appropriate.
  - \_\_\_\_\_ 3.6.2 Media Releases
  - \_\_\_\_\_ 3.6.3 Provider Alerts
  - \_\_\_\_\_ 3.6.4 Coordinate with hospital Public Information Officers
  - \_\_\_\_\_ 3.6.5 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 3.7 Develop Situation Report, Incident Action Plan (IAP) and Communications Plan.
- \_\_\_\_\_ 3.8 Provide an Agency Representative from the Public Health Department to impacted hospitals as appropriate.
- \_\_\_\_\_ 3.9 Assign staff to County Emergency Operations Center (EOC) and Joint Information Center (JIC).
- \_\_\_\_\_ 3.10 Determine need and activate Receipt, Stage and Store Site (see RSS SOP) as appropriate.
  - \_\_\_\_\_ 3.10.1 Request Vendor Managed Inventory or Strategic National Stockpile supplies.

- \_\_\_\_\_ 3.11 Determine need and activate Point of Distribution Sites (see Closed POD, P POD and FR POD SOP) as appropriate.
- \_\_\_\_\_ 3.12 Collect situation reports from hospitals and other healthcare providers as appropriate.
  - \_\_\_\_\_ 3.12.1 Utilize ReddiNet to query hospitals and to receive hospital situation status information. If ReddiNet is down, utilize back up communication methods.
- \_\_\_\_\_ 3.13 Receive and fill resource requests from healthcare providers.
- \_\_\_\_\_ 3.14 Communicate with RDMHC Program, CDPH, and State EMS Authority to provide Situation Reports and request resources as needed.
- \_\_\_\_\_ 3.15 Coordinate with hospitals to determine need for pre-hospital triage.
  - \_\_\_\_\_ 3.15.1 Enable pre-hospital triage.
  - \_\_\_\_\_ 3.15.2 Communicate decision to pre-hospital providers.
- \_\_\_\_\_ 3.16 Proclaim a Public Health Emergency as appropriate.
  - \_\_\_\_\_ 3.16.1 Request a proclamation of Local Emergency by County Board of Supervisors as appropriate.
  - \_\_\_\_\_ 3.16.2 Request a Gubernatorial State of Emergency Proclamation
- \_\_\_\_\_ 3.17 If a proclamation of a state of emergency exists, CHO will request the Governor amend regulations to expand healthcare professionals' scope of practice and suspend nursing ratios as appropriate.
- \_\_\_\_\_ 3.18 If a Presidential Declaration of Emergency exists and the Health and Human Services Secretary declares a public health emergency, CHO will request the following as appropriate:
  - \_\_\_\_\_ 3.18.1 Section 1135 Waiver: Medicare/Medicaid, EMTALA, HIPAA
  - \_\_\_\_\_ 3.18.2 For more information:
    - <https://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/RequestingAWaiver101.pdf>
    - [http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures\\_in\\_emergency\\_situations/1068.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations/1068.html)

- <http://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

- \_\_\_\_\_ 3.19 Assess ability of unaffected hospitals to receive patient transfers and facilitate transfers as necessary.
- \_\_\_\_\_ 3.20 Query long term care facilities via Long Term Care Ombudsmen’s Office on available bed capacity to determine potential for discharging hospital patients to facilities.
  - \_\_\_\_\_ 3.20.1 Coordinate appropriate transportation to transport patients from hospitals to Long Term Care Facilities.
- \_\_\_\_\_ 3.21 Query clinics, urgent care centers, etc. to determine capacity for caring for non-acute patients.
  - \_\_\_\_\_ 3.21.1 Coordinate appropriate transportation to transport patients to alternate sites.
- \_\_\_\_\_ 3.22 Activate Government Authorized Alternate Care Sites (See GAACS SOP) as appropriate.
- \_\_\_\_\_ 3.23 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

#### **4. DEMOBILIZATION**

- \_\_\_\_\_ 4.1 Develop Demobilization Plan
- \_\_\_\_\_ 4.2 Declare end of emergency.
- \_\_\_\_\_ 4.3 Communicate resumption of normal operations to Public Health Department staff, hospitals, EMS providers, MedCom, community health care partners and RDMHC Program.
- \_\_\_\_\_ 4.4 Reinstate nursing ratios.
- \_\_\_\_\_ 4.5 Suspend field triage and notify EMS providers of suspension.
- \_\_\_\_\_ 4.6 Demobilize RSS, PODs and GAACs as appropriate.
- \_\_\_\_\_ 4.7 Debrief staff.
- \_\_\_\_\_ 4.8 Develop After Action Report and Corrective Action Plan.

## **CHECKLIST 3: Emergency Medical Services Providers**

### **1. SURGE LEVEL 2-3**

- \_\_\_\_\_ 1.1 Receive notification from MedCom or Public Health Department.
- \_\_\_\_\_ 1.2 Utilize appropriate PPE in accordance with Public Health Department directive.
- \_\_\_\_\_ 1.3 Assist hospitals with triage at their facility as requested.
- \_\_\_\_\_ 1.4 Perform field triage.
  - \_\_\_\_\_ 1.4.1 See Triage SOP
  - \_\_\_\_\_ 1.4.2 Triage patients away from hospitals if possible.
    - \_\_\_\_\_ 1.4.2.1 Refer to nurse triage or advice lines when appropriate.
  - \_\_\_\_\_ 1.4.3 Transport patients to appropriate facilities in accordance with Public Health Department directive.
- \_\_\_\_\_ 1.5 Load balance.
- \_\_\_\_\_ 1.6 Coordinate with the Public Health Department to determine if any emergency regulatory waivers have been enacted.
- \_\_\_\_\_ 1.7 Perform increased scope of practice in accordance with Public Health Department directive.
- \_\_\_\_\_ 1.8 Communicate with and provide situation status report to Public Health Department. (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).

### **2. DEMOBILIZATION**

- \_\_\_\_\_ 2.1 Notify all agencies that agency is returning to normal operations.
- \_\_\_\_\_ 2.2 Implement Recovery Plan
  - \_\_\_\_\_ 2.2.1 Recover all equipment and restore to pre-emergency location and condition.

- \_\_\_\_\_ 2.2.2 Repair damaged equipment and ensure repairs are charged to the incident.
- \_\_\_\_\_ 2.2.3 Replace missing equipment and charge to the incident
- \_\_\_\_\_ 2.3 Collect all incident records and turn them in to Command.

## **CHECKLIST 4: Community Health Clinics/Urgent Care Facilities**

### **1. SURGE LEVEL 1**

- \_\_\_\_\_ 1.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 1.2 Notify the Public Health Department of increase in patient load and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
- \_\_\_\_\_ 1.3 Maintain communications with the Public Health Department for status updates on surge and potential response.
- \_\_\_\_\_ 1.4 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 1.5 Provide patient care as appropriate within capability of facility.
- \_\_\_\_\_ 1.6 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **2. SURGE LEVEL 2-3**

- \_\_\_\_\_ 2.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 2.2 Notify the Public Health Department of increase in patient load and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
- \_\_\_\_\_ 2.3 Maintain communications with Public Health Department for status updates on surge and potential response.
  - \_\_\_\_\_ 2.3.1 Provide situation status reports.
  - \_\_\_\_\_ 2.3.2 Request additional resources (supplies, pharmaceuticals, personnel)
- \_\_\_\_\_ 2.4 Maintain communications with hospitals regarding potential patient transfers.
- \_\_\_\_\_ 2.5 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.



- \_\_\_\_\_ 2.6 Provide patient care as appropriate within capability of facility.
  - \_\_\_\_\_ 2.6.1 Consider increasing hours of operation to accommodate the increase in patient load.
- \_\_\_\_\_ 2.7 Notify and query the following staff for shift availability per facility Emergency Operation's Plan:
  - \_\_\_\_\_ 2.7.1 All licensed staff
  - \_\_\_\_\_ 2.7.2 All non-licensed staff (as needed)
- \_\_\_\_\_ 2.8 Increase length of staff shifts.
- \_\_\_\_\_ 2.9 Reassign licensed administrative staff to patient care roles.
- \_\_\_\_\_ 2.10 Coordinate with the Public Health Department to determine if any emergency regulatory waivers have been enacted.
- \_\_\_\_\_ 2.11 Determine need for infection control and notify all staff as appropriate.
  - \_\_\_\_\_ 2.11.1 Determine need for personal protective equipment
  - \_\_\_\_\_ 2.11.2 Set up isolation rooms and/or areas
  - \_\_\_\_\_ 2.11.3 Follow isolation and quarantine procedure
  - \_\_\_\_\_ 2.11.4 Notify County Public Health Department about communicable diseases or other agents suspected
- \_\_\_\_\_ 2.12 Assess internal resources and inventory all supplies including pharmaceuticals.
- \_\_\_\_\_ 2.13 Perform Just in Time training as appropriate
  - \_\_\_\_\_ 2.13.1 Triage
  - \_\_\_\_\_ 2.13.2 Isolation
  - \_\_\_\_\_ 2.13.3 Patient Registration
  - \_\_\_\_\_ 2.13.4 Treatment Protocols
- \_\_\_\_\_ 2.14 Designate Public Information Officer and coordinate all public information with the Public Health Department prior to release.

- \_\_\_\_\_ 2.15 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **3. DEMOBILIZATION**

- \_\_\_\_\_ 3.1 Notify all agencies that facility is returning to normal operations.
- \_\_\_\_\_ 3.2 Implement Recovery Plan
  - \_\_\_\_\_ 3.2.1 Recover all equipment and restore to pre-emergency location and condition.
  - \_\_\_\_\_ 3.2.2 Repair damaged equipment and ensure repairs are charged to the incident.
  - \_\_\_\_\_ 3.2.3 Replace missing equipment and charge to the incident
- \_\_\_\_\_ 3.3 Collect all incident records and turn them in to Command.

## **CHECKLIST 5: Skilled Nursing Facilities**

### **1. SURGE LEVEL 1**

- \_\_\_\_\_ 1.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 1.2 Maintain communications with Long Term Care Ombudsman and County Public Health Department for status updates on surge and potential response and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
- \_\_\_\_\_ 1.3 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 1.4 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **2. SURGE LEVEL 2-3**

- \_\_\_\_\_ 2.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 2.2 Maintain communications with the Long Term Care Ombudsman and County Public Health Department for status updates on surge and potential response and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
  - \_\_\_\_\_ 2.2.1 Provide situation status reports, including bed availability.
  - \_\_\_\_\_ 2.2.2 Request additional resources (supplies, pharmaceuticals, personnel)
- \_\_\_\_\_ 2.3 Maintain communications with hospitals regarding potential patient transfers.
- \_\_\_\_\_ 2.4 When appropriate, accept discharged patients from hospitals.
  - \_\_\_\_\_ 2.4.1 Coordinate appropriate patient transport with County Public Health Department, EMS Providers and MedCom.
- \_\_\_\_\_ 2.5 When appropriate, accept transfer patients from other long term care facilities.

- \_\_\_\_\_ 2.6 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 2.7 Notify and query the following staff for shift availability per facility Emergency Operation's Plan:
  - \_\_\_\_\_ 2.7.1 All licensed staff
  - \_\_\_\_\_ 2.7.2 All non-licensed staff (as needed)
- \_\_\_\_\_ 2.8 Increase length of staff shifts.
- \_\_\_\_\_ 2.9 Reassign licensed administrative staff to patient care roles.
- \_\_\_\_\_ 2.10 Request California Department of Public Health (CDPH) Licensing and Certification to grant temporary permission to exceed licensed bed capacity.
  - \_\_\_\_\_ 2.10.1 Increase capacity of existing rooms.
  - \_\_\_\_\_ 2.10.2 Convert common areas into patient care.
  - \_\_\_\_\_ 2.10.3 Cohort patients
- \_\_\_\_\_ 2.11 Coordinate with the County Public Health Department to determine if any emergency regulatory waivers have been enacted.
- \_\_\_\_\_ 2.12 Determine need for infection control and notify all staff as appropriate.
  - \_\_\_\_\_ 2.12.1 Determine need for personal protective equipment
  - \_\_\_\_\_ 2.12.2 Set up isolation rooms and/or areas
  - \_\_\_\_\_ 2.12.3 Follow isolation and quarantine procedure
  - \_\_\_\_\_ 2.12.4 Notify County Public Health Department about communicable diseases and other suspected agents.
- \_\_\_\_\_ 2.13 Assess internal resources and inventory all supplies including pharmaceuticals.
- \_\_\_\_\_ 2.14 Perform Just in Time training as appropriate
  - \_\_\_\_\_ 2.14.1 Triage
  - \_\_\_\_\_ 2.14.2 Isolation

- \_\_\_\_\_ 2.14.3 Patient Registration
- \_\_\_\_\_ 2.14.4 Treatment Protocols
- \_\_\_\_\_ 2.15 Designate Public Information Officer and coordinate all public information with the County Public Health Department prior to release.
- \_\_\_\_\_ 2.16 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **3. DEMOBILIZATION**

- \_\_\_\_\_ 3.1 Notify all agencies that facility is returning to normal operations.
- \_\_\_\_\_ 3.2 Implement Recovery Plan
  - \_\_\_\_\_ 3.2.1 Recover all equipment and restore to pre-emergency location and condition.
  - \_\_\_\_\_ 3.2.2 Repair damaged equipment and ensure repairs are charged to the incident.
  - \_\_\_\_\_ 3.2.3 Replace missing equipment and charge to the incident
- \_\_\_\_\_ 3.3 Collect all incident records and turn them in to Administrator.

## **CHECKLIST 6: Residential Care Facilities**

### **1. SURGE LEVEL 1**

- \_\_\_\_\_ 1.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 1.2 Maintain communications with Long Term Care Ombudsman and County Public Health Department for status updates on surge and potential response and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
- \_\_\_\_\_ 1.3 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 1.4 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **2. SURGE LEVEL 2-3**

- \_\_\_\_\_ 2.1 Refer to your facility surge plan and follow the appropriate procedures and policies.
- \_\_\_\_\_ 2.2 Maintain communications with the Long Term Care Ombudsman and County Public Health Department for status updates on surge and potential response and other situational information (See MHOAC SOP Conference Call Format and SLO Version of HICS 251 for types of information to provide).
  - \_\_\_\_\_ 2.2.1 Provide situation status reports, including bed availability.
  - \_\_\_\_\_ 2.2.2 Request additional resources (supplies, pharmaceuticals, personnel)
- \_\_\_\_\_ 2.3 Maintain communications with hospitals regarding potential patient transfers.
- \_\_\_\_\_ 2.4 When appropriate, accept discharged patients from skilled nursing facilities and hospitals.
  - \_\_\_\_\_ 2.4.1 Coordinate appropriate patient transport with the County Public Health Department, EMS Providers and MedCom.
- \_\_\_\_\_ 2.5 When appropriate, accept transfer patients from other long term care facilities.

- \_\_\_\_\_ 2.6 Ensure communication is accessible and capable of reaching people with disabilities and others with access and functional needs.
- \_\_\_\_\_ 2.7 Notify and query all staff for shift availability per facility Emergency Operation's Plan.
- \_\_\_\_\_ 2.8 Increase length of staff shifts.
- \_\_\_\_\_ 2.9 Reassign licensed administrative staff to patient care roles.
- \_\_\_\_\_ 2.10 Request the California Department of Social Services Community Care Licensing (CCL) Division to grant temporary permission to exceed licensed level of care and bed capacity.
  - \_\_\_\_\_ 2.10.1 Increase capacity of existing rooms.
  - \_\_\_\_\_ 2.10.2 Convert common areas into patient care.
  - \_\_\_\_\_ 2.10.3 Cohort patients
- \_\_\_\_\_ 2.11 Coordinate with the County Public Health Department to determine if any emergency regulatory waivers have been enacted.
- \_\_\_\_\_ 2.12 Determine need for infection control and notify all staff as appropriate.
  - \_\_\_\_\_ 2.12.1 Determine need for personal protective equipment
  - \_\_\_\_\_ 2.12.2 Set up isolation rooms and/or areas
  - \_\_\_\_\_ 2.12.3 Follow isolation and quarantine procedure
  - \_\_\_\_\_ 2.12.4 Notify the County Public Health Department about communicable diseases and other suspected agents.
- \_\_\_\_\_ 2.13 Assess internal resources and inventory all supplies including pharmaceuticals.
- \_\_\_\_\_ 2.14 Perform Just in Time training as appropriate
  - \_\_\_\_\_ 2.14.1 Triage
  - \_\_\_\_\_ 2.14.2 Isolation
  - \_\_\_\_\_ 2.14.3 Patient Registration
  - \_\_\_\_\_ 2.14.4 Treatment Protocols

- \_\_\_\_\_ 2.15 Designate a Public Information Officer and coordinate all public information with the County Public Health Department prior to release.
- \_\_\_\_\_ 2.16 In the setup, operation, and ongoing management of the facility, consider the site adaptations, personnel, and equipment to best meet the access and functional needs of the population.

### **3. DEMOBILIZATION**

- \_\_\_\_\_ 3.1 Notify all agencies that facility is returning to normal operations.
- \_\_\_\_\_ 3.2 Implement Recovery Plan
  - \_\_\_\_\_ 3.2.1 Recover all equipment and restore to pre-emergency location and condition.
  - \_\_\_\_\_ 3.2.2 Repair damaged equipment and ensure repairs are charged to the incident.
  - \_\_\_\_\_ 3.2.3 Replace missing batteries and charge to the incident
- \_\_\_\_\_ 3.3 Collect all incident records and turn them in to Administrator.



## **CHECKLIST 7: Law Enforcement Agencies**

### **1. ALL SURGE LEVELS**

- \_\_\_\_\_ 1.1 Receive notification from dispatch.
- \_\_\_\_\_ 1.2 Utilize appropriate PPE in accordance with Public Health Department directive.
- \_\_\_\_\_ 1.3 Assist in securing medical provider perimeter as requested.
- \_\_\_\_\_ 1.4 Assist in locking down medical provider facility as requested.
- \_\_\_\_\_ 1.5 Provide security and traffic control to all facilities including hospitals, medical provider facilities, RSS, PODs and GAACs as necessary and requested.

### **2. DEMOBILIZATION**

- \_\_\_\_\_ 2.1 Notify all agencies that agency is returning to normal operations.
- \_\_\_\_\_ 2.2 Implement Recovery Plan
  - \_\_\_\_\_ 2.2.1 Recover all equipment and restore to pre-emergency location and condition.
  - \_\_\_\_\_ 2.2.2 Repair damaged equipment and ensure repairs are charged to the incident.
  - \_\_\_\_\_ 2.2.3 Replace missing equipment and charge to the incident
- \_\_\_\_\_ 2.3 Collect all incident records and turn them in to Command.