

2023 Healthcare Business Continuity Plan Seminar



Building upon the foundations of Healthcare Business Continuity Planning

This project was sponsored by the Los Angeles County Emergency Medical Services (EMS) Agency and funded in part by the Hospital Preparedness Program (HPP), U.S. Department of Health and Human Services (HHS), Administration of Strategic Preparedness and Response (ASPR) grant funding. This award has been assigned the Federal Award Identification Number (FAIN) U3REP190604.

Terry Crammer
Los Angeles County
EMS Agency

Kellyn Pak
Los Angeles County
EMS Agency

Chief Disaster Response

HPP Program Manager

Darren Verrette
Los Angeles County
EMS Agency

Disaster Program Manager

- Exercises and Drills Program
- Business Continuity Program

Welcome to the 2023
Healthcare Business Continuity Plan Seminar



Advanced Session

Tuesday, May 9, 2023

1:00 p.m. to 4:00 p.m.

Housekeeping

- To minimize distractions:
 - Please silence or set your phones to vibrate.
 - Please no talking on phones during presentations.
 - Please step outside if you need to take a call.
 - Online audience we ask that you turn off your video camera and mute your microphone.
 - Agenda and handouts were emailed.
 - Type questions into chat.
- Wi-Fi
 - To maximize bandwidth for our online presentation, please do not use the Town Center's Hall Wi-Fi.
- Restrooms
- Emergency Exits/Routes

Thank you!

Advanced Session Program



- Speakers:

- Stephanie Meeks
- Robert Vance
- Angela Sharma
- Jason Gilbert

Ridgecrest Regional Hospital
Keck Medicine of USC
Emanate Health
Mission Community Hospital

Presentation 1



Major Earthquake
Response & Lessons Learned
by a Critical Access Hospital
Ridgecrest Earthquake Sequence

Stephanie Meeks, MBA, CHEP, HACCP
Emergency Management & Regulatory
Compliance Manager
Ridgecrest Regional Hospital



What we were preparing for...

Up to July 3, 2019 – HVA Top 5

- Communication Outage (3X's in 2018)
- Workplace Violence/Active Shooter (2007)
- Power Outage (extreme heat & cold 2006)
- Sewage/Water systems down (2018 sewage event)
- Earthquakes (1990's minor temblors)

San Andreas Fault Event – Absolutely

Ridgecrest Epicenter to a Major Earthquake Event – Never even crossed our minds



Built but not
assigned building
number yet

Center Professional
Pharmacy



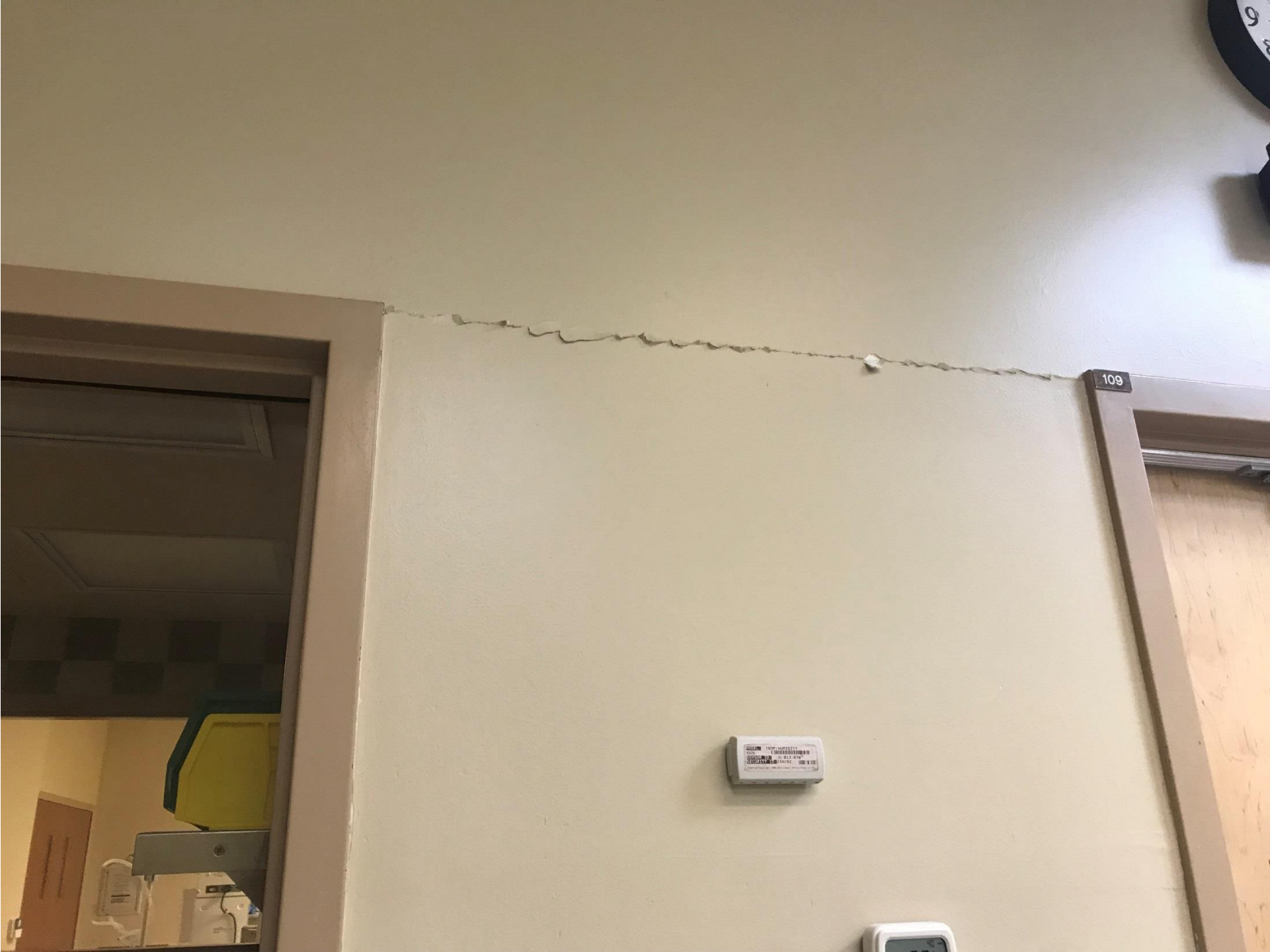
July 4th – 6.4 Quake 10:33 am



Arrival at Hospital 10:45 am

Initial Physical Assessment

- Fire alarm activated but no fire
- Major water leaking into Medical/Surgical Unit, staff elevators, and Operating Rooms
- Visible drywall cracking and damage in New Tower
- Water leaking in ER waiting room
- Maintenance yet to arrive onsite
- Staff visibly shaken
- Walk-in patients arriving rapidly
- Quick leadership gathering – 3 of us at the time



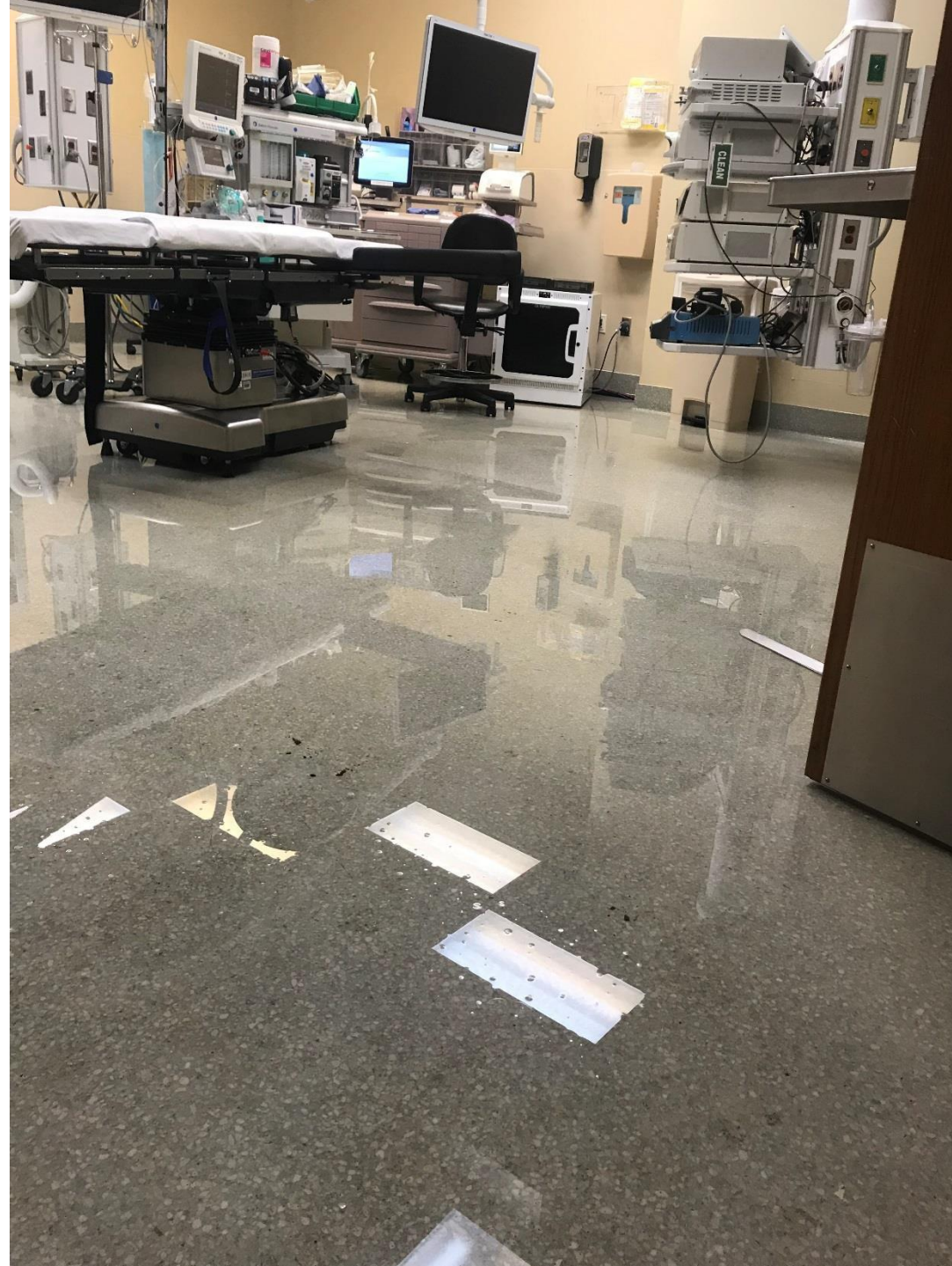


This is a scan of a blank page from a book. The paper has a slightly off-white or cream color. On the far left, there is a vertical strip of darker material, likely the book's binding or spine. A faint horizontal line runs across the top of the page, possibly indicating a fold or the edge of the paper. There is no text or other markings on the page.

You should contact our Resident Office to determine if
applies. You should also contact our Registration Office if you are in need of a
physician to provide care with residents in this facility. If you believe that you have been
refused services in this facility in violation of the community service obligation, you
should inform Hospital Administration and the Office of Veterans Health Planning
and Development (1-800-655-4773).

[illegible]







Decision to Evacuate 11:30 am

Census

- 15 Med/Surg Patients on 2nd Floor
- 2 ICU Patients on 1st Floor
- 4 Cuplets in Maternal/Child (1964 hospital building)
- 7 Patients in ER – Low Acuity
- 12 Residents in Transitional Care Unit (1964 hospital building)
- 55 Residents at SNF building adjoined to hospital – Did not evacuate

Staffing

- Bare Bones...Holiday Staffing was minimal

Resource Request Pathway

- We used ReddiNet – an online program designed to communicate needs to the County EMS system in the event of a disaster.

Evacuation – a note on pre-planning (2012)







Evacuation – a note on pre-planning



Evacuation Demonstration



Take Pictures





The ONE thing I wish I had...



Evacuation



Evacuation



Evacuation



Evacuation



OSHPD Contracted Engineers

Onsite by 4:00 pm to assess facility and give damage report.



Transfer of Patients

Ambulance strike teams from Bakersfield, 100 miles away, were deployed to transfer patients out of Ridgecrest.

Request for strike teams – 11:30 am
Last patient out – 8:20 pm



Thursday Evening July 4th

- Leaders onsite meet with CEO/IC and review action plans for following day with clean-up, building repairs, closing of service lines.
- ED remains open to walk-in patients.
- Clinics remain closed, staff to contact all clients.
- All elective non-emergent labs and imaging cancelled.

Friday July 5th

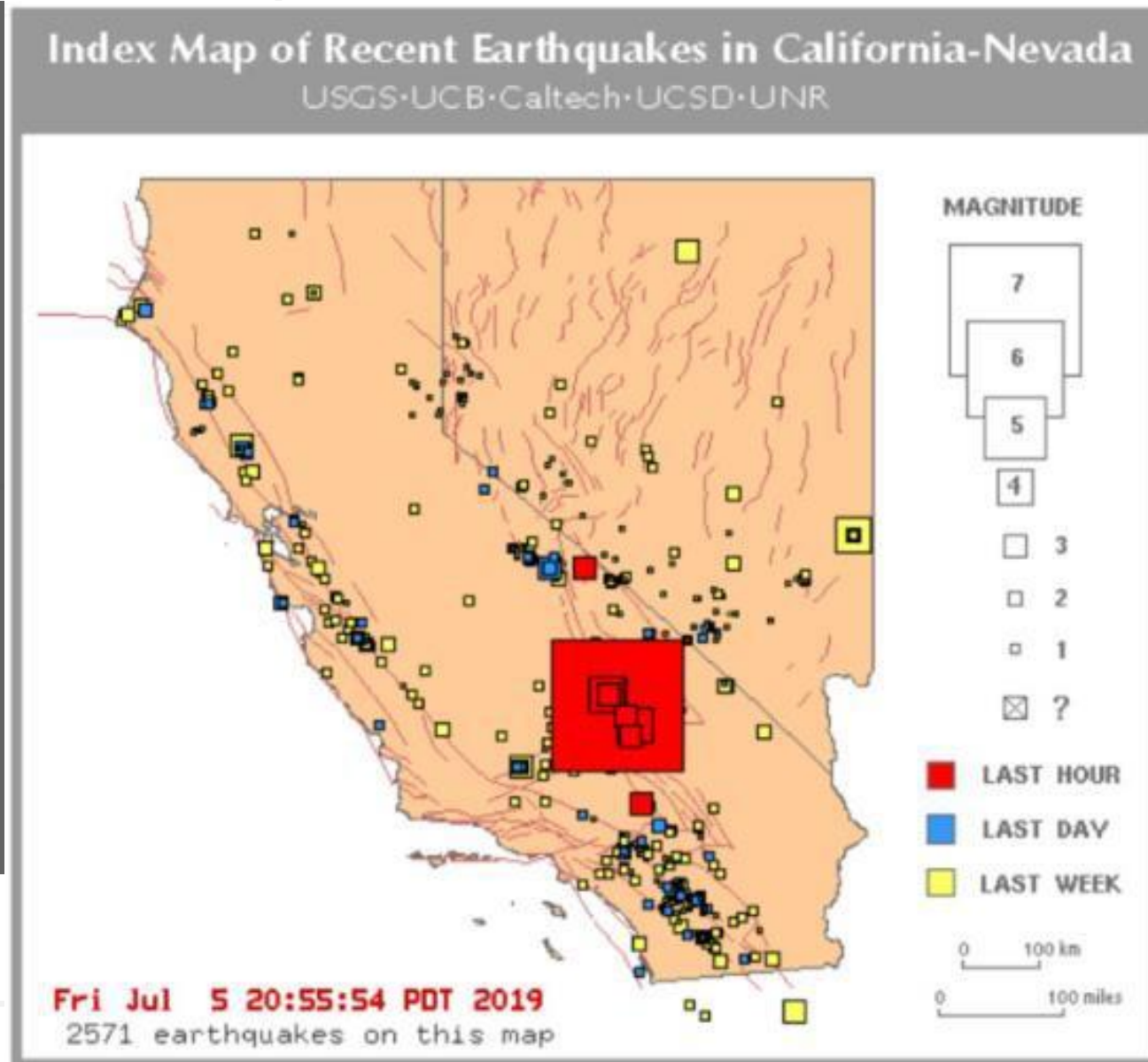
- Early morning meeting with CEO/IC to review daily activities, new developments and intel coming in from USGS, Naval Base, and City Command.
- Visitors arriving such as UC Irvine, Cal-EOS, OSHPD, Environmental Health Dept, etc. Expect all regulators to arrive unannounced.

Friday July 5th, Continued

All hands on deck to patch, mud, and paint patient rooms, clean Operating Rooms, and get the hospital ready to repopulate as soon as possible. Finished for the day around 7:30 pm...we all left, exhausted.



July 5th – 7.1 Main Fault Rupture 8:19 pm





Emergency Department Evacuated

Emergency Department remains open to walk-in patients.

Road closures cause uncertainty of patient surge.

Most walk-in patients were from existing health issues & medication needs.













Be Ready for...

- Mass media presence
- Influx of Dignitaries
- Regulatory visits from every, single, regulator you have
- Universities – Programs specific to seismic issues, students wanting tours & interviews
- Surge of “seismic tourism” – people wanted rooms in town just so they could feel an earthquake
- Increase in crime, looters from out of town









July 6th & 7th

Command Remains Open

- Staff start to put units back together.
- ED moves back inside building, remains open to walk-in patients.
- Many conversations with our state licensing division, initial goal to repair and repopulate.
- Head physician of state determines the need to re-open immediately.
- Now have less than 16 hours to make old ICU & Med/Surg (1964 & 1986 construction) operational.
- Terminal cleaning of OR rooms not impacted by water.
- All hands on deck through the night, state surveyors and OSHPD arrive at 10:00 am Sunday morning....hospital fully operational by 10:30 am.

Road to Recovery & Repopulation



OSHPD gave us 6 green tags for our main facility listing repairs needed prior to reopening and repopulating patient care areas.

CEO works closely with OSHPD to receive approval on building code changes to allow flexible plumbing at heating coil junctions.

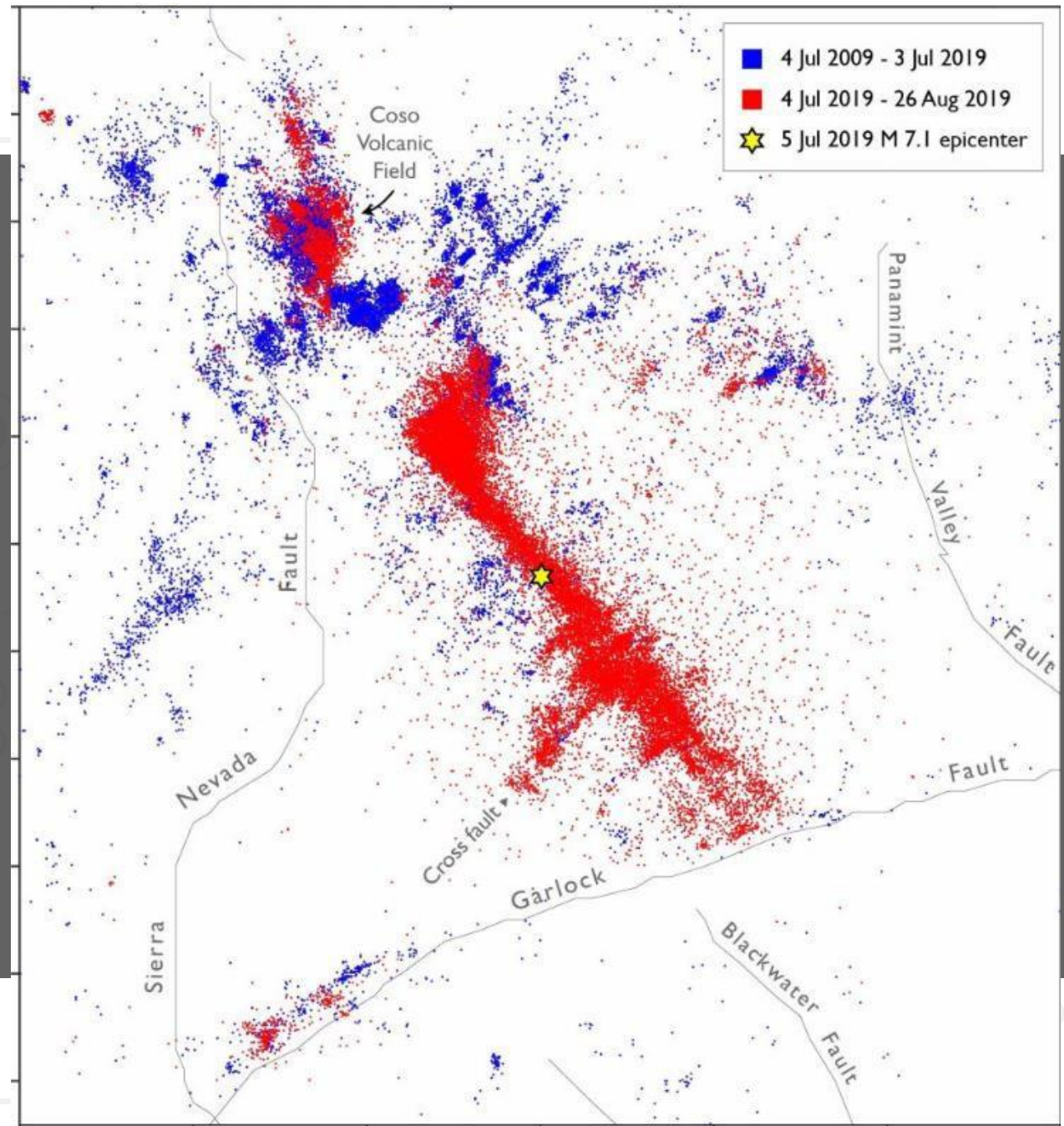
CEO and CFO work on compiling all needed insurance documentation.

We continue to have MANY aftershocks of magnitudes great enough to cause additional damage.

Be Ready For...Aftershocks

July 4 - Aug 26, 2019:
Over 43,000 aftershocks

| | |
|-------|-------------------|
| 1,000 | 3.0-3.9 Magnitude |
| 105 | 4.0-4.9 Magnitude |
| 6 | 5.0-5.9 Magnitude |



Resources for Recovery

Forms & Documentation

- Start the process with your County's Medical and Health Operational Area Coordinator (MHOAC) to submit to California Office of Emergency Services (CalOES) who will then check and send it to FEMA. – Your MHOAC will cover the cost of patient transport ONLY if you coordinate with them.
- 1135 Waivers if necessary – we did not use.
- Remember that Hospital Incident Command System (HICS) forms that were used in the response were originally designed for all responders by FEMA and were adapted to hospital needs with FEMA approving all changes, so are helpful for reimbursement documentation. FEMA was not activated for this event.

Resources for Recovery

- Track everything...employees, patient movement, resources used, cost of repairs. Business Continuity Insurance will want all of these tracked expenses.
- California Hospital Association has a white paper titled Preparing Hospitals for Disaster – A Financial Perspective.
- Stay connected with your local licensing office, they are very helpful during this phase.

Repopulation

ICU was first to repopulate in main building on September 7th.

Medical/Surgical Unit repopulated several months after the earthquakes, due to the extent of water damage, on October 24th.

DP/SNF repopulated November 8th.



Moving Forward - Supplies

New military grade field hospital shelters with environmental controls, generators, and additional supplies have been purchased.

Next event, if able, we will shelter in place and discharge if acuity of patients allows.

Goal to be self-sustaining through event rather than relying on external resources and transfers.

WESTERN
SHELTER

1935 SHELTER SYSTEM



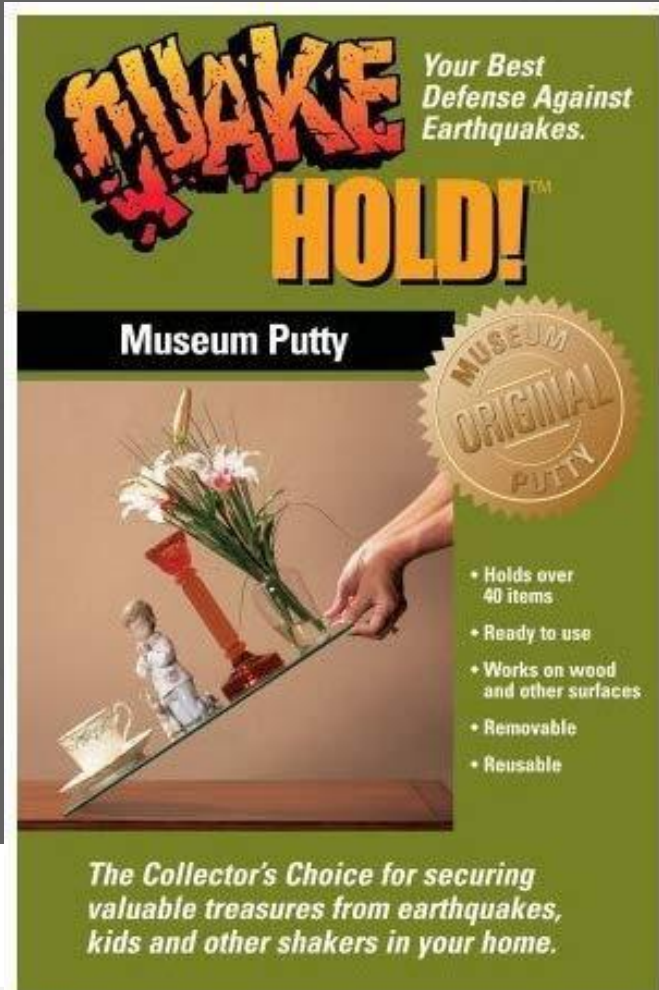


Moving Forward - Supplies



Moving Forward - Buildings

Get your staff prepared for falling objects, building awareness, and their role during an event.



Moving Forward - Planning



Connecting with 3 Healthcare Coalitions not just the county we are in as we transfer patients to multiple counties.

Continuous updating of our Emergency Operations Plan as we make decisions regarding resources, staffing, and business continuity.

Additional training for leadership in HICS, crisis communication, and continuous readiness for the next event.

Collaboration is KEY





Presentation 2

Keck Medicine of USC

Office of Safety & Emergency Management

Keck Medicine of USC

Office of Safety & Emergency Management



Helicopter crash



Recovery Efforts



Happy New Year!

This is how 2020
would end for us.
Tired of the pandemic
and looking forward to
a new start and some
rest and relaxation that
was not to be.





Building a Resilient Organization, One Event at a time!

Advanced Session Lecture
Healthcare Business Continuity Plan Seminar
May 9, 2023

Robert C. Vance III, *C.P.P., C.H.E.P.*
Office of Safety, Emergency Management,
Radiation Safety, Business Continuity & Hazardous Material Response

Introduction

The Office of Safety and Emergency Management is comprised of six distinct areas with a single focus. (Prepare, Protect and Recover)

- Emergency and Crisis Management
- Business Continuity & Recovery
- Safety(OSHA,CAL-OSHA, EPA, etc.)
- Radiation and Laser Safety
- Hazardous Materials Management & Environmental Response
- The Environment of Care (Committee Chair)

The Team

We manage multiple functions including, Business Continuity, Safety, Emergency and Crisis Management, Radiation Safety, Hazardous Materials Management and The Environment of Care.

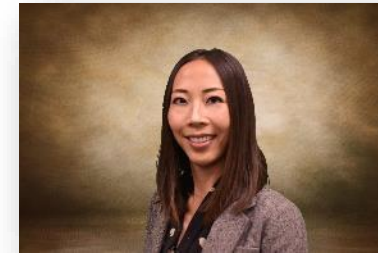
Our programs provide organized processes to initiate, manage, and recover from a variety of emergencies and disruptions effecting Keck Medicine of USC.



Vivek Dharne
Radiation Safety Officer



Violeta Aguirre
Business Continuity Manager



Dr. Xu Liu
Environmental Compliance
Officer

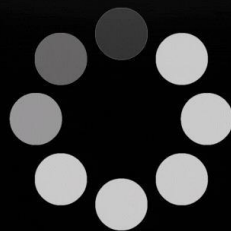


Oswaldo Montiel
Emergency Management Manager

Health Sciences Campus, University of Southern California



2021



LOADING...

Impact 2021: Events that shaped our year

| DATE | EVENT | LOCATION | TYPE |
|-------------------|--|----------|--|
| January 5-6, 2021 | Presidential Election - Civil Disobedience Electoral Vote Monitoring | KMC | Actual Event |
| February 19, 2021 | Polar Vortex Supply Chain Disruption Vaccine supply disruption | KMC | Actual Event |
| February 26, 2021 | Blood Supply Shortage Severe winter storm O blood type supply shortage | KMC | Actual Event |
| March 6, 2021 | “No Kids Behind Bars” Civil Disobedience Eastlake Juvenile Hall Protest | HSC | Actual Event |
| March 18, 2021 | Workforce Disruption Planning Business Continuity Exercise | KMC | Business Continuity Training Exercise |
| April 4, 2021 | Water Disruption- Keck Hospital Water pressure loss to 7th & 8 th floors | KMC | Actual Event |
| April 20, 2021 | Minneapolis Police Trial Verdict Possible Civil Unrest Monitoring | KMC | Actual Event |
| May 1, 2021 | CNA Informational Picket | KMC | Actual Event |
| July 13-18, 2021 | CNA Two Day Strike and Business Recovery Operation | KMC | Actual Event |
| August 11, 2021 | KeckAlert- Mass Communication Push | KMC | Emergency Broadcast Test |
| August 23, 2021 | CNA Strike Part II- Contingency Planning | KMC | Business Continuity Training |

Impact 2021: Events that shaped our year

| DATE | EVENT | LOCATION | TYPE |
|-------------------|--|----------|--------------------------|
| August 31, 2021 | Campus Lock Down- Civil Disobedience Exercise | KMC | Training Exercise |
| September 9, 2021 | Code Silver- Possible Visitor with a Weapon | KMC | Actual Event |
| October 5, 2021 | Parking Structure Power Outage | KMC | Actual Event |
| October 11, 2021 | Blood Collection Tube Shortages Business Continance Supply Disruption | KMC | Actual Event |
| October 21, 2021 | The Great Shake Out | KMC | Drill |
| November 11, 2021 | Work Action at Kaiser Foundation Hospitals <i>On Standby for Hospital Surge Plan Activation</i> | KMC | Actual Event |
| November 12, 2021 | KeckAlert- Mass Communication Push | KMC | Emergency Broadcast Test |
| December 22, 2021 | Code Orange- Hydraulic Oil Spill | KMC | Actual Event |
| December 28, 2021 | Loss of Life | KMC | Actual Event |

January 6, 2021: Election Civil Disobedience



January 6, 2021: Election Civil Disobedience

We would like to present you with a briefing on today's monitoring of possible unrest in our nation's capital:

- We've reviewed intelligence sources related to possible election unrest. At that time, there were no credible threats.
- We activated a command center and are monitoring the environment and media sources.
- The command center will deactivate at 6 p.m. today and will continue to monitor the situation remotely throughout the evening.
- We invite you to join us for a full debriefing. To access, click on the following:
Virtual Command Center Briefing

Continuity on the Edge - Lessons Learned

- Immediate prep and notification to leadership.
- Attempt to ease worry by communicating with staff.
- Control rumors and provide staff with access to vetted information.
- Calm worried staff, and visitors.
- We're still open.
- If early closure of clinics was possible, then it was a consideration.

The screenshot displays the KMC Virtual Command Center interface, a private group workspace. The left sidebar contains navigation links: Home, Conversations, Documents, Notebook, Pages, Site contents, Recycle bin, and Edit. The main content area is divided into several sections:

- Facility Status**: A table with the following fields:

| Facility Status | |
|---------------------|--|
| Event Name: | |
| Event Date: | |
| Operational Period: | |
| Active Hazard: | |
| Weather: | |
| Safety Analysis: | |
| Operation Log #1: | |
| Operation Log #2: | |
| Operation Log #3: | |
- Daily Briefing Schedule**: A table with the following structure:

| Time | Event |
|------|--------------------|
| | Morning Briefing |
| | Afternoon Briefing |
- COMMAND CENTERS**: A red box containing contact information and a QR code:

Keck: (323) 442-9686
Norris: (323) 442-9907
HC3: (323) 276-7550
Employee Hotline: (323) 442-9269
KMHospitalCommandCenter@med.usc.edu

Keck Medicine of USC
Office of Safety & Emergency Management
- Important Links**:
 - [Media Relations Website](#)
 - [Telephone Directories](#)
- Downloads**: A section with a list of documents:

| Documents |
|----------------------------|
| • Command Center Guidebook |
| • Communications Plan |
| • PIO Communication Plan |
| • Job Action Sheets |

February 2021: Polar Vortex



Polar Vortex Disrupts Vaccine Deliveries, Distribution

ATLANTA (AP) — The icy blast across much of the U.S. injected more confusion and frustration into the nation's COVID-19 vaccination drive Wednesday just as it was gathering speed, snarling vaccine deliveries and forcing the cancellation of countless shots around the country.

Slippery weather has either led to the closing of vaccination sites outright or held up the necessary shipments, with delays expected to continue.

February 2021: Operation Warp Speed

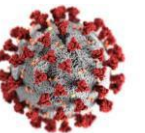


Lessons Learned

- Initial ordering (guestimate) was off; not enough or too much.
- Calculation for need. Each vile contained 5-6 vaccines.
- Leftovers at the end of a clinic.
- Hesitancy and or changing criteria at first (65+ / high risk / etc.).
- Community hesitancy was caused by misinformation in some sectors and mistrust in others. Or a combination of both.
- It was new to all.

Lessons Learned

- Single focus, brewed innovation and creativity.
- Because there were so many pieces, you needed good systems in place.
- The systems we had in place helped our overall success. All came together because we were working towards a singular goal. (common enemy)



Building Resiliency - Two Questions

Yolee Casagrande, DNP, RN, PHN, NE-BC

Associate Administrator – Nursing

Q: On a scale of 1-10 how much of a toll did the experience from the pandemic have on you?

A: “Difficult to assign a number, but yes, it's taken a toll both good and bad”.

Q: Have you finished feeling the effects of the initial pandemic response?

A: “No! We learned, we aged, we grew, and many of us got sick”.

February- Blood Supply Shortage

Keck Medical Center of USC
Keck Medicine of USC

February 25, 2021

Dear Colleagues,

We want to provide you an update regarding our blood supply at Keck Medical Center of USC.

Unfortunately, the aftermath of recent severe winter storms across the United States continues to negatively impact the nation's blood supply. As a result, Keck Medical Center's blood supplier is still reporting very low inventory and orders are not being filled as requested.

At present, we are continuing to experience a critical blood shortage with group O blood types. We are reminding all clinicians that **we will be unable to accept transfers or rapid transfers of patients who may require type O blood transfusion. If blood type is unknown, then cases with a high likelihood of requiring transfusions will be declined until adequate supply is available.**

Additionally, surgical cases shall be reviewed daily to ensure that adequate and safe blood supply is available as required. Any cancellation or postponement of cases will be determined in consultation with blood bank, anesthesia and the attending surgeon.

We are working to open a blood donation station in HC3 to support the blood supply. We remain in very close contact with our blood suppliers to address the shortage. During this time, we are urging clinicians to adhere to the following blood conservation strategies:

- Actively monitor blood orders; order single units and check hemoglobin before ordering a second unit to avoid over transfusion
- Transfuse only the minimum amount of RBCs or platelets necessary to meet clinical goals
- Use cell salvage as a method of blood conservation
- Consider postponing elective surgeries that require transfusion until the blood supply has improved

We are continuing to explore every avenue to replenish our inventory, and will keep you updated as matters develop.

Best regards,

Stephanie Hall, MD, MHA, FACEP
Chief Medical Officer
Keck Medical Center of USC

WARNING:
BLOOD CRISIS

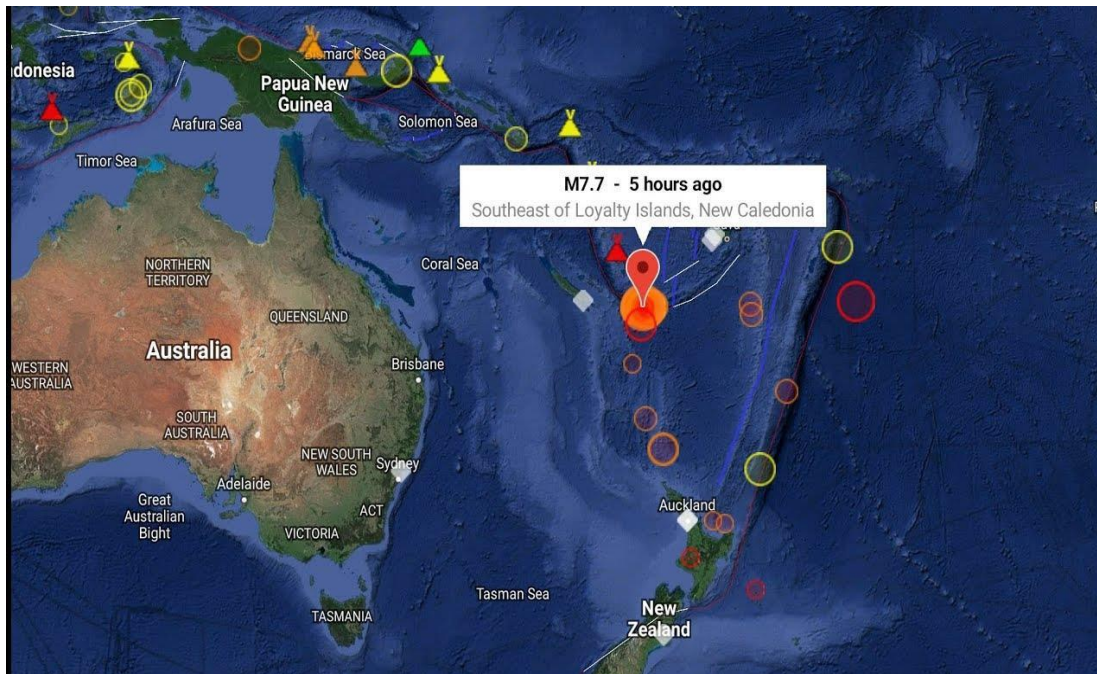


Lessons Learned: Blood Supply Shortage

- Formed committees to review O.R. schedules 24 hours prior to any surgery to help us decide if we had enough blood on hand to proceed with the surgery.
- We had to be open to the idea of hosting blood drives and partner with our suppliers. Why? Some suppliers keep all product and then decide how the product is distributed.
- We had to collaborate very closely with providers to manage blood utilization.
- Halted elective surgeries.
- Banking blood product prior to surgeries.

February 2021: Loyalty Islands Earthquake

I forgot to mention a large earthquake and possible tsunami to keep us on edge!



Keck Medical Center of USC

Keck Medicine of USC

February 10, 2021

Dear Colleagues,

As you may be aware, a major 7.6 earthquake struck near the Loyalty Islands in the south Pacific today, triggering the National Oceanic and Atmospheric Association to issue a tsunami warning for the U.S. Pacific coast.

Additionally, yesterday marked the 50th anniversary of the magnitude 6.6 San Fernando (Sylmar) earthquake that jolted the greater Los Angeles region. When this occurred, freeways and many other structures collapsed, causing 64 deaths and thousands of injuries.

Because earthquakes often occur without warning, taking time to educate yourself regarding safety measures is vital.

First, talk with family and friends about potential disaster risk and why it's important to prepare. Next, determine in advance what type of supplies will be necessary to meet your basic needs. Finally, build a safety kit that can support you and your family for at least 7 days. A kit should include the following:

- Food, water and dry goods

March: No Kids Behind Bars - Civil Disobedience

On Thursday, March 4, we received information that there might be a protest at 6 p.m. on Saturday, March 6, 2021

The protest, which was organized by the Southwest Chapter of the Youth Liberation Front, called for protests nationwide the *night* of March 6, 2021.

Keck Medicine of **USC**
Office of Safety & Emergency Management



KECK HOSPITAL OF **USC**
USC NORRIS CANCER HOSPITAL
“NO KIDS BEHIND BARS” PROTEST

MARCH 6, 2021

MITIGATION, PREPAREDNESS, RESPONSE, RECOVERY

No Kids Behind Bars – Business Disruption



Communication = Continuity

Building resiliency requires communication with leadership:

Email

I wanted you to be aware that the Emergency Operations Plan will be activated in response to a planned demonstration that will impact campus operations.

Please contact us if you have any questions. The Virtual Command Center will be available via Teams, phone or email.

Bob, what did you do?

- Activate BCP
- Monitor intelligence sources
- Communicate with all health sciences campus partners
- Pre-notify staff (shift changes, traffic disruption, fear)
- Checked all material supply levels prior to the event. (JIT=No)
- Pre-planning is a must. Connect with as many partners as needed to ensure a safe campus. USC-DPS, LAC Sheriff, LAPD, etc.

Bob's Principles – Advanced Business Resiliency

Principle One:

“The process of business continuity is not concerned with the type of event or it's magnitude. Business continuity is not event driven, its only concern is that the event does not permanently disrupt or cripple operations”.

- Bob Vance

April 2021: Loss of Water Pressure



Lessons Learned - One event at a time

- Emergencies seemingly happen during, nights, weekends, and holidays.
- Turn-over/knowledge loss in key areas hampered response.
- Several departments shined during the response. Why?
- We built policies from knowledge based on previous incidents.

Building a Resilient Organization

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| May 1, 2021 | CNA Informational Picket | Actual Event |

May: CNA Informational Picket



Keck Medicine of USC

May 26, 2021

Dear Colleagues:

As you are all aware, we are still in the middle of labor negotiations. While it is always important for us to be mindful of maintaining the confidentiality of certain information, including patient health information and commercially sensitive information, it is particularly important while negotiations are ongoing. Leaving confidential or commercially sensitive information unsecured and accessible can have unintended consequences.

As such, we ask that you please keep the following safeguards in mind, particularly while labor negotiations are ongoing:

1. Work related emails must only be sent from a MedMail account.
2. Employees must not forward work emails to their personal email accounts.
3. Employees should confirm that all email recipients are correct and require the information being transmitted. Avoid sending confidential information to distribution lists as everyone might not require the information.
4. Employees should clear their desks of any sensitive confidential information prior to leaving for the day.
5. Employees should refrain from leaving confidential information visible on computer monitors when leaving their workstations.
6. All commercially sensitive documents, including labor related documents, should be locked in a file cabinet or desk drawer when not in use.
7. All confidential information should be disposed of properly. Documents containing confidential information, including labor sensitive documents, should be taken to one of the two shredding centers for proper disposal.

If you have any questions concerning this notice, please contact KMC.HumanResources@med.usc.edu.

Sincerely,

Robert Vance
Safety, Emergency Management
& Business Continuity, Director
Keck Medical Center of USC

Annette Sy, DNP, RN, NE-BC
Chief Nursing Officer
Keck Medical Center of USC

Lisa Joins
HR Executive Administrator
Keck Medicine of USC

Building resiliency requires communication with all levels .

Email Notification

“I wanted you to be aware that the Emergency Operations Plan will be activated in response to a planned event on the campus near Keck Hospital of USC and Norris Cancer Hospital.

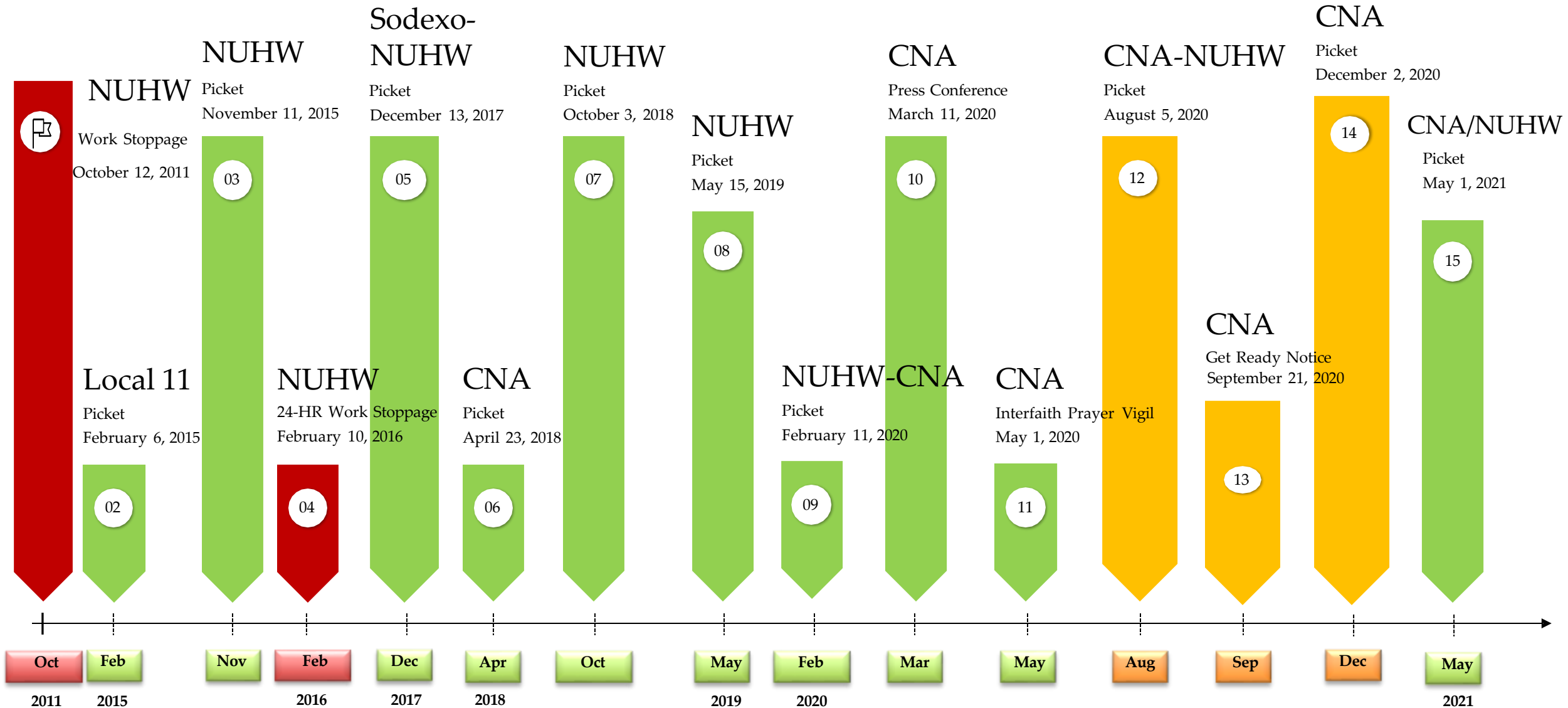
Please contact us if you have any questions. The Virtual Command Center will be available via Teams, phone or email.

Bob's Principles- Advanced Business Resiliency

Principle Two:

"There can be variations in a crisis, but there cannot be variations in control of the crisis".

Building a Resilient Organization, One event at a time.



Building a Resilient Organization- One event at a time

- Control all resources. Food, water, etc.
- Drone program
- Photography - Who can take photographs
- Portable AV equipment
- Internet Hubs
- Infield Reporting Methods



USC NORRIS CANCER HOSPITAL KECK HOSPITAL OF USC OPERATING POLICIES

| | | | |
|--------------------|------------------------|----------------------|------------|
| MANUAL: | Safety | POLICY #: | S 1.20 |
| SUBJECT: | Drone Operation Policy | EFFECTIVE DATE: | 08/20/2020 |
| | | REVISED DATE: | 02/25/2021 |
| | | AUTHORIZED APPROVAL: | |
| PERSONNEL COVERED: | Management | PAGE: | 1 OF 5 |

PURPOSE

USC generally prohibits operations of Unmanned Aerial Systems (UAS; commonly known as a Drone) on or above USC property or in connection with a USC-sanctioned or affiliated event or activity, including commercial, recreational, hobbyist, or other uses.

While most of the filming projects are done in collaboration with USC's Campus Filming Office, Keck Medicine of USC may use its video equipment including drones to document changes to the environment including disasters, property damage or other events. This process is compliant with [USC's Drone policy](#).

POLICY

To use a drone on any of the properties of Keck Medicine of USC, the user or operator must:

1. Submit a UAS Exemption Application and the UAS Operating Plan, along with supporting documentation mentioned in this policy.
2. The operation must be reviewed by the Safety Officer for Keck Medicine of USC. If approved, the Safety Officer will submit the required documents to the CEO/COO or his/her designee for final approval.
3. In the event drone filming overlaps onto properties of Keck Medicine of USC and USC, please refer to [USC's Drone policy](#) for approval.
4. In this case all required documents must be submitted to USC UAS Review Board.

Exception for flying UAS – No CEO or designee approval required.

1. The UAS will be tested for quality checks on a quarterly basis or as required. The operation must be reviewed by the Safety Officer for Keck Medicine of USC.
2. In case of a large-scale internal or external disaster. The UAS will be used as needed to assess damage.

All UAS operation is subject to relevant FAA, state and local laws and regulations, in addition to any rules and requirements imposed upon the event or activity by the university and/or by its recognized USC sponsor. Each UAS operator is responsible for compliance with all such requirements.

Keck Medicine of USC reserves the right to immediately cease the operation, and confiscate any UAS elements, if a UAS creates any type of electronic interference, poses unacceptable risk to individuals or property, or interferes with Keck Medicine of USC patient care.

Violation of this policy may be grounds for disciplinary actions up to and including termination, suspension or expulsion from the university, in accordance with staff employment policy, the faculty handbook,

Building a Resilient Organization- Assessing Exposure

| ISSUE | RISK | SEVERITY |
|---|---|----------|
| Workforce Disruption | Supplemental staff. | High |
| Cancellation of Appointments/ Surgeries | Financial and Reputational Damage. | High |
| Transportation Disruption | Impeded or blocked access into and from our campus. | High |
| Time and Attendance | Staff might be unable to arrive to work, and or arrive on time. | Medium |
| Supply Chain Disruption | Delay of or non delivery of supplies. | Medium |

Food and Nutrition Disaster Management Plan

Build policies from knowledge of previous incidents.

| | | | | | | |
|--------------------|---|----------------------|------------|----|---|--|
| MANUAL: | Food & Nutrition | POLICY #: | FN-701 | | | |
| SUBJECT: | Food & Nutrition Services Disaster Management Plan | EFFECTIVE DATE: | 02/23/2004 | | | |
| | | REVISED DATE: | 05/20/2021 | | | |
| | | AUTHORIZED APPROVAL: | | | | |
| PERSONNEL COVERED: | All | PAGE: | 1 | OF | 7 | |

PURPOSE

To provide guidelines for patient and staff menu programs and service levels in the event of a disaster.

POLICY

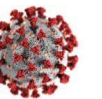
1. The Food and Nutrition Services (FNS) Department will provide emergency feeding for patients, residents, staff, and volunteers in the event of a disaster. At any time, there is a minimum of 7 days' supply of staple, non-perishable food and 2 days' perishable food on hand. In addition, a 4 day supply of distinguished emergency supply will be available for use.
2. A Nutrition Service disaster and emergency plan is prominently posted in food service department, hospital command center location, and disaster storage location and periodically reviewed by all department employees.
3. This plan will be referred to when the facility experiences an internal or external disaster or other incident that may disrupt normal food services.
4. The FNS Director or designee will consult with the Administrator on Duty (AOD) or designee to determine the nature of the emergency and the anticipated duration.

PROCEDURE

1. RESPONSIBILITIES

- a. The FNS Director or designee will respond to code triage and will be responsible for implementing the appropriate emergency feeding plan and keeping the Command Center informed of department operations.
- b. Cease all retail operations. No sales of water or other food stores can be performed without authorization of the Incident Commander or their designee. Discontinue all normal food operations until further notice. Secure all food stores. If extra assistance is needed, contact corporate security. Use disaster menus and provide food only as directed for patients, victims and on duty personnel.
- c. The existing FNS department organization structure will be maintained during the disaster and the emergency relief operations

June: Vacation time



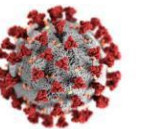
Bob's Principles- Advanced Business Resiliency

Principle Three:

"Mental muscle memory is good, experienced staff better, but policy, combined with both elements is one of the building blocks to success."

Vacation time?

1. Preparing for a possible strike.
2. There's an ongoing pandemic.
3. Severe supply chain and sourcing challenges.
4. Workforce stress. (Break point)



July: Two Day Strike and Three-day Business Recovery Operation



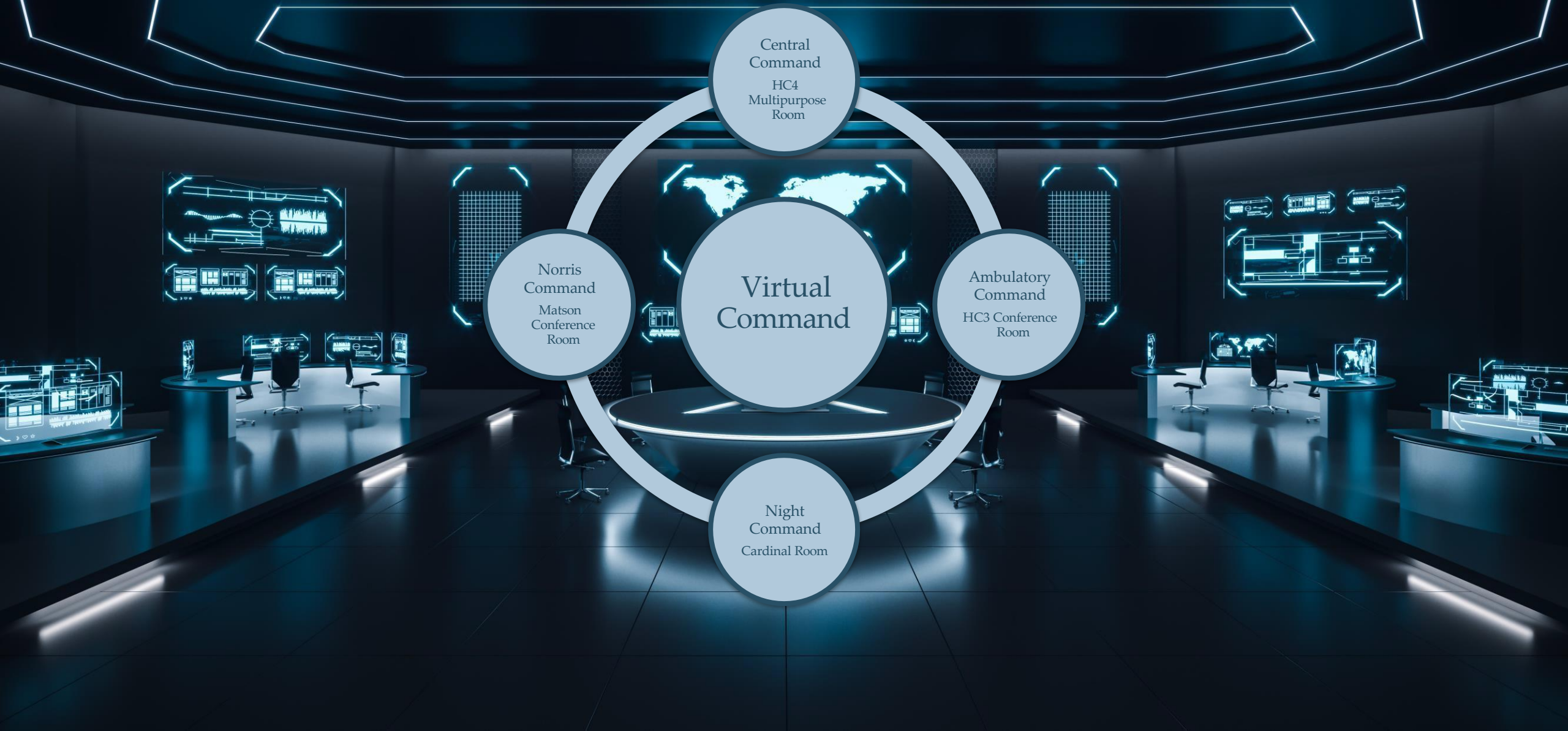
July: July: Two Day Strike and Three-day Business Recovery Operation

For the first time in USC history, we activated four physical command centers and a virtual CC spanning a five-day period.

Using assertive, pre-event communication and pre-activation of the business continuity plan guided the organization through this difficult and damaging event.



Multi-Modal Command Structure



July 13-17, 2021: Command Ops

5:30 am Day Command Operational

- Activation of Day Command

6:30 am Virtual Command

- Virtual Command Activated

7:00 am

- First briefing by Incident Commander

11:00 am

- Virtual briefing as needed

1:00 pm

- Virtual briefing as needed

5:30 pm Day Ops Debrief

- Deactivate Day Commands and Virtual Command

5:30 pm Night Command Operational

- Activation of Night Command

July 17, 2021: Command Ops

5:30 am

Command Operational

- Continued ops for command

6:30 am

Virtual Command Center

- Launch VCC

7:00 am

Final Debrief- Demobilization

- Final debrief by IC

Bob's Principles – Advanced Business Resiliency

Principle Four:

“ Yesterday's theories, are today's best practices”.

From Theory to Practice- One event at a time.

| | | | | | | |
|--------------------|---|----------------------|------------|----|---|--|
| MANUAL: | Administration | POLICY #: | 6-148 | | | |
| SUBJECT: | Business Disruption Financial Recovery Process | EFFECTIVE DATE: | 07/23/2021 | | | |
| | | REVISED DATE: | | | | |
| | | AUTHORIZED APPROVAL: | | | | |
| PERSONNEL COVERED: | Management | PAGE: | 1 | OF | 3 | |

PURPOSE

To provide criteria for financial recovery resulting from disruption to day-to-day operations and patient care at Keck Medicine of USC (Keck Hospital of USC, USC Norris Cancer Hospital and USC Care, hereinafter referred to as "Keck Medicine of USC" (KMUSC)).

POLICY

All incidents that cause disruption to business and care processes will be reviewed to determine if financial loss has occurred as a result of a third party. The process outlines documentation necessary for financial recovery.

PROCEDURE

1. Definition:

Business disruptions are any incident that:

- Causes the organization to operate under emergency operations.
- Causes loss.
- Threatens life, property, or the environment of care.

2. Notification

In the event an incident disrupts business, the following departments will be notified:

- a. Office of Safety and Emergency Management: if a third party was found to be at cause of the disruption, please do the following: provide copy of vendor agreement and contact information, preserve all parts and equipment affected by the event.

Build policies from knowledge of previous incidents.

Business Disruption Recovery Efforts



Cost Recovery Efforts- One event at a time.

- \$ 675,000
 - \$ 15,184
 - \$ 13,000
 - \$ 10,000
 - \$ 206,000
 - \$ 296,300
 - \$ 116,000
- \$ 1.3M

Bob's Principles – Advanced Business Resiliency

Principle Five:

"Being prepared to manage a crisis and make decisions that affect others requires courage. If your decisions are right, don't expect a street named after you, or a parade in your honor. If your decisions are wrong, fearlessly own it, and move on.

October 2021: Blood Collection Tube Shortage



October 2021: Blood Collection Tube Shortage

FDA announces shortage of all blood specimen tubes, strategies to conserve



The Food and Drug Administration yesterday expanded its [medical device shortage list](#) to include all blood specimen collection tubes and recommended health care providers, laboratory directors and others consider [certain strategies](#) to conserve their use. The agency said it continues to monitor the situation and provide updates as new information becomes available. The shortage previously was limited to [sodium citrate tubes](#).

Lessons Learned- One event at a time

- Worked with medical directors to consolidate some testing, for example if we drew two separate green tops for Troponin and CMP, during the shortage we would only draw one.
- Worked with materials department to look for alternative use tubes. If alternative tubes were found, the lab would validate different volume and different manufacture tubes prior to ordering.
- We were flexible and open to buying tubes from the open market which meant going outside of our contracted vendors.

Building Resiliency - Two Questions

Ameneh Azad, MHA, CLS (ASCP)
Associate Administrator - Clinical Pathology
Keck Medicine of USC Clinical Laboratories

Q: Have you finished feeling the effects of the pandemic response?

A: “I feel that Covid -19 has become a daily part of our lives. It has been non-stop. There were times when I felt like the weight of the world was on my shoulders”.

Q: On a scale of 1-10 how much of a toll did the experience from the pandemic have on you?

A: “I’m hoping to get back to normal. I wish that we could go at least one day without hearing about Covid”.

Nov 2021: Kaiser Foundation Hospitals Prepare to Strike



Nov 2021: Kaiser Foundation Hospitals - Strike Notice

Business | More than 30,000 Kaiser Permanente healthcare...

BUSINESS • Explainer, News

More than 30,000 Kaiser Permanente healthcare workers prepare to strike

The walkout is scheduled to begin Monday, Nov. 15



Union leaders representing more than 30,000 Kaiser Permanente workers, including nearly 27,000 in Southern California, have given management a 10-day notice of their intent to strike beginning Monday, Nov. 15. Employees are seen here protesting at Los Angeles Medical Center in September. (File photo)

By KEVIN SMITH | kvsmith@scng.com | San Gabriel Valley Tribune
PUBLISHED: November 4, 2021 at 6:04 p.m. | UPDATED: November 5, 2021 at 8:22 a.m.

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November 11, 2021

Los Angeles County
Board of Supervisors

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First District

Holly J. Mitchell

Second District

Sheila Kuehl

Third District

Janice Hahn

Fourth District

Kathryn Barger

Fifth District

Cathy Chidester

Director

Marianne Gausche-Hill, MD

Medical Director

10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90676

Tel: (562) 378-1500
Fax: (562) 941-5835

"To advance the health of our
communities by ensuring
quality emergency and
disaster medical services."

TO: Fire Chief, Each Fire Department
CEO, Emergency Ambulance Transport Operator

FROM: Cathy Chidester
Director

SUBJECT: WORK ACTION AT KAISER FOUNDATION ACUTE
CARE HOSPITALS

This is to advise you that the following Kaiser Foundation Acute Care Hospitals are expecting a work action by Registered Nurses and Pharmacists which will impact the emergency department operations:

Kaiser Foundation Baldwin Park (KFA)
Kaiser Foundation Downey (KFB)
Kaiser Foundation Los Angeles (KFL)
Kaiser Foundation Panorama City (KFP)
Kaiser Foundation South Bay (KFH)
Kaiser Foundation Woodland Hills (KFO)
Kaiser Foundation West Los Angeles (KFW)

The work action will start on **Monday, November 15, 2021**, at 6:00am. At that time, all seven (7) Kaiser Hospitals will be placed on Internal Disaster from 6:00am through 8:00am. We anticipate that all Kaiser Hospitals will remain on ED Saturation (ALS Diversion) for an indefinite period.

Our goal is to minimize impact to the EMS system. For patient safety and appropriate patient destination, **EMS providers shall establish Base Contact when the Most Accessible Receiving Facility is a Kaiser Hospital.** This is especially critical for patients who meet specialty care center criteria (Stroke, STEMI, Perinatal).

Please ensure that your affected personnel are informed. The EMS Agency and the Medical Alert Center will work closely with Kaiser Corporate to monitor the situation and continually assess EMS system capacity. If you have any questions, contact Richard Tadeo, Assistant Director at (562) 378-1610 or rtadeo@dhs.lacounty.gov

CC:RT:rt

c. Paramedic Coordinator, Each EMS Provider Agency
Medical Director, Each EMS Provider Agency
Prehospital Care Coordinator, Each Paramedic Base Hospital
Medical Alert Center



Health Services
<http://ems.dhs.lacounty.gov>

Nov 2021: Kaiser Hospitals - Strike Averted

“Had Kaiser’s network collapsed due to a strike, the resulting patient surge would have crippled healthcare delivery to SoCal residents causing a disaster, within a disaster”.

December 22, 2022: Hydraulic Oil Spill

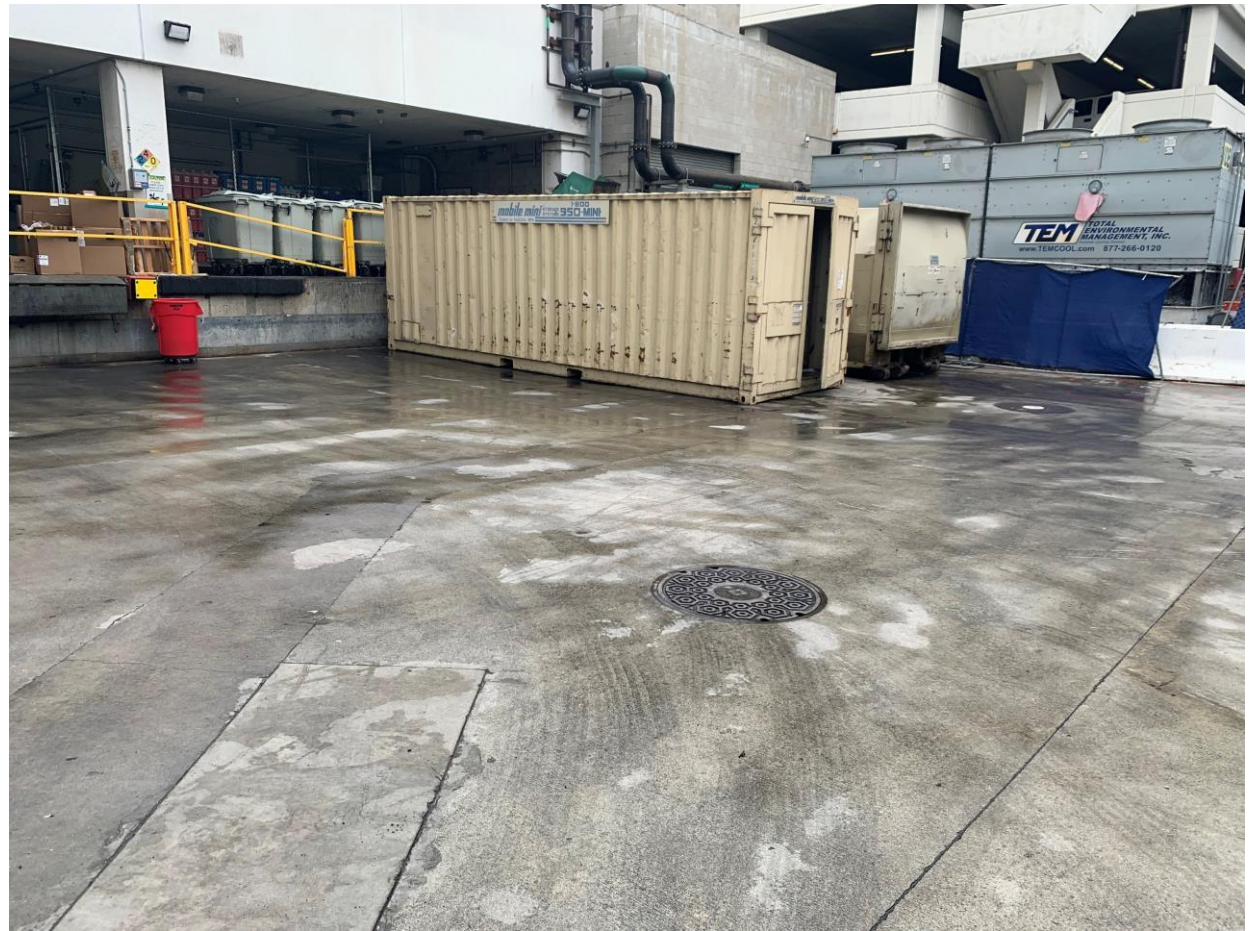


December 22, 2021: Hydraulic Oil Spill

- Difficulty obtaining on scene spill response supplies.
- Some supplies had been exhausted during second wave.
- Some supplies were not available due to supply chain issues.



December 22, 2022: Hydraulic Oil Spill



December 28, 2021: In Memorial



Normalcy and Recovery - One event at a time



Our New Normal

- Still operating in emergency mode.
- Feeling of always “being on”.
- Waiting for “The Call” (anxiousness).
- Tired.



Recovery Pathway- One event at a time

- Wellness check-ins
- Team shopping (Farmer's Market)
- Flexible work schedules
- Ensuring that there are comfort items in the office
- Public transportation vs commuting
- Team lunches and walks



Final Thought

To some, It appears that our craft is morphing into something new again. Actually, it's not. Call it what you want, DR, BC, BR, at the end of the day will you be able to recover and continue operations.

A resilient organization will use past events as a benchmark to plan for and respond to future events.



Robert C. Vance III, *C.P.P., C.H.E.P*
Office of Safety, Emergency Management,
Radiation Safety, Business Continuity & Hazardous Material Response

Building a Resilient Organization, One Event at a time!

10-Minute Break

Presentation 3



Emanate Health Hospice Power Outage

Angela Sharma
Emergency and Disaster Program Manager

What and Where is Emanate Health?

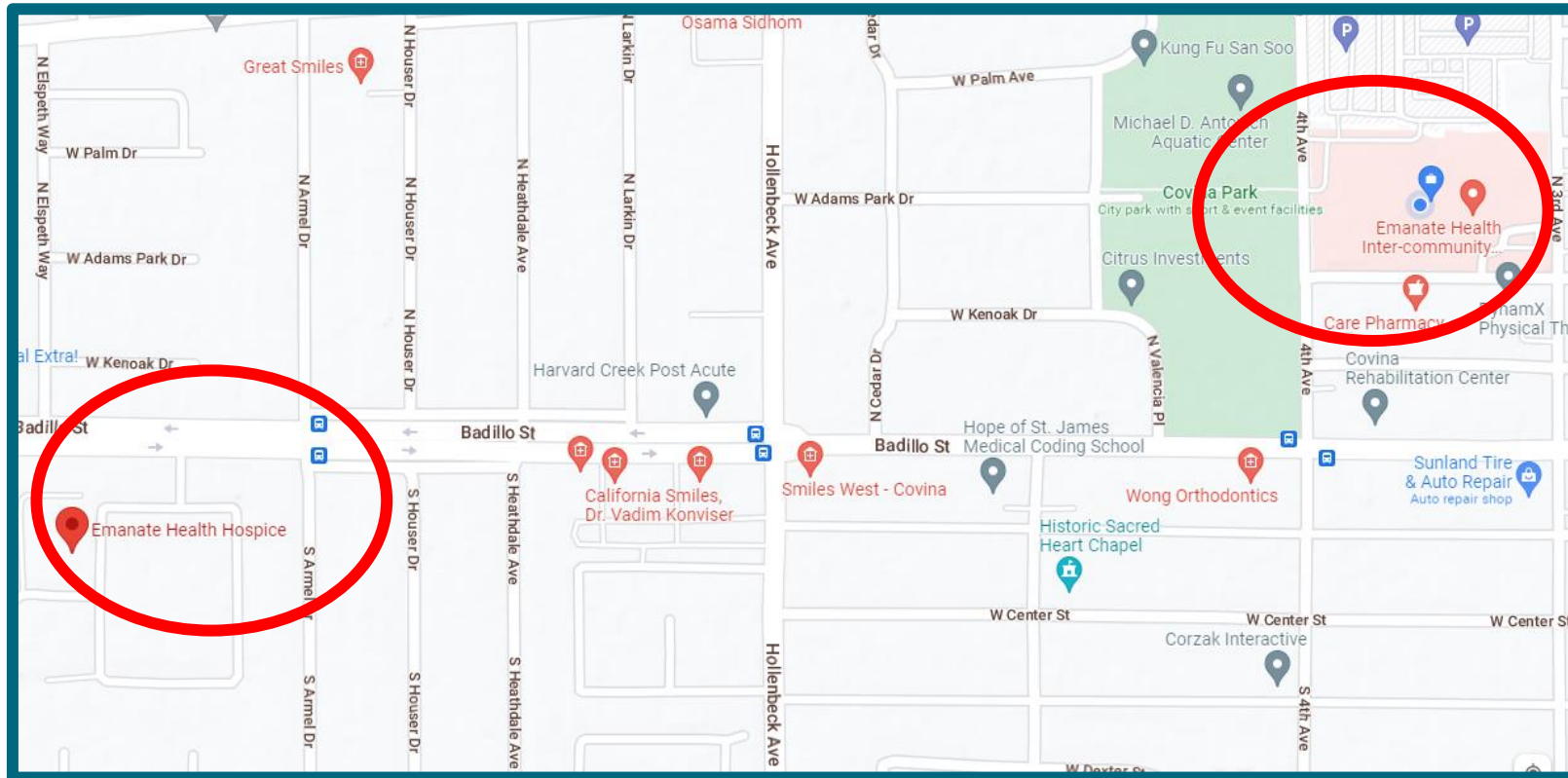
- Emanate Health formerly known as Citrus Valley Health Partners
- Health System
- San Gabriel Valley
 - Covina, West Covina, Glendora, and San Dimas
- 3 Hospitals
 - Emanate Health Queen of the Valley Hospital
 - Emanate Health Inter-Community Hospital
 - Emanate Health Foothill Presbyterian Hospital
- Clinics/Offsite Locations
 - Home Health and Hospice
 - Family Practice
 - Orthopedics
 - Pediatrics
 - Physical Therapy
 - OBGYN

Power Outage

- What Happened:
 - “Scheduled” Power Outage
- When: September 28th, 2022 and October 1st, 2022
 - Scheduled and planned by Southern California Edison (SCE)
- Where:
 - Emanate Health Home Health and Hospice (West Covina)

Home Health and Hospice

- Border of West Covina and Covina
- 1 mile away from Emanate Health Inter-Community Hospital (ICH)
- 12 inpatient beds



Timeline of Events

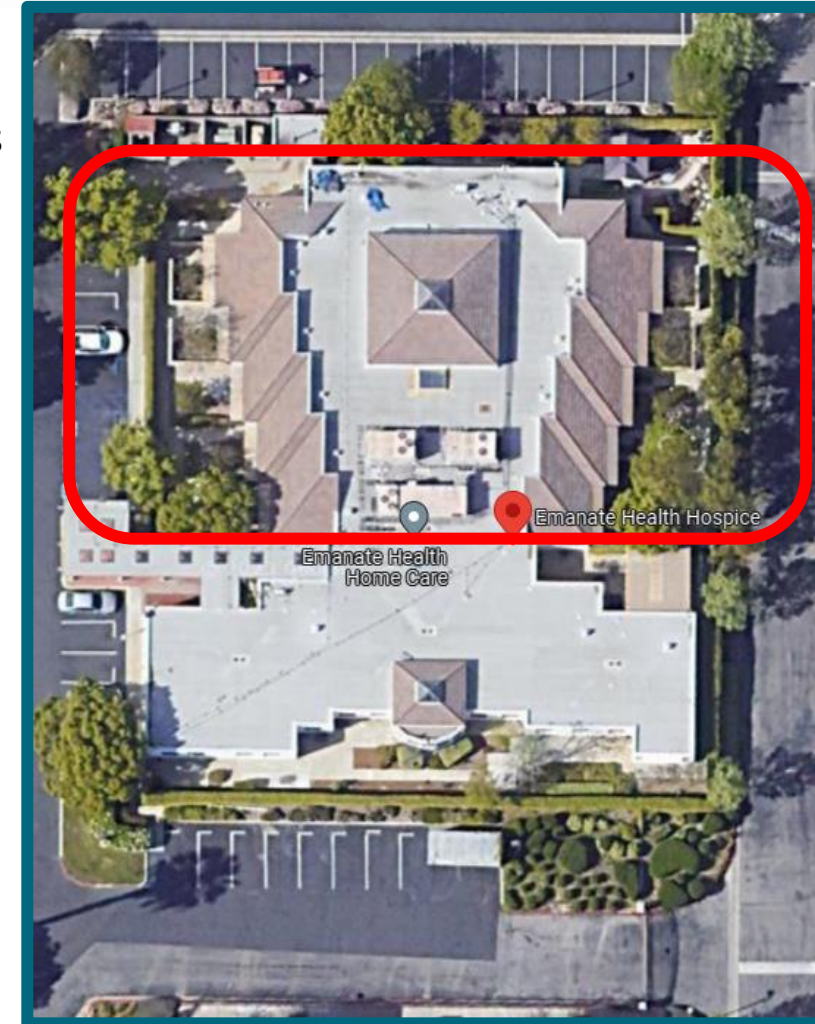
- Wednesday, September 28th, 2022
 - 0953 – Notified Hospice has no power. Limited generator capability. “Jason” from SCE stated it will be off until 1700.
 - 0954 – It was a “scheduled” outage but no one from Emanate Health was aware
 - 0955 – “Jason” from SCE said he spoke with engineering a couple of months ago to confirm if we had a generator at Hospice but didn’t remember who he spoke with
 - 0956 – Plant Operations Assistant Director and Supervisor from ICH are dispatched to Hospice
 - 0957 – 3 inpatients under Hospice care
 - 1000 – Activation Code Triage, Everbridge notification sent out
 - 1000 – Code Triage filled out and submitted
 - 1004 – Conduct physical assessment and round at Hospice
 - 1005 – No power to appliances, business offices, conference rooms
 - 1030 – Mail arrives with notice that SCE will turn off power on October 1, 2022
 - 1144 – IT wirelessly pinged in to get network up and running and UPCs set up
 - 1307 – Generator failed

Timeline of Events (continued)

- 1310 – Plant Operations Corporate Director dispatched
- 1400 – Generator up and running
- 1410 – Generator failed again
- 1500 – Fuel and back up generator ordered and delivered
- 2255 – Power restored

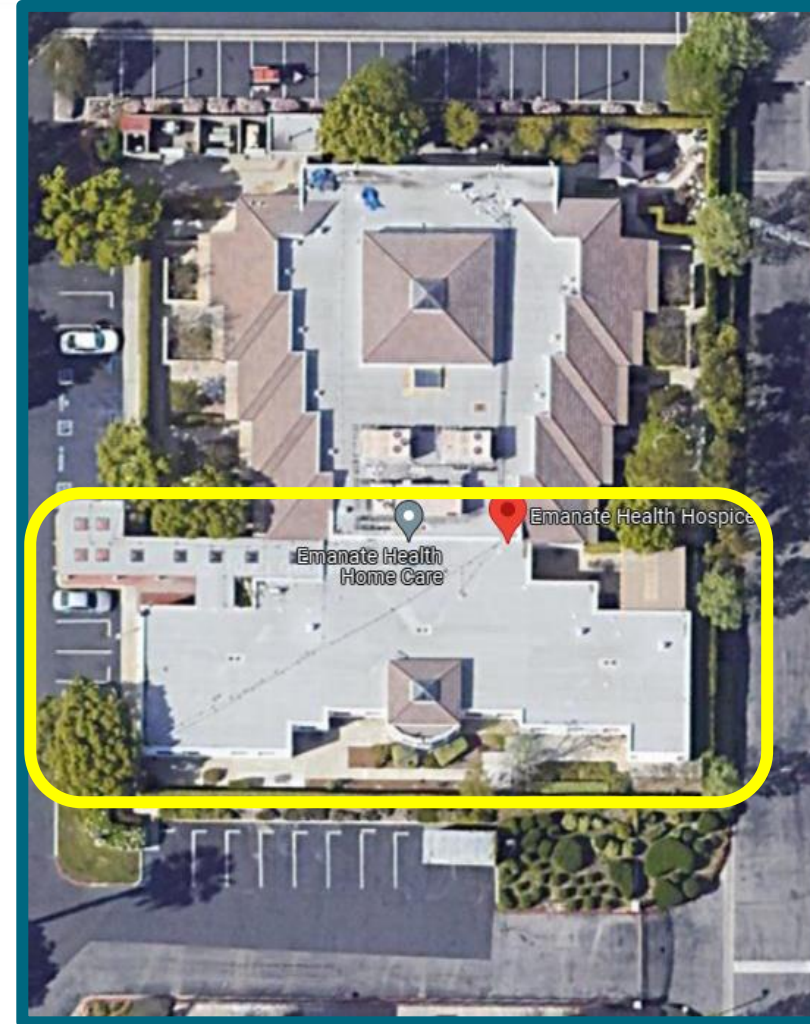
Physical Assessment

- Power in inpatient unit
 - All rooms on generator power with red outlets
 - HVAC not working
 - Network is operational
 - Phones, computers and printers operational
 - Medication refrigerators operational
 - Kitchen not operational
 - Ice maker not working, coffee maker, water machine
 - No lighting in inpatient rooms and bathrooms
 - Glucometers not operational
 - Fax machine not working, unable to submit orders
 - Suction connected to generator but suction power was weak



Physical Assessment (continued)

- Business office
 - Badge access doors work
 - Lights on in lobby
 - No power
 - HVAC not working
 - No power to Command Center
 - Network was not working
 - Phones, computers, printers are not working
 - Kronos time clocks were functional



Considerations

- Between COVID-19 surges
- Staffing shortage in Plant Operations
- Heat Wave 97°F when HVAC went out
- Patients admitted under Hospice care – comfort is imperative to palliative care

Strategies

- Directed staff to keep doors closed
- Staff notified to keep kitchen refrigerators closed
- Lanterns provided from emergency inventory
- Fuel ordered by vendor
- Back up generator order by vendor
- Called SCE to correct contact information
- Meals were provided by Dietary department at ICH
- IT wirelessly pinged network core at Hospice
- Hospice Director notified patients, families, and visitors about current and upcoming power outage October 1st, 2022

Second Power Outage

- Saturday, October 1st, 2022
- Received mail notice on 9-28-22 notifying of power outage on 10-1-22
 - 2322 – Power was shut off. SCE stated it will be off until 0700.
 - 2325 – Activation Code Triage, Everbridge notification sent out
 - 5 inpatients admitted into Hospice care
 - 4 out of 5 patients required oxygen
 - Power stored at 0901

Strategies

- Staff notified to keep kitchen refrigerators closed
- Additional lanterns provided from emergency inventory
- Extra batteries provided by Materials Management
- Fuel was already ordered by vendor
- Back up generator already in place
- Meals were provided by Dietary department at ICH
- IT system in place to support network
- Extra oxygen cylinders delivered
- Constant communication with patients, visitors, and staff about power outage

Strengths and Areas of Opportunity

- Strengths
 - Quick mobilization in unprecedented power outage
 - Communication between Support Services and Home Care and Hospice
 - Communication with patients and their families during the unprecedented event
- Areas of Opportunities
 - Inspect disaster kit annually to inspect emergency supplies and ensure have extra batteries and lanterns on hand
 - Update contact information with SCE due to miscommunication/misinformation in failed notification process
- Action Plan
 - Update HVA
 - Write After Action Report (AAR)
 - Update contact information with SCE



Thank you

Angela Sharma

Emergency and Disaster Program Manager

Emanate Health Queen of the Valley Hospital

Emanate Health Inter-Community Hospital

Emanate Health Foothill Presbyterian Hospital

ansharma@emanatehealth.org

626-938-7548

Presentation 4



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May 10, 2023



I LOVE YOU



Ooops, your important files are encrypted.

If you see this text, then your files are no longer accessible, because they have been encrypted. Perhaps you are busy looking for a way to recover your files, but don't waste your time. Nobody can recover your files without our decryption service.

We guarantee that you can recover all your files safely and easily. All you need to do is submit the payment and purchase the decryption key.

Please follow the instructions:

1. Send \$300 worth of Bitcoin to following address:

1Mz7153HMuxXTuR2R1t78mGSdzaAtNbBWx

2. Send your Bitcoin wallet ID and personal installation key to e-mail wowsmith123456@posteo.net. Your personal installation key:

74fZ96-2N×1Gm-yHQRWr-S8gaN6-8Bs1td-U2DKui-ZZpKJE-kE6sSN-o8tizU-gUeUMa

If you already purchased your key, please enter it below.

Key: _

Symantec

91%

Phishing

59%

Same passwords

14%

Data

58%

Recoveries



Backup? Continuity?



Recovery Time Objective

Employee Training



Zero Trust Model

- Allow Listing (White Listing)
- Elevation Control
- Privilege Management



RaaS

(Ransomware as a Service)

Incident Response



Identify





Contain

Investigate





Recover



CONTINUOUS ITERATION

From: Jason Gilbert <jgilbert@desilou.co>

Date: Friday, April 28, 2023 at 1:24 PM

To: Ethel Mertz <emertz@desilou.com>

Subject: RE: Citrix payment

CAUTION: External Sender.

Hi Ethel,

We have this subscription expiring tomorrow. Can we please get this wire out today? It's imperative so all our remote users don't get locked out at midnight. I've attached the invoice. Sorry for the short notice, somehow I missed their last email. I'm in back to back meetings until 6PM tonight so just email me if you have any questions and I'll get right back to you.

The sales rep sent me these wire details:

Wells Fargo Bank
11924 Wilshire Blvd
Los Angeles, CA 90049
ABA: 122055443

Citrix Systems
322 47th St
New Haven, CT 06501
ACCT: 8000103544

\$45,220.28

Thanks

Jason

What Next?



Questions?



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End Presentations

Closing Remarks

Thank you for attending the 2023
Healthcare Business Continuity Plan Seminar

<https://www.surveymonkey.com/r/99LM976>

In order to receive a certificate of participation, please complete the participant feedback survey on Survey Monkey by May 31, 2023. You can scan the QR code or click on the link placed in chat.



End Slide