EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Ambulatory Surgery Center Guide to Disaster Preparedness and Response

Draft 5.2.13

2013

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OVERVIEW

Los Angeles County knows that the healthcare system will be severely taxed during a disaster and acute care facilities will have a primary focus on managing the surge of patients presenting at their doors, as well as caring for their current patients. Add to this the complexities of limited resources and the need to reach out to untapped resources and sectors becomes obvious. To address these challenges, the Los Angeles County Emergency Medical Services Agency has formed a multidisciplinary, multi-sectorial healthcare coalition to improve the County's ability to respond to disasters that impacts the healthcare system.

The coalition includes various types of hospitals but goes beyond that. Recognizing the resources available within the healthcare community, LA County's healthcare coalition has engaged community clinics, skilled nursing facilities, and is engaging home health and hospice agencies, dialysis centers, prehospital care providers and ambulatory surgery centers. It is important that all planning activities across these various healthcare sectors are coordinated to have an effective response during an incident.

To address medical surge, LA County developed a Mass Medical Care Model. This model concentrates on three main resource areas: capacity (space), personnel (staff) and medical material (stuff) including mode of operations for those sectors that would be offering a broader scope of services to a broader patient population, during a large scale emergency event. To effectively address each healthcare sector, the process was developed in two phases. Phase I focused on information gathering, sharing and system partner engagement. Phase II focuses on development of sector specific surge strategies, barriers for implementation and cross sectorial points of intersection. The Mass Medical Care Model serves as a foundation for the healthcare coalition, allowing the coalition to expand on the relationships and participation with other healthcare delivery entities. Also bridging networks with competing agencies to achieve the overarching goals of the Mass Medical Care Model to: 1) Ensure the continuity of business operations at all healthcare facilities; and 2) Increase capacity to meet the anticipated increased demand due to surge.

Purpose

ASCs have always had to have emergency plans in place for specific emergencies including fire and evacuation. However they have not to date been involved in assisting in a large scale disaster. In essence ASCs have the potential to offer support to acute care facilities and their community. An ASC workgroup, with members from various centers around Los Angeles County, has been meeting for over a year now to discuss emergency preparedness and response. They have put together 2 main documents, namely ASC Surge Strategies and this guide – the strategies are specific to ASCs and are included in this guide for your review and the group's hope is that this guide will be helpful in your disaster planning and potential response.

LA County Concepts of Operations

THE ROLE OF PUBLIC HEALTH AND MEDICAL SYSTEM COORDINATION IN EFFECTIVE EMERGENCY MANAGEMENT

In the California public health and medical system, coordination of the various functions is done at the local operational area (county), the mutual aid region, and the State levels. Within the operational area, the medical and health coordination for both public and private entities is handled by the Medical and Health Operational Area Coordinator (MHOAC). In LA County, the Emergency Medical Services (EMS) Agency performs this role, with the EMS Agency Director designated as the MHOAC. The EMS Agency also functions as the lead county agency for all medical needs, including emergency medical services. The LA County Department of Public Health (DPH) functions as the lead county agency for public health needs such as response to disease outbreaks.

In the case of a widespread event involving multiple site of impact, the LA County EMS Agency along with LA County DPH will provide the overall coordination for resource requesting, obtaining situational awareness, and providing information horizontally and vertically within the medical and health coordination network. These activities are conducted through the activation of the Medical Alert Center (MAC), and the Department Operation Centers (DOC) of LA County DHS, and LA County DPH. The MAC and the DOC are located within the EMS Agency building and are primarily staffed by the EMS Agency staff. More information on connecting with the MAC and the EMS Agency for information and during an incident are included in this guide.

DISASTER RESOURCE CENTERS

The Disaster Resource Center (DRC) Program was developed to assist the healthcare community to work together regionally in LA County on emergency preparedness and response. Thirteen hospitals have been designated within 10 geographic regions in LA County as Disaster Resource Centers (DRCs) to work with their surrounding health care facilities in planning, training, exercises, and facilitating a regional disaster plan. Each DRC has a group of “umbrella” hospitals and healthcare facilities under them who meet regularly. Coalition members can participate in this regional planning and utilize their local DRC and umbrella facilities as a resource when developing their facility’s disaster program. For more information on the DRCs, contact the LA County Disaster Resource Center Program manager at (562) 347-1645. Refer to the DRC appendix on page ___ for a list of the DRCs and their umbrella facilities.

Four Phases of Emergency Preparedness

Emergency activities are divided into four phases that require different types of organization preparation, and action.

Mitigation is the initial phase. It is considered long before the emergency occurs and includes activities aimed at eliminating or reducing the probability of an emergency or disaster before they happen. An example of this kind of preemptive mitigation is the regulation that prohibits the transportation of hazardous carcinogens through congested urban areas. Mitigation also includes activities designed to postpone, dissipate, or lessen the effects of a disaster or emergency such as bolting book shelves and TVs to the wall to lessen their risk of falling during an earthquake.

Preparedness is an "insurance policy" against emergencies since we cannot mitigate every disaster. Preparedness activities include planning and training to ensure that the most effective, efficient response strategies are employed when an event occurs. Some examples of such activities are:

- Forecasting and warning systems
- Establishing plans and agreements with other facilities/suppliers
- Stockpiling supplies
- Conducting emergency training for all staff

Response is the phase that occurs at the onset of a disaster. It involves emergency assistance for casualties, search and rescue, shelter, and medical care. Reducing the probability or extent of secondary damage through measures such as evacuation, shelter in place preparation, or other actions are also part of response and will enhance recovery operation and subsequent resumption of services.

Recovery activities continue beyond the emergency period immediately following the disaster. Their purpose is to return all systems, both formal and informal, to normal. They can be broken down into short-term and long-term activities. Short-term activities attempt to return vital systems to minimum operating standards and usually encompass approximately a two-week period. Long-term activities will stabilize and restore all systems. These include such functions as repairs, redevelopment loans, legal assistance; which, can last for years after a disaster.

PLANNING RESOURCES

Implementation Check-List

Use the check-list below to guide you step by step on getting prepared for disasters and to keep your facility on track. Check off the boxes when items are completed:

1. Coordinate with LA County Disaster Planning section by doing the following:
    - ☐ Complete LA County EMS Agency ASC survey at - https://www.surveymonkey.com/s/AmbulatorySurgeryCenter
    - ☐ Contact Elaine Forsyth at the EMS Agency when survey complete – eforsyth@dhs.lacounty.gov
    - ☐ Receive *Letter of Receipt* for your survey from LA County EMS Agency
2. Coordinate with your Disaster Resource Center (DRC):
    - ☐ Contact your DRC coordinator to see how you may be able to participate in planning and exercises – see DRC appendix on page ____
    - ☐ Attend a DRC meeting and meet all the local disaster coordinators
3. Develop policies/procedures:
    - ☐ Take Emergency Management and Preparedness Planning for Community Health Center Leaders – www.ualbanycphp.org/learning (recommended course)
    - ☐ Write policy
      For suggestions go to:
        - *Policy Development Process* pg. ___
        - *ASC Emergency Response Considerations* pg. ___
        - *Plan Template* in Appendices pg. ___
    - ☐ Follow current policy review process
    - ☐ Gain approval from Governing Body
4. Training:
    - ☐ Train staff on policy and procedures
    - ☐ Exercise policy and procedures with functional and/or table top drills
    - ☐ Update policy based on exercises and re-train staff as needed
5. Staff Preparedness:
    - ☐ Encourage staff to be personally prepared at home and at work
    - ☐ Review preparedness list and determine what your center can provide and what your staff is willing to provide at work – see *Preparedness List* in appendices on pg. ___
6. Facility preparedness:
    - ☐ Contact local vendors and healthcare centers including doctor's offices for possible support e.g. obtaining/sharing of supplies, staff, space, etc.
    - ☐ Utilize written agreements to outline mutual assistance that has been decided upon e.g. letter of participation; partner agreements; mutual assistance document – see Sample Mutual Assistance/Partner Agreement in the appendices on page ___

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Surge Strategies

Mass Medical Care Model

As discussed in the Overview, the Mass Medical Care Model is an “all hazards” framework and which is used to identify key operational steps and coordinated strategies for health facilities, including ASCs, to meet the care need of the community during a medical surge related to any disaster. The top three hazards identified for LA County are earthquakes, wild land/urban fires and pandemic influenza. In any of these potentially catastrophic events, ASCs are required to have plans to care for their current patient load, staff and anyone else that may be at their facility. We also encourage ASCs to participate in the management of medical surge.

Goals and Objectives

The purpose of this model is to ensure the optimal care of patients in the most appropriate setting without causing an undue hardship on other entities along the healthcare spectrum. To meet this purpose, several strategies have been identified.

The main goals of surge strategies are to:

- Maintain operations and continue to provide care to current patients in order to benefit the community health system by preventing a surge of patients to acute care facilities
- Increase capacity to meet the anticipated increased demand due to surge

The surge strategies fall under four main resource areas to meet the goals:

- Capacity (space): Maintain operations and/or take on additional patients
- Personnel (staff): Maintain staffing levels and/or expand the workforce
- Medical supplies (stuff): Ensure adequate supplies and equipment
- Mode of operations: Shift in every day operations

ASC Surge Strategies

SURGE STRATEGIES AND CONSIDERATIONS – May, 2013

Note: Strategies may not be appropriate for all incidents or all facilities

SPACE – Surge Strategies for ASCs

Objective: Increase the ability to take on disaster surge patients by using traditional space and repurposing use of other space

#	Strategy/Implementation Steps	Regulatory and other considerations	Preparedness or Response	Notes
1	☐ Cancel elective surgery cases so traditional patient care areas can be used for surge patient		Response	
2	☐ Increase space by converting non-patient care areas into patient care areas for treatment ☐ Break rooms ☐ Meeting rooms ☐ Other _____	- Maintain break room or other assigned area for staff to rest - Ensure planning to maintain patient monitoring for nontraditional patient care areas - Ensure infection control procedures are maintained - Define appropriate types of patients for these areas - Identify an area(s) appropriate for triage	Response	
3	☐ Partner with geographically close facilities - *for example: all suturing cases to one and reductions to another*	- Establish communication with facilities that are not planning/able to participate in surge response independently - Consider physician offices - Written partner agreements are encouraged	Preparedness	
4	☐ Partner with geographically close acute care facility	- Acute care hospitals may need additional space. Consideration could be given to creating MOU for use of space.	Preparedness	
5	☐ Utilize parking lots or other outdoor space – *examples of use: registration, family waiting, triage, vaccinating.*	- Legal regulations and limitation for outdoor space - Weather and time of day - Security - Use of EZ ups - Consider traffic pattern issues for safety	Response	
6	☐ Serve as charging stations – *for example: home care patients that need electricity to power their IV pumps, ventilators, etc.*	- A minimum of 2 employees would need to be present for safeguarding ASC not being used for medical care - Generally only 50% of outlets are linked to generator (2 red plugs per bed)	Response	

STAFF – Surge Strategies Objectives: Maintain staffing levels and/or expand the workforce OR Support acute care facility				
#	**Strategy/Implementation Steps**	**Regulatory and other considerations**	**Preparedness or Response**	**Notes**
7	☐ Call in off-duty staff and/or request current staff to remain ☐ Assign and train staff to disaster roles before the event ☐ Encourage staff to maintain gas level in vehicles to at least half full	- Employees may be employed at more than 1 location - Identify which employees will be available to you during a disaster prior to the disaster - Regularly update staff contact list - Security – identify those who can be reassigned to security and provide training	Response	
8	☐ Partner with geographically close facilities that may have staff to assist	- Establish communication with facilities that are not planning/able to participate in surge response independently - Written partner agreements are encouraged		
9	☐ Develop procedure to accept and assign volunteers ☐ Accept volunteer staff requested through local jurisdiction	- Volunteer competencies are verified by local jurisdiction. *For example: for surgery cases only OR nurses accepted*	Preparedness & Response	
10	☐ Provide just-in-time (JIT) training	- JIT training will be needed for outside staff received and possibly for regular staff who are unfamiliar with surge procedures	Preparedness	
11	☐ Partner with geographically close acute health care facility to support their staffing if not using ASC as a treatment area	- Hospital will need to have a plan to accept non-contracted staff - Encourage staff to sign up as Disaster Healthcare Volunteer	Preparedness & Response	

STUFF – Surge Strategies Objective: Ensure adequate supplies and equipment				
#	**Strategy/Implementation Steps**	**Regulatory and other considerations**	**Preparedness or Response**	**Notes**
12	☐ Ensure emergency supply of food, water and personal supplies for staff	- Recommend a 72hr supply - Storage area for supplies - Water can be stored outside if not in direct sunlight and should not be directly on concrete	Preparedness	
13	☐ Utilize current inventory supplies, implementing conservation methods	- Maintain standards of care during conservation of supplies	Response	
14	☐ Contact local/non-traditional vendors for resupply ☐ Recommend agreements with local merchants including pharmacies	- Many healthcare entities utilize the same vendors and therefore supplies may be limited	Preparedness	
15	☐ Partner with geographically close facilities that may have supplies that can be utilized	- Establish communication with facilities that are not planning/able to participate in surge response independently - Consider physician's offices	Preparedness & Response	
16	☐ Partner with geographically close acute health care facilities that may need additional supplies to serve the patient surge	- Consideration could be given to adding supplies to MOU with acute care hospital	Preparedness & Response	
17	☐ Contact LA County Department Operations (DOC) Center for medical supply assistance;	- After exhausting all traditional ways of securing medical supplies, LA County DOC for heath may be contacted through the established resource requesting process	Response	
18	☐ Ensure enough fuel or power for generator use for up to 72 hours	- Secure means for additional fuel to maintain generator - Need CMS clarification on waiver/relaxing of regulations in continuing to use generator power after current case is completed for disaster patients - Allowed up to 200 hours each year. Some relaxing of standards by AQMD for disasters	Preparedness	
19	☐ Maintain at least 1 non-digital (analogue) phone line for use during a power outage	- Digital phone systems will not work if power is out - Can add a line attached to fax machine	Preparedness & Response	

MODE OF OPERATIONS – Surge Strategies Objective: To change operations by redirecting resources to provide services to surge patients				
#	**Strategy/Implementation Steps**	**Regulatory and other considerations**	**Preparedness or Response**	**Notes**
20	☐ Extend operating hours		Response	
21	☐ Accept minor, stable patients via BLS transport or from acute care facility	- Define types of patients facility is able to accept. Different scenarios should be considered e.g. earthquake vs. pan flu	Response	
22	☐ Update security plan to include specifics for surge	- Considerations should include situation of facility e.g. located within a building or free-standing	Preparedness	
23	☐ Hold patients for longer than 23 hours if needed	-Need CMS clarification on waiver/relaxing of regulations	Response	
24	☐ Assist and house staff family members	- Family should bring own supplies	Response	
25	☐ Develop disaster policies and procedures outlining your response capabilities	- Determine what you can do for your community - See ASC disaster guide	Preparedness	

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Policy & Procedure Development Process

STEP 1: OBJECTIVES

Consider overall objectives when writing emergency preparedness policies and procedures:

1. **Care for current occupants – patients/staff/family members**

2. **Care for additional clients – disaster patients/community partners**

3. **Protect organization – decrease risk and liability/business continuity planning**

STEP 2: ACTIVATION

Identify under what circumstances the policy and procedures will be activated e.g. self-activating dependent upon the scenario. Also include who has the authority to activate the part of the policy and procedures pertaining to change in operations during a disaster e.g. accepting surge patients

STEP 3: RESPONSE

Review the action items under the *ASC Emergency Response Considerations* on page __. Describe the ASCs role in the community and/or its role in providing services to outside patients during a disaster by identifying the items that are applicable to your center and develop your policies and procedures based on these. See *Types of Surge Patients* appendix on page ___

STEP 4: TRAINING

Outline a training and exercise program for your policy and procedures e.g. one functional and one table top exercise will be drilled annually.

Develop training and exercise strategies to help staff understand your policies and procedures. Consider the following:

- The scenario e.g. earthquake, fire, wind storm
- Which part(s) of the plan you will exercise e.g. loss of power; communication with partners, etc.)
- Type of exercise (table top; full scale; paper vs. actual patients, etc.)
- How you will evaluate the exercise
- How to implement corrections needed and re-educate

STEP 5: KEEPING THE POLICY AND PROCEDURES UPDATED

Ensure that the plan is updated at least annually and that the center follows the training requirements.

- See *Plan Template* appendix on page ___

ASC Emergency Preparedness and Response Considerations

MITIGATION AND PREPAREDNESS	
Considerations	**Information/Suggestions**
Determine which kinds of disasters are likely to affect your facility - Prioritize your disaster planning to respond to the most significant threats first - Prepare mitigation strategies for each disaster that may affect your facility	- Earthquakes, wild fires and floods are most common in Southern California - Each disaster has its own kind of fall out e.g. earthquakes have a potential for causing more injuries than the others; flooding can cause damage to medical records and electronic devices, etc. - Ensure you have back-up plans for medical records e.g. scan paper documents; save electronic data to a secure server off your premises - Have plans and procedures for each disaster scenario that you would consider likely in your area.
Develop relationships with local and regional disaster planners - LA County EMS Agency - City Emergency Operations Center - Local hospital(s) - American Red Cross (ARC)	- Discuss possible locations for ARC shelters closest to your facility - Add your closest ARC branch number to your disaster contact list - Include emergency contact numbers in your emergency list
Develop relationships with local partners - Other ASCs - Doctors' offices - Other healthcare entities (e.g. SNFs, dialysis centers, home health agencies) - Non-healthcare entities - Utility companies - Supply companies	- Have a discussion with others that may be able to assist you during a disaster. Consider use of space, supplies and possibly staff. - If you are in a building with other businesses, discuss disaster plans with them - Have discussions with you building management company about your plans - Send a letter annually to your utility companies to let them know you provide care to patients in the community. - Have an written agreement with your supply companies for generator fuel, medical supplies, biohazard waste and general supplies

MITIGATION AND PREPAREDNESS	
Considerations	**Information/Suggestions**
Train staff on being prepared at home	- Stress the importance of being prepared at home. Employees who have plans for their family are more likely to come to work in a disaster - Post information on what to have ready at home for disasters - Encourage at least 3 days of supplies for each family member including pets
Provide staff training on your disaster policy and procedures	- Get staff input into policy and procedures so they have a vested interest - Get staff familiar with their "disaster" role - Have disaster drills often so each staff member is familiar with what to do - Give a disaster challenge at monthly staff meetings - Do a quick training exercise each month – "tip of the month"
Have an emergency supply of food, water and personal supplies for staff and patients	- Discuss with staff what the facility will supply, and what each employee is expected to provide e.g. facility will supply water and staff member to cover food - If you have storage issues, water can be stored outside if not in direct sunlight - Water should not be stored on concrete as chemicals may leach through into the water
Ensure your staff contact list is up to date	- Pass round the contact list at each staff meeting for updates - Consider a call tree - Place copies at multiple locations including the bathrooms
Determine what kind of support your facility can give to your community in a disaster **- Charging station** **- Hospital overflow patients** **- Pediatric patients** **- Special needs patients**	- Include the types and acuity of patients that your facility can accept - What age group of pediatric patients are you willing to accept

MITIGATION AND PREPAREDNESS	
Considerations	**Information/Suggestions**
Create a communications plan	- Provide access to contact information that you may need during a disaster e.g. Medical Alert Center (MAC) number - Describe how you will communicate with other entities if regular telephone lines are down e.g. cell phone; text messaging; runner; radios
Develop a security disaster plan - **Include guarding entrances and exits** - **Traffic flow patters**	- Determine if your facility needs to be secured to prevent losses - Contact security services as needed - Identify staff that can be used as security guards and train them
Develop a short disaster medical record	- Put together your own or use the sample one provided in Disaster/Event Medical Record appendix on page ____
Have a credentialing process if you are willing to accepting volunteers	- Disaster Healthcare Volunteers have been vetted already including background checks and license/ certifications verifications - If you are willing to accept volunteers not vetted by the State and/or County process, determine what items they need to have depending on their license or certification e.g. copy of MD license and verification of skills; RN/LVN copy of license and proof of competencies, etc.

RESPONSE	
Considerations	**Information/Suggestions**
Conduct a safety assessment	- Assess immediate threat to patients, staff and others at your facility - Call emergency services as needed - Evacuate or move to a safer place within facility
Assess functionality of facility	- Determine if your facility is able to function - Assess utilities needed to function (water, electricity via generator or power company, sewer and gas) - Assess risk from exposure to any hazardous materials

	- Check supplies for any damage - Determine if you are able to accept additional patients and what kind, if you are asked to assist
Implement your communication plan	- Notify appropriate personnel of the situation e.g. facility management, administrator, staff - Notify insurance company of any potential claims. Document and photograph any damage before cleanup starts - Follow communication pathways established prior to the incident e.g. communicate facility status to MAC and/or to your local partners if able to assist - Contact your local hospital of any pending transfers of patients that cannot be cared for at your facility
Implement your applicable disaster policy and procedures	- Initiate just-in-time training if staff are unfamiliar with or unsure of their role - Policy and procedure examples include: shelter in place; surge; evacuation, etc.
Implement your security plan	- If applicable, and assign staff to security positions

RECOVERY	
Considerations	**Information/Suggestions**
Contact insurance company	- Notify insurance company of any potential claims. Document and photograph any damage before cleanup starts

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Communication & Resource Requests

The Medical Alert Center (MAC) is the designated 24/7 emergency communications center for the Emergency Medical Services (EMS) Agency and is expanded upon activation of the Department of Health Services (DHS)Department Operations Center (DOC) to support medical and health providers in the event of a disaster or significant incident.

Upon activation of the DOC, the priorities and resources of the EMS Agency shift to supporting the medical and health resource request needs of the County and their partners.

Support functions of the DHS DOC include:

- Assess and prioritize the medical and health needs of the system.
- Support patient destination and transportation activities with 9-1-1paramedic providers.
- Support health facilities with patient transfers and/or evacuation activities.
- Support prehospital care, medical and health providers with the provision of medical and health resources.
- Coordinate emergency medical care with out-of-hospital (clinics, skilled nursing facilities, dialysis centers) medical care providers which also includes ASCs
- Coordinate providers of non-fire based prehospital emergency medical services.
- Coordinate and support Public Health on public health related emergencies and disasters.
- Coordinate and support medical and health resource management with the County Emergency Operations Center, neighboring Regions and the State.

Communication Systems

The following systems can be used by Ambulatory Surgery Centers if available at your center for messaging between yourselves and the DOC and MAC, and for any resource requests:

Fax Machine Lines: May be used for any emergency communications. This includes but is not limited to patient transfer requests, DOC resource requests, and other emergency or disaster related communications.

HAM Radio: This system of communications is an emergency supplement to primary telephone and radio communications. Amateur radio network provides emergency communications for public agencies and hospitals under situations when primary communications systems and infrastructure are diminished

Landline/Cellular Telephone: Serve as primary method of emergency and non-emergency communications.

Mobile Satellite Radios: Available to all Disaster Resource Centers, this communication device functions like a radio (push to talk point-to-multipoint or point-to-point communication) or telephone. ASCs needs that may be requested through their DRC if in contact with them.

Resource Requests

The EMS Agency has a finite supply of medical resources that may be requested through the DOC/MAC by completing an EMS Agency Resource Request. These supplies may be available to ASCs that are assisting with a disaster response once the resource being requested has been exhausted or is nearing exhaustion and the center is unable to obtain the resource from other sources. Training will be provided if requested. Examples of resources available are:

- Medical supplies (IV solutions, dressings, masks, etc.)
- Medical staff (nurses, doctors, etc.)
- Pharmaceuticals
- PPE
- Tents

Non-medical supplies including security staff, water, power, gas, phone issues, food and potable water are not available from the DOC/MAC. Communication should be made directly with the company who supply these services or through your city's Emergency Operations Center (EOC).

Appendices

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ASC Preparedness Items

Emergency Supplies

Step 1 *Review the list below - identify what emergency supplies you will need*

Step 2 *Determine how many days of supplies you would like/are able to have on hand*

Step 3 *Inform staff about the supplies the company will provide and what they are personally responsible for*

Step 4 *Give staff recommendations on additional supplies they should consider keeping at work.*

Supplies for consideration include:

- **Water**: store 1 gallon per person per day, for drinking and sanitation. Base amount on the number of staff present on a regular work day plus regular daily patient volume.
- **Food:** non-perishable (canned/tinned food, MREs, etc.). Consideration should be given to shelf life of the food. Considerations for amount are similar to calculations for water storage – number of staff plus daily patient volume.
- **Manual can opener** if kit contains canned food.
- **Battery-powered radio** with extra batteries
- **Flashlights** and extra batteries. Consider head lamps for hands-free tasks
- **Glow sticks**
- **Whistle** to signal for help
- **Dust or filter masks** (if not part of regular inventory)
- **Goggles**
- **Crowbar**
- **Heavy duty gloves**: consider leather palmed gloves
- **Chargers** for cell phone*
- **Personal medications*** (1-2 day supply)
- **Blanket/sleeping bag**
- **Plastic sheeting** and **duct tape** to "seal the room"
- **First aid kit**: consider items that are not part of your regular inventory
- **Hand sanitizer**
- **Personal needs**:
  Garbage bags and/or portable toilet (a bag of cat litter could be useful)
  Cleansing wipes* e.g. baby wipes
  Toiletries* - including toothbrush, toothpaste, brush/comb, deodorant, soap

Other considerations:

- Storage container(s)
- Area for storing supplies

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Disaster/Event Medical Record

Event:

Event pt tracking#:

Date:_____ **Time in:**_____

Name: **DOB:** **gender:** _____M F

Permanent address: phones:

Current location (if different): phones:

Email:

Allergies:

Significant Medical Hx:

Current Meds:

Intake vitals:
Temp: _____
HR: _____
RR: _____
BP: _____
Mental Status: _____

C/C: Chief Complaint:

Subjective:

Objective:

Assessment/ Diagnosis

1) Y N

2) Y N

3) Y N

Plan at discharge: see also **tx orders back of page**

Follow-up/ return:

Clinician: MD DO PA NP other
Print name:_____

Signature:

Practitioner: RN LVN MA RT other
Print name:_____

Signature:

Discharge to:

Home _____
Shelter _____
Hospital _____
Other:

Transport:
Walk _____
Car/taxi _____
Ambulance _____
Other

Status:_____

TIME OUT:

_____

Treatment Orders:		
Date/Time	Order	Completed by

Vital Signs/Nursing Notes:		
Date/Time	Notes	BP/HR/RR/Temp

Registration Information:	
Insurance Carrier	
Member/ID number	
Insurance number	
Social Security Number	
NOK/Responsible Party	

Additional Information/Notes:

Disaster Resource Center (DRC) Information

DRC and Coordinators Contact Information	Umbrella Facilities
California Hospital **Connie Rangel and Samantha Connell** Office (213) 742-5535 Hospital (213) 748-2411 crangel@chw.edu sconnell@chw.edu	▸ Community & Mission Hospital of HP (Florence) ▸ Community & Mission Hospital of HP (Slauson) ▸ Good Samaritan Hospital ▸ Kindred Hospital – Los Angeles ▸ Los Angeles Metropolitan Medical Center ▸ Saint Vincent Medical Center ▸ Silverlake Medical Center
Cedars Sinai Medical Center **Ryan Tuchmayer** Office (310) 423-4336 Hospital (310) 423-3277 Ryan.Tuchmayer@cshs.org **UCLA** **Kurt Kainsinger,** DRC Manager Office (310) 206-3873 Hospital (310) 825-9111 kkainsinger@mednet.ucla.edu	▸ Brotman Medical Center ▸ Centinela Hospital ▸ Kaiser Foundation – West Los Angeles ▸ Marina Del Rey Hospital ▸ Miracle Mile Hospital ▸ Olympia Medical Center ▸ Santa Monica – UCLA Medical Center ▸ St. Johns Health Center ▸ Veterans Administration Hospital – West LA
Henry Mayo Newhall **Terry Stone** – Safety and DRC Coord. Office (661) 200-1700 Hospital (661) 253-8000 Stonetm@henrymayo.com	▸ Antelope Valley Medical Center ▸ Kaiser Foundation – Panorama City ▸ Kaiser Foundation – Woodland Hills ▸ LAC Olive View-UCLA Medical Center ▸ Mission Community Hospital ▸ Northridge Hospital Medical Center ▸ Pacifica Hospital of the Valley ▸ Palmdale Regional Medical Center ▸ Valley Presbyterian Hospital ▸ West Hills Hospital & Medical Center
Kaiser - Sunset **Lane A. Moody** Office (323) 783-3791 Hospital (800) 954-8000 lane.a.moody@kp.org	▸ Alhambra Hospital Medical Center ▸ Garfield Medical Center ▸ Hollywood Presbyterian Medical Center ▸ Methodist Hospital of Southern California ▸ Monterey Park Hospital ▸ San Gabriel Valley Medical Center ▸ Huntington Memorial Hospital ▸ Shriner's Hospital for Children ▸ Mission Community Hospital ▸ Monrovia Memorial Hospital

LAC-USC **Dr. Chris Celentano** Office (323) 226-6635 Hospital (323) 226-6667 ccelentano@lacusc.org	▸ East LA Doctors Hospital ▸ Los Angeles Community Hospital ▸ Pacific Alliance Hospital ▸ Promises Hospital ▸ USC Kenneth Norris Jr. Cancer Hospital ▸ USC University Hospital ▸ White Memorial Hospital
LAC-Harbor-UCLA **Essence Wilson** Office (310) 222-3500 Hospital (310) 222-3528 eswilson@dhs.lacounty.gov	▸ Del Amo Hospital ▸ Kaiser Foundation – South Bay ▸ Memorial Hospital of Gardena ▸ Providence Little Company of Mary Medical Center ▸ Providence Little Company of Mary San Pedro ▸ South Bay Community Hospital ▸ Torrance Memorial Medical Center
Long Beach Memorial Medical Center **Steve Shrubb** – DRC Decon Safety Officer Office (562) 933-1444 Hospital (562) 933-2000 sshrubb@memorialcare.org **St. Mary Medical Center** **Kathy Dollarhide** -Emergency Preparedness Coordinator DRC Office: (562) 491-4870 kathy.dollarhide@dignityhealth.org **Nori Readdy** – Administrative Associate Office (562) 491-9376 nori.readdy@dignityhealth.org Hospital (562) 491-9000	▸ Catalina Island Medical Center ▸ Bellflower Hospital ▸ Community Hospital Long Beach ▸ Kaiser Foundation – Downey ▸ Lakewood Regional Medical Center ▸ Pacific Hospital of Long Beach ▸ Suburban Medical Center (Long Term Care) ▸ Tri-City Regional Medical Center ▸ Veterans Administration Hospital – Long Beach
Pomona Valley **Steve Storbakken - Director of Environmental Safety** Office (909) 865-9909 Hospital (909)865-9500 steven.storbakken@pvhmc.org	▸ Casa Colina Hospital for Rehabilitation Medicine ▸ Citrus Valley Medical Center – Intercommunity ▸ Citrus Valley Medical Center – Queen of the Valley ▸ Doctors Hospital of West Covina ▸ East Valley Hospital ▸ Foothill Presbyterian Hospital ▸ Kaiser Foundation – Baldwin Park ▸ San Dimas Community Hospital

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St. Joseph Medical Center **Connie Lackey, RN** **SFVSA Manager, Emergency Preparedness** Office (818) 847-3856 Hospital (818) 843-5111 connie.lackey@providence.org	▸ Barlow Respiratory Hospital ▸ Encino Medical Center ▸ Glendale Adventist Medical Center ▸ Glendale Memorial Hospital ▸ Hollywood Community Hospital ▸ Providence Holy Cross Medical Center ▸ Providence Tarzana Medical Center ▸ Sherman Oaks Community Hospital ▸ Temple Community Hospital ▸ Verdugo Hills Hospital

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Emergency Resource List

LOCAL

LA County Department of Health Services EMS Agency
http://ems.dhs.lacounty.gov
562-347-1500
24/7 Medical Alert Center (MAC)
866-940-4401
Duty Officer Email:
laemsadutyofficer@dhs.lacounty.gov
ASC Contact Person: Elaine Forsyth – eforsyth@dhs.lacounty.gov – 562.347.1643

LA County DPH:
http://publichealth.lacounty.gov
-Emergency Preparedness and Response Program
www.publichealth.lacounty.gov.eprp/
213-989-7140
-Biological Incident Reporting to Acute Communicable Disease Control
213-240-7941
-Duty Officer Email: phemergdesk@ph.lacounty.gov

Southern California Earthquake Center
www.scec.org/

STATE

California Department of Public Health
www.cdph.ca.gov

California Emergency Management Agency
www.oes.ca.gov/

NATIONAL

American Red Cross
www.redcross.org

Centers for Disease Control and Prevention (CDC)
www.bt.cdc.gov

Center for Medicare and Medicaid Services (CMS)
http://www.cms.gov

Evacuation Plans and Procedures
www.osha.gov/SLTC/etools/evacuation/need.html

Federal Emergency Management Agency (FEMA)
www.fema.gov

Occupational Safety and Health Administration (OSHA)
www.osha.gov

U.S. Department of Homeland Security - Ready Business
www.ready.gov/index.html

U.S. Geological Survey
http://usgs.gov/

Management Structure during an Incident

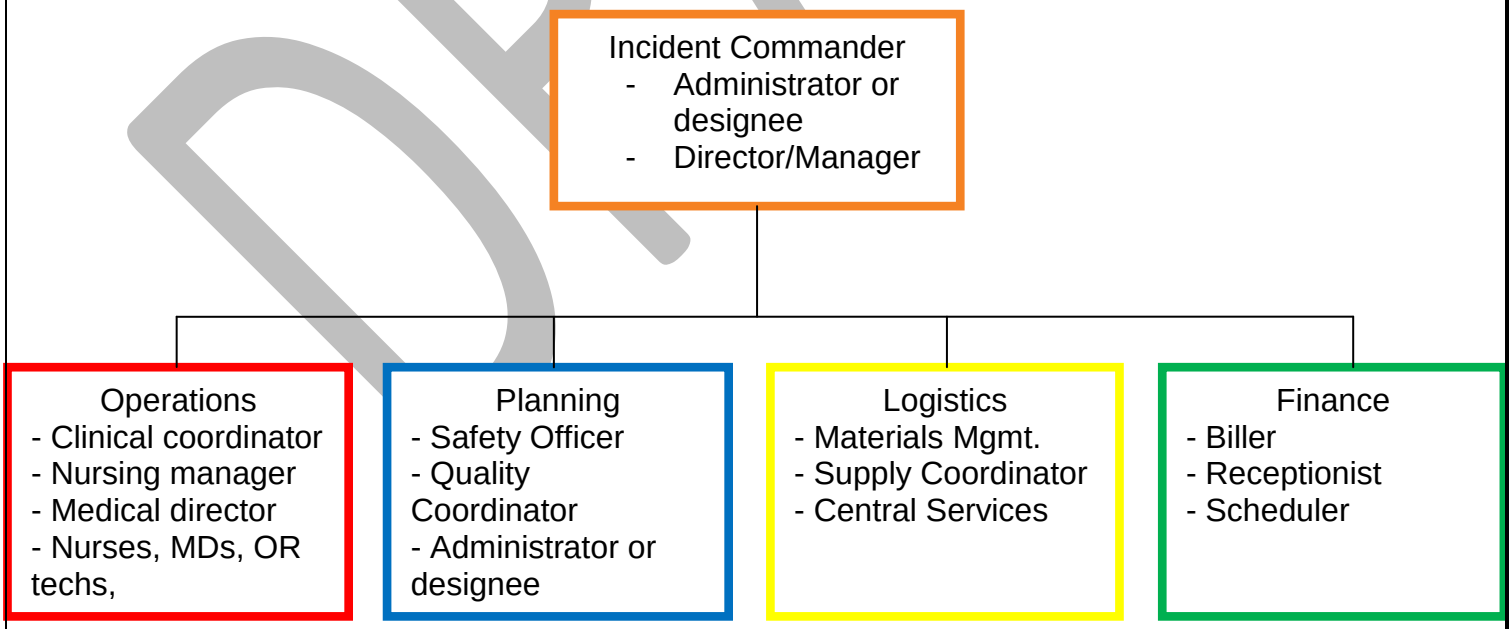
There are many different management structures that may be used during an incident. One of these is called the Incident Command System (ICS) which is part of the National Incident Management System (NIMS) and is also used by California's Standardized Emergency Management System (SEMS). This framework is just one management system and ASCs are **not** required to use it; management during an incident can and should follow your usual day-to-day management. ICS does, however, promote standardization in terminology, response concepts and procedures and some understanding of it may be beneficial to ASCs as you integrate more with hospitals and other healthcare entities that may use it during their disaster drills and incidents.

There are 5 main sections within the ICS which are usually color coordinated and have specific responsibilities:

ICS

- Command - In charge of the incident
- Operations - Do the "hands on" at an incident
- Planning - Coordinate incident planning
- Logistics - Supply all incident materials
- Finance - Document and track incident costs

These sections perform functions that are very similar to positions you already have within your ASCs. Below is an example of a basic ICS chart with corresponding roles that you may have in your ASC:



Plan Template

Sample Mutual Assistance/Partner Agreement

Your Organization
AND
Partner Organization

This *mutual aid/partner agreement* establishes a *type of partnership* between *your organization* and *partnering organization*.

I. Mission

Brief description of your organization's mission. Include a sentence about the specific program if available.

Brief description of the partnering organization's mission.

Together, The Parties enter into this *mutual aid/partner agreement* to mutually promote describe *effort that this partnership will promote.* Accordingly, *your organization* and *partnering organization* operating under this mutual aid/partner agreement agree as follows:

II. Purpose and Scope

Your organization and *partnering organization* – *describe the intended results or effect that the organizations hope to achieve, and the area(s) that the specific activities will cover.*

- *Why the organizations are forming a collaboration?*
- *Benefits for the organization?*
- *Who is the target population?*
- *How does the target populations benefit?*

Include issues of payment/funding if necessary. For example, "Each organization of this mutual aid/partner agreement is responsible for its own expenses related to this partnership. There will/will not be an exchange of funds between the parties for the tasks associated with this mutual aid/partner agreement".

III. Responsibilities

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this mutual aid/partner agreement. The initial appointees of each organization are:

- *List contact information of staff appointed*

The organizations agree to the following tasks for this mutual aid/partner agreement:

Your organization will:

List tasks that your organization will do

Your partnering organization will:

List tasks that your partnering organization will do

Both parties will:

List tasks that both your organizations will do

IV. Terms of Understanding

The term of this mutual aid/partner agreement is for the period of *insert length of mutual aid/partner agreement*, from the effective date of this *mutual aid/partner agreement* and may be extended upon written mutual agreement. It shall be reviewed at least *insert how often* to ensure that it is fulfilling its purpose and to make any necessary revisions.

Authorization

The signing of this *mutual aid/partner agreement* is not a formal undertaking. It implies that the signatures will strive to reach, to the best of their ability, the objectives stated in the mutual aid/partner agreement

On behalf of the organization I represent, I wish to sign this *mutual aid/partner agreement* and contribute to its future development.

Your Organization:

Name:

Title:

Signature: *Date:*

Your Partnering Organization:

Name:

Title:

Signature: *Date*

Types of Surge Patients

Below are **examples** of types of patients that ASCs may be able to manage and those that should NOT be sent to your facility under any circumstances. Choose types of patients that you may be able to assist with depending on your skill set and resources. Add to or delete the type of patients you **will** or **will not** accept depending on the criteria set for your facility. For example, if you do not normally treat pediatric patients, do not include them on your list of acceptable patients but be sure to place them on your UNSUITABLE list.

Examples of SUITABLE patients:

- 14 years of age and older
- Head lacerations with no loss of consciousness and fully orientated
- Lacerations with no neuro-motor compromise or significant bleeding
- Isolated closed extremity fractures
- Soft tissue extremity injuries
- Back pain with no neuro-motor compromise
- Stable vital signs with no signs or symptoms of poor perfusion/shock

Examples of UNSUITABLE patients:

- Infants and children under 14 years of age
- Cardiac or respiratory arrest
- Chest pain
- Respiratory distress
- Dysrhythmias
- Abdominal or pelvic pain
- Altered level of consciousness
- Drug or alcohol intoxication
- Signs and symptoms of poor perfusion/shock including but not limited to:
    - SBP $\leq$ 90 mmHg **or** DBP $\geq$ 100 mmHg **or** SBP $\geq$ 180 mmHg
    - Heart rate $\leq$ 55 **or** $\geq$ 140 bpm
    - Respiratory rate **≤** 10 **or** $\geq$ 30 rpm
    - Pulse oximetry $\leq$ 92%

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Acronyms

ARC	American Red Cross
ASC	Ambulatory Surgery Center
ASPR	Assistant Secretary for Preparedness and Response
CAHAN	California Health Alert Network
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
CMS	Centers for Medicare and Medicaid Services
DHS	Department of Health Services
DHV	Disaster Healthcare Volunteers
DOC	Department Operations Center
DRC	Disaster Resource Center
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Active Labor Act
EOC	Emergency Operations Section
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HFID	Health Facilities Inspection Division
HRSA	Health Resources and Services Administration

ICS	Incident Command System
JIT	**“**Just-in-time” training
L&C	Licensing and Certification
LACDPH	Los Angeles County Department of Public Health
MAC	Medical Alert Center
MHOAC	Medical Health Operational Area Coordinator
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OA	Operational Area
OEM	Office of Emergency Management
PPE	Personal Protective Equipment
SEMS	Standardized Emergency Management System

Glossary