



# DISASTER PREPAREDNESS RESOURCE GUIDE

FOR LONG TERM CARE  
HEALTH FACILITIES





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# Introduction

The *San Diego County Disaster Preparedness Resource Guide for Long Term Care Health Facilities* has been prepared by the County of San Diego Public Health Preparedness and Response (PHPR) Branch and the San Diego Healthcare Disaster Coalition (SDHDC), funded through the Hospital Preparedness Program (HPP). This resource guide is designed to optimize facility responses in a timely and effective manner and does not supersede the Emergency Operations or Continuity of Operation Plan of each facility. Acquainting facility staff members with this guide and being well-prepared can greatly enhance preparation and response efforts during a disaster or any unforeseen event.

Facility staff members are encouraged to READ, UPDATE, TRAIN, and USE the Nursing Home Incident Command System (NHICS) guidance for effective collaboration.

The information presented in this guide is believed to be accurate and of practical value in preparing for a disaster, however, there is no guarantee the guidance presented will provide protection. Additionally, this guide is a living document that will be regularly updated to reflect evolving policies and practices. Please reach out to [sdhdc.hhsa@sdcounty.ca.gov](mailto:sdhdc.hhsa@sdcounty.ca.gov) for the most up to date guide.

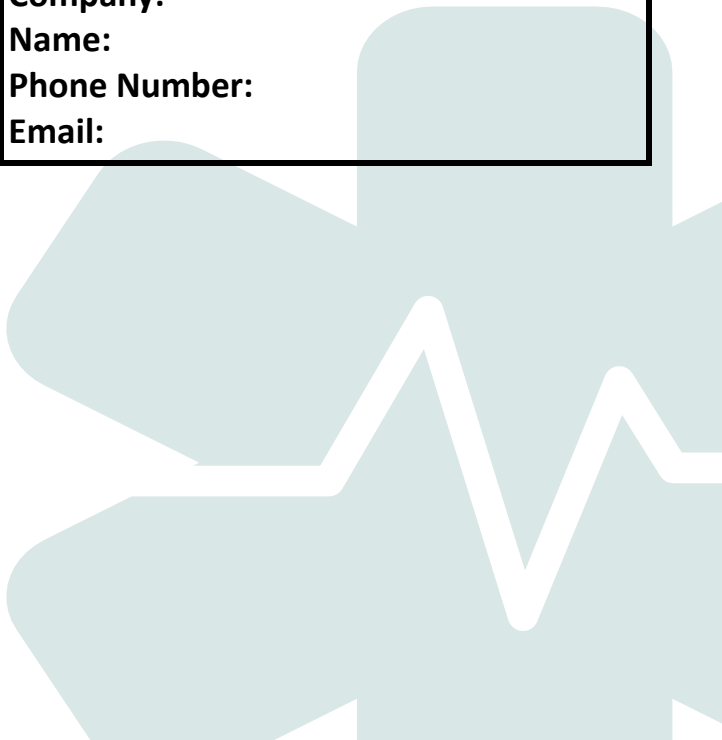
The County of San Diego assumes no legal liability for the accuracy, completeness, or usefulness of any information, product, or process disclosed herein, or for any injuries or damages arising from any disaster or occurrence giving rise to the use of application of the information, products, or processes described or disclosed herein.

## Facility Emergency Contacts

<b>Emergency Fire, Police, and EMS</b>  <b>Phone Number: 9-1-1</b>	<b>Administrator</b>  <b>Name:</b> <b>Phone Number:</b> <b>Email:</b>
<b>California Department of Public Health Licensing San Diego District Office</b>  <b>Phone Number: (619) 278-3700</b> <b>Toll Free: (800) 824-0613</b> <b>Email: <a href="mailto:CDPH-LNC-SANDIEGO@cdph.ca.gov">CDPH-LNC-SANDIEGO@cdph.ca.gov</a></b>	<b>Community Care Licensing - San Diego Adult and Senior Care Regional Office</b>  <b>Phone Number: (619)767-2300</b> <b>Email: <a href="mailto:CCLASCPSanDiegoRO@dss.ca.gov">CCLASCPSanDiegoRO@dss.ca.gov</a></b>
<b>County of San Diego Public Health's Healthcare Status Provider Team</b>  <b>Email: <a href="mailto:MOC.HCPS.HHSA@sdcounty.ca.gov">MOC.HCPS.HHSA@sdcounty.ca.gov</a></b>	<b>Facilities Director</b>  <b>Name:</b> <b>Phone Number:</b>
<b>Nursing Director:</b>  <b>Name:</b> <b>Phone Number:</b>	<b>Medical Director</b>  <b>Name:</b> <b>Phone Number:</b>
<b>MHOAC Duty Officer 24/7</b>  <b>Phone Number: (619)772-4247</b> <b>Email: <a href="mailto:MHOAC.HHSA@sdcounty.ca.gov">MHOAC.HHSA@sdcounty.ca.gov</a></b>	<b>Non-Emergency Phone Number (Police or Sheriff's Department)</b>  <b>Phone Number:</b>
<b>RIVERSIDE ADULT &amp; SENIOR CARE REGIONAL OFFICE</b>  <b>Phone Number: (951)248-2222</b> <b>Email: <a href="mailto:CCLASCPRiversideRO@dss.ca.gov">CCLASCPRiversideRO@dss.ca.gov</a></b>	<b>SNF Area Coordinator</b>  <b>Name:</b> <b>Phone Number:</b> <b>Email:</b>

## Facility Specific Contacts

<b>Poison Control</b>  Phone Number: (800) 222-1222	<b>Communications Provider</b>  Company: Phone Number:
<b>Electric Company</b>  Company: Phone Number:	<b>Transportation Provider</b>  Company: Phone Number:
<b>Gas Company</b>  Company: Phone Number:	<b>City Public Works</b>  Company: Phone Number:
<b>Water Company</b>  Company: Phone Number:	<b>City Emergency Management</b>  Company: Phone Number: Email:
<b>Telephone Company</b>  Company: Phone Number:	  Company: Name: Phone Number: Email:



# Facility Preparedness Checklist

Create a comprehensive preparedness checklist that involves assessing your facility's needs and making a list of supplies that are used frequently.

The goal is to have at minimum 72 hours of supplies; however, amounts will vary and be facility specific. It is advisable to maintain an adequate and appropriate supply of essential supplies to support ongoing daily operations.

## 1. Medical Supplies

- ☐ Bandages, dressings, and wound care materials
- ☐ Thermometers (oral, ear, and forehead)
- ☐ Blood Pressure cuffs and stethoscopes
- ☐ Medications - contract with pharmaceutical vendors should be established in case the limited emergency supply is exhausted.
- ☐ Antiseptics and disinfectants
- ☐ Respiratory supplies (nebulizers, inhalers, oxygen, oxygen masks)
- ☐ Eyeglasses

## 2. First Aid Kits

- ☐ Adhesive tapes and wraps
- ☐ Scissors, tweezers, and safety pins
- ☐ Pain relievers (Tylenol, Motrin, Ibuprofen)
- ☐ Allergy medications (antihistamines and epinephrine)
- ☐ Bleeding control kits

## 3. Emergency Equipment

- ☐ Emergency lights and flashlights with extra batteries
- ☐ Battery operated and/or hand crank radio
- ☐ Fire extinguisher
- ☐ Wheelchairs and mobility aids (i.e.. Canes and Walkers) (extra)
- ☐ Oxygen tanks and supplies
- ☐ Generator with fuel
- ☐ Fans
- ☐ Tarps

## 4. Communication and Documentation

- ☐ Two-way radios or walkie talkies for staff
- ☐ Paper, pens, and documentation forms
- ☐ Clipboards
- ☐ Printed contact lists and emergency numbers



## **5. Personal Protective Equipment**

- ☐ Masks (dust / surgical; N95, and/or other respirators)
- ☐ Medical exam gloves (various sizes and types; non-latex)
- ☐ Gowns
- ☐ Face shields and/or goggles

## **6. Sanitary and Hygiene Supplies**

- ☐ Hand sanitizers and handwashing stations
- ☐ Cleaning supplies
- ☐ Tissues, paper towels, and waste disposal bags
- ☐ Personal hygiene products for residents

## **7. Food, Water, and Nutrition**

- ☐ Non-perishable food items: 1600 kcal/person per day with consideration of special diets
- ☐ Bottled water
- ☐ Potable water – 1 gallon /person per day
- ☐ Nutritional supplements

## **8. Emergency Blankets and Bedding**

- ☐ Emergency blankets
- ☐ Extra bedding and linens

## **9. Miscellaneous**

- ☐ Cash for emergency purchases
- ☐ Maps and floor plans for facilities
- ☐ Sandbags for flood prone areas
- ☐ Hearing Aids
- ☐ Dentures, toothbrushes, and oral health needs

Regularly check and restock these supplies, ensuring that they remain within their expiration dates. Store and organize these items in an accessible location for quick and efficient retrieval.

# San Diego MHOAC Program

## San Diego Medical and Health Operational Area Coordinator (MHOAC) Program

### 1. Purpose and Scope:

The Medical Health Operational Area Coordinator (MHOAC) is a position of authority designated to the Public Health Officer (PHO) who has designated that authority to the Branch Chief for Public Health Preparedness and Response (PHPR). After hours, this position can be reached by calling the Duty Officer number below. This position collaborates closely with the RDMHS/C in Region 6 which covers the following counties: Imperial, Inyo, Mono, Riverside, San Bernardino, and San Diego. If local resources are unavailable, the RDMHS will escalate to CDPH, who will escalate to federal levels as needed. The health officer provides guidance and support to the MHOAC program in addressing public health concerns and response strategies. This collaborative relationship ensures effective coordination to protect and promote public health during emergencies.

The San Diego Medical and Health Operational Area Coordinator (MHOAC) Program is a critical component of the County's all-hazards emergency management framework. It serves the overarching purpose of ensuring round-the-clock availability of trained professionals to effectively respond to and manage a wide range of emergencies, from disease outbreaks to natural disasters, safeguarding the well-being of the medical and health community. The MHOAC program is staffed by the Public Health Preparedness and Response (PHPR) Branch in the Health and Human Services Agency (HHSa).

### 2. 24/7 Preparedness:

This program operates 24 hours a day, 7 days a week, 365 days a year, ensuring constant readiness to assess, coordinate, and respond to any type of emergency, regardless of the time or nature of the incident. This is an entry to activate the San Diego County Medical Operations Center (MOC) if an incident occurs outside of business hours. This program works closely with the San Diego County Emergency Medical Services (EMS) Duty Officer Program. If the MOC is activated for an event, it will be staffed by EMS and PHPR.

### 3. Duties and Responsibilities:

The San Diego Medical and Health Operational Area Coordinator (MHOAC) Duty Officer, at the core of the program, plays a pivotal role in managing and overseeing emergency response activities, regardless of the hazard. Their responsibilities include:

- Monitoring and receiving reports of emergencies, regardless of their nature.
- Rapidly assessing the magnitude and potential medical or public health impacts of the incident.
- Coordinating with medical and health facilities, agencies, and stakeholders.
- Disseminating timely and accurate information to relevant stakeholders.
- Establish and maintain situational awareness in the medical and health community.

- Request aid and resources from the region (and state) for medical and health components.
- Making critical decisions regarding resource allocation and escalating the response as circumstances dictate.
- Distribute and dispense medical countermeasures.
- To request a San Diego Healthcare Disaster Coalition Cache (e.g., Burn, Decontamination, Pediatric Supplies, Ebola supplies)

#### **4. Contact Information:**

The Duty Officer acts as the central point of contact for all-hazards emergencies, fostering close collaboration with local, state, and federal agencies, as well as community partners. This approach ensures a unified response and seamless coordination, irrespective of the emergency's nature.

24/7 Medical and Health Operational Area Coordinator (MHOAC) Duty Officer  
 Phone Number: (619) 772-4247  
 Public Health Duty Officer Email: [MHOAC.HHSA@sdcounty.ca.gov](mailto:MHOAC.HHSA@sdcounty.ca.gov)

#### **5. When should my facility contact the Medical and Health Operational Area Coordinator (MHOAC) Duty Officer? Here are some examples:**

- Evacuation planning
- Utility and power outages, both planned and unplanned
- When experiencing medical and health supply chain issues
- Planned strikes
- During emergencies when requested by the Medical Operations Center (MOC)
- Notification that the facility is activating the command center
- Patient Tracking
- To support reunification efforts
- For help. Please note that 9-1-1 should always be called first for medical emergencies.

# San Diego Healthcare Disaster Coalition

## **Mission**

The mission of the San Diego Healthcare Disaster Coalition (SDHDC) is to build a regional organization to promote engagement, coordination, communication and situational awareness between community partners and private and public sectors prior to, during, and after an incident/disaster, taking into consideration the unique characteristics of San Diego County.

The SDHDC provides a forum for a multidisciplinary group of entities to work together to ensure readiness through emergency preparedness and response planning, training, and exercises and to promote preparedness in the healthcare community through standardized practices and integration with response partners.

It also provides an opportunity to identify needed gaps and provide training to address those gaps, update members on new policies and procedures at the local, State or Federal levels, share best practices and plan for future issues which may arise.

## **When you become a member, you will be involved in:**

**Readiness** through emergency preparedness and response planning, training, and exercises.

**Preparedness** in the healthcare community through standardized practices and integration with response partners

**Identification** addressing needed gaps and have the opportunity to have training to address those gaps.

**Updates** for members on policies and procedures at the local, state, and Federal levels.

**Sharing** best practices and planning for future issues which may arise.

## **Contact Information:**

Please email [sdhdc.hhsa@sdcounty.ca.gov](mailto:sdhdc.hhsa@sdcounty.ca.gov) to join or to ask questions.  
You can also visit our website at [www.sdhdc.org](http://www.sdhdc.org) for more information.

# Healthcare Provider Status Team

## 1. Purpose and Scope

The Health Care Provider Status (HCPS) Team was developed to fill the gaps in the County of San Diego's emergency information outreach and engagement management system. Using the Microsoft suite of programs, the HCPS Team has been able to communicate care strategies, critical information, resource assistance, and coordinate with internal and external partners to meet the needs of roughly 1,300 long term care facilities during the global pandemic. HCPS has also been able to gather data from these facilities to better anticipate their needs and more efficiently communicate with the California Department of Public Health.

## 2. Facility Engagement

The HCPS Team assists in conducting outreach to various facilities that may be affected in an emergency response. During real events and drills, the primary objective is to gather critical information and assist the Medical Operations Center (MOC) in the collection of Essential Elements Forms to assess evolving facility statuses. Additionally, the HCPS Team plays a pivotal role in facilitating and supporting drills and response activities directed by the MHOAC duty officer.

## 3. When should my facility contact the HCPS Team?

- a. You need assistance with an on-site vaccine event for COVID-19 and/or influenza.
- b. You need PPE and have exhausted all available supply chain options.
- c. You have a question regarding vaccine or disease prevention guidance.

**Contact:** [MOC.HCPS.HHSA@sdcounty.ca.gov](mailto:MOC.HCPS.HHSA@sdcounty.ca.gov)

Only available during business hours,  
for urgent after-hours requests contact the MHOAC Duty Officer

# Skilled Nursing Facilities Regional Map

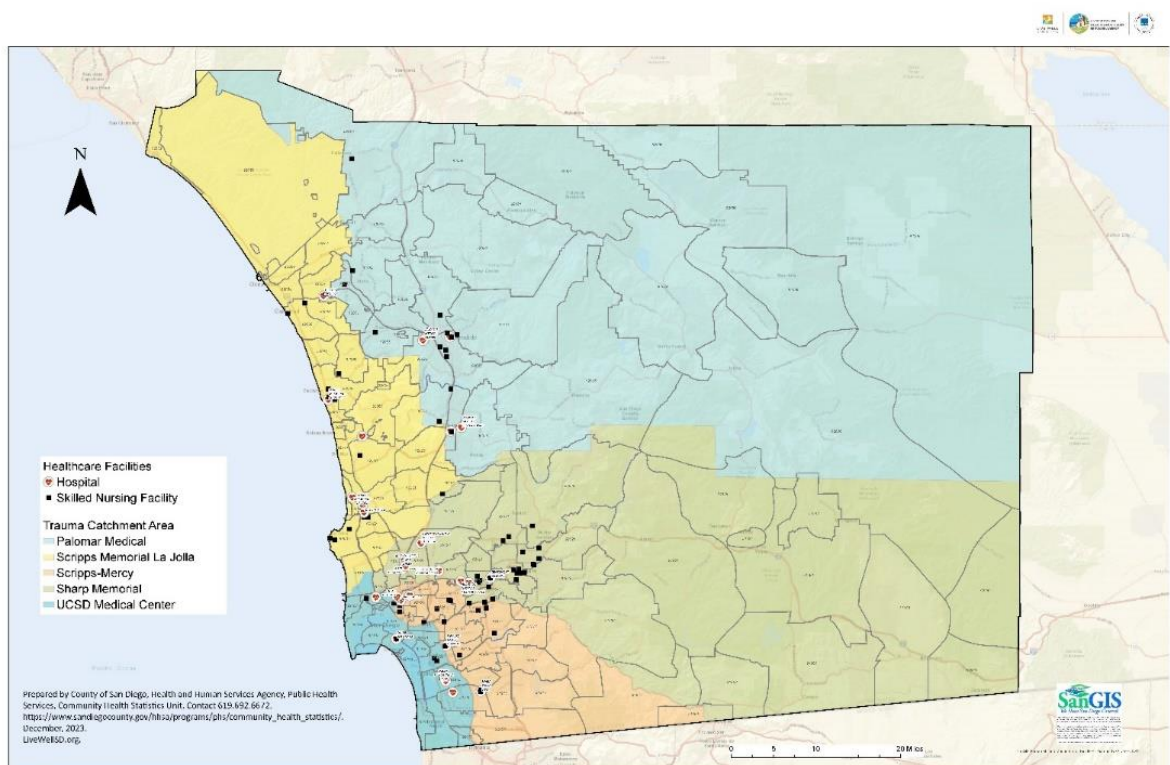
The Skilled Nursing Facilities (SNF) Regional Map is divided according to geographic areas with defined boundaries assigned to a designated trauma center - These Trauma Catchments are designated to determine where paramedics will transport a patient with significant traumatic injuries for specialized trauma care.

Factors that determine the trauma catchment area include, but is not limited to the following:

- Population
- Projected population trends
- Drive time
- Response time
- Other factors as defined in County EMS [Trauma Catchment Service Area](#)

In San Diego, County, there are six trauma centers in the EMS System:

- Palomar Medical Center
- Scripps Memorial Hospital La Jolla
- Scripps Mercy Hospital San Diego
- Sharp Memorial Hospital
- UCSD Medical Center Hillcrest
- Rady Children's Hospital (Pediatrics Only)



# Skilled Nursing Facilities Area Coordinators

Palomar Medical (Map color **LIGHT BLUE**)

Coordinator:

Office:

Cell:

Satellite:

E-mail:

Sharp Memorial (Map color **GREEN**)

Coordinator:

Office:

Cell:

Satellite:

E-mail:

Scripps Memorial La Jolla: (Map color **YELLOW**)

Coordinator:

Office:

Cell:

Satellite:

E-mail:

UCSD Medical Center (Map color **BLUE**)

Coordinator:

Office:

Cell:

Satellite:

E-mail:

Scripps-Mercy (Map color **ORANGE**)

Coordinator:

Office:

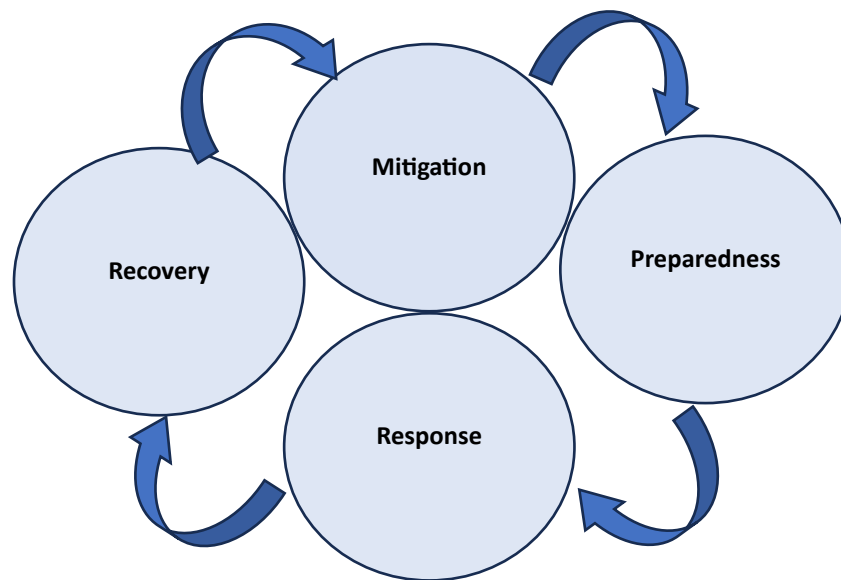
Cell:

Satellite:

E-mail:

# Building a Strong Foundation: Understanding Preparedness

## Emergency Preparedness Four Phases



### 1. **Mitigation** – Minimizing risks and lessening potential emergency impacts.

#### a. Examples:

- i. Implementing infection control measures and promoting vaccination to prevent the spread of communicable diseases among residents and staff.
- ii. Installing fire alarms and sprinkler systems to prevent extensive fire damage.
- iii. Conducting regular safety assessments and making necessary structural upgrades to ensure facility can withstand potential disasters. (earthquakes and/or power outages)
- iv. Using sandbags to reduce the impact of potential flooding in flood prone areas.



**2. Preparedness** – Planning and organizing for effective emergency response.

a. Examples:

- i. Conducting regular emergency drills and training for employees.
- ii. Review and improve emergency plans.
- iii. Update Call Down Lists and NHICS structure.
- iv. Create supply list: replenish and/or gather necessary resources (food, water, gas, generator).

**3. Response** - Immediate actions to protect lives and property during an emergency.

a. Example:

- i. Evacuating and/or coordinating with local authorities for relocation during a severe weather event or facility-specific crisis.

**4. Recovery** - Restoring and rebuilding post-emergency to achieve normalcy.

a. Example:

- i. Rehabilitating and restoring the facility post-emergency, providing necessary medical care, psychological support, and ensuring the safety and comfort for all residents and staff.

# Hazard and Vulnerability Assessment

The Hazard Vulnerability Assessment (HVA) is a systematic evaluation aimed at identifying, assessing, and prioritizing potential hazards and vulnerabilities that could impact a facility and their residents. There are two primary HVA tools: one that lists hazards such as earthquake, power shut off, HVAC failure, etc., while the other more popular option categorizes hazards into groups, such as natural disasters, man-made hazards, technology hazards, etc. The primary goal of this assessment is to bolster preparedness by identifying and focusing on hazards and risks that require additional attention for effective preparedness, response, mitigation, and recovery throughout the year.

***\*\*This assessment is an annual requirement for all hospitals, skilled nursing facilities, and CMS entities to complete.***

We recommend designating one or two people to coordinate and lead the assessment. Furthermore, it is advisable to include or consult with the following representatives for additional feedback:

- Management/Administration
- Senior Leadership
- Facilities/Engineering/Infrastructure
- Supply Chain
- Frontline Staff
- Legal
- Financial
- IT/Technology
- Other experts (internal or external)


Another valuable resource to familiarize yourself with is the [Multi-Jurisdictional Hazard Mitigation Plan](#) for your region of the unincorporated area or City. This document is prepared by the Office of Emergency Services (OES) and can be viewed at: [Multi-Jurisdictional Hazard Mitigation Plan](#)

# Kaiser Permanente - Hazard and Vulnerability Assessment Tool Example

The Kaiser HVA tool has gained significant traction among most healthcare facilities in San Diego County, including hospitals, clinics, and skilled nursing facilities. The San Diego Healthcare Disaster Coalition (SDHDC) Hazard and Vulnerability Assessment (HVA) workgroup has unanimously agreed to adopt this tool exclusively and to enhance training and utilization efforts to improve accuracy of data extraction from facilities.

HAZARD AND VULNERABILITY ASSESSMENT TOOL

HUMAN RELATED EVENTS



Kaiser Permanente

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

\*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

[Kaiser HVA Tool](#)

# Nursing Home Incident Command System

The Incident Command System is part of the emergency management system used at many levels (federal, state, and local). It is the basis for the National Incident Management System and California's State Emergency Management System. Every significant incident or event, whether large or small, and whether it is even defined as an emergency, requires certain management functions to be performed.

The Nursing Home Incident Command System (NHICS) incident management team chart demonstrates how authority and responsibilities are structured when activating the emergency plan. In a standard incident command structure, there are five main sections:

**Command (Management)**

**Operations**

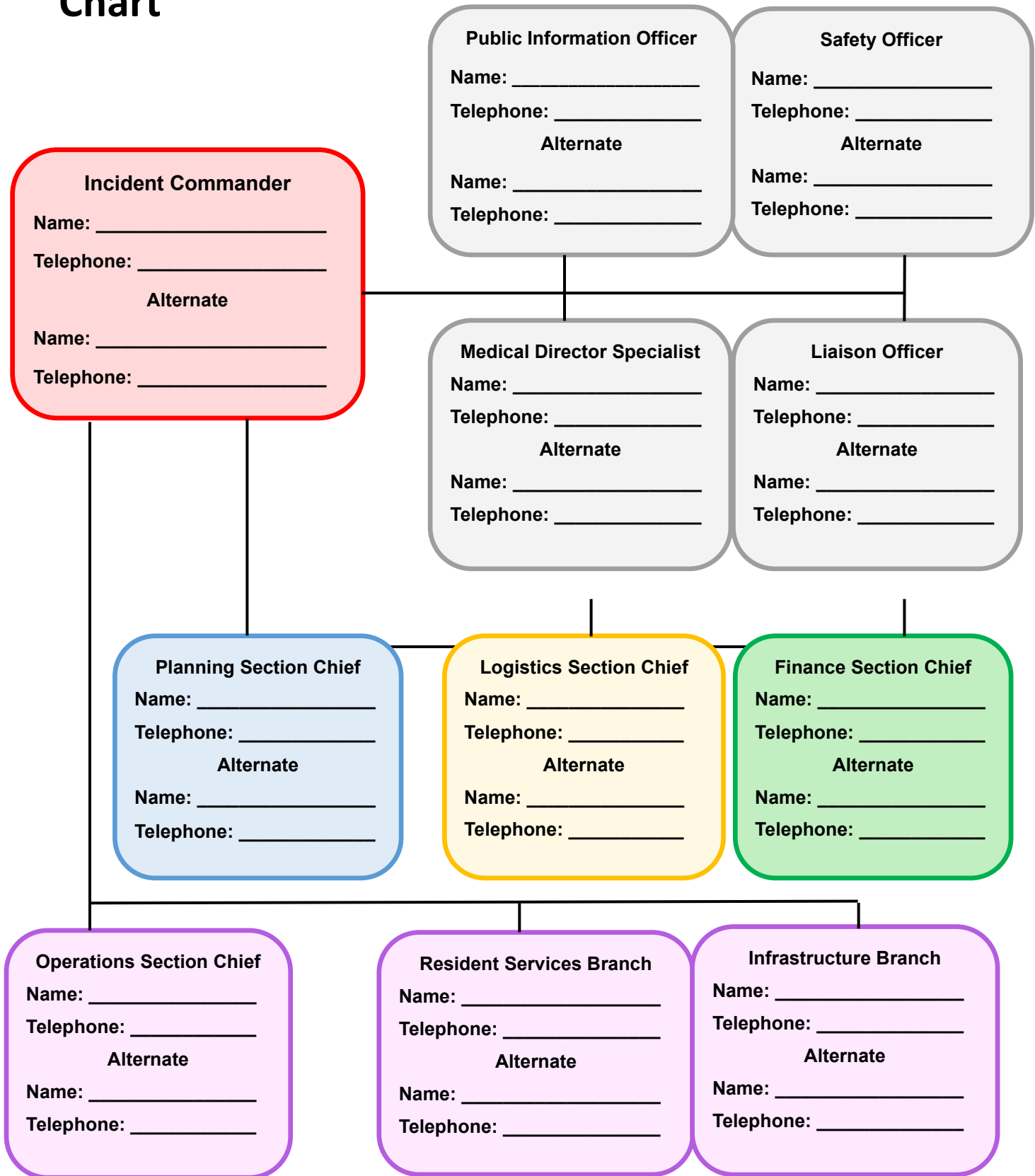
**Planning**

**Logistics**

**Finance**

It is advised for facilities to designate primary and alternate personnel for each role outlined in the worksheet and ensure ALL staff are trained to recognize that when the emergency operation plan is activated, NHICS should also be activated. Additional information and training materials for NHICS are available at: [www.cahfdisasterprep.com](http://www.cahfdisasterprep.com).

# NHICS Incident Management Team (IMT) Chart



# INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



1. INCIDENT NAME		2. OPERATIONAL PERIOD	
		DATE: FROM: TO:	
		TIME: FROM: TO:	
3. SITUATION SUMMARY			-- NHICS 201 --
4. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDES AS APPROPRIATE: FORECAST, DAYLIGHT)			
1.			
2.			
3.			
4.			

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A  
 ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF  
 COPIES TO: ALL IMT STAFF

NHICS 200  
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[INCIDENT ACTION PLAN \(IAP\) QUICK START](#)

# INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



6. INCIDENT OBJECTIVES -- NHICS 202, 204--			
6a. OBJECTIVES	6b. STRATEGIES/ TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. HEALTH AND SAFETY BRIEFING IDENTIFY POTENTIAL INCIDENT HEALTH AND SAFETY HAZARDS AND DEVELOP NECESSARY MEASURES (REMOVE HAZARD, PROVIDE PERSONAL PROTECTIVE EQUIPMENT, WARN PEOPLE OF THE HAZARD) -- NHICS 202, 215A-- TO PROTECT RESPONDERS FROM THOSE HAZARDS	
1.	
2.	
3.	
4.	

8. ATTACHMENTS (MARK IF EXTRA DOCUMENTATION IS ATTACHED)	
<input type="checkbox"/> NHICS 251: FACILITY SYSTEM STATUS REPORT <input type="checkbox"/> NHICS 254: EMERGENCY ADMIT TRACKING <input type="checkbox"/> NHICS 255: MASTER RESIDENT EVACUATION TRACKING <input type="checkbox"/> NHICS 215A: INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS <input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> OTHER: _____ _____

9. PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A  
 ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF  
 COPIES TO: ALL IMT STAFF

**CLEAR FORM**

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[INCIDENT ACTION PLAN \(IAP\) QUICK START](#)

# INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



## INSTRUCTIONS

**PURPOSE:** Provides a faster approach to developing the IAP by combining NHICS Forms 201, 202, 203, 204 and 215A. You may use the IAP Quick Start during the early stage of an incident or if it is expected to be a short duration incident or it meets the needs of the incident at any time. If the full complement of NHICS Forms are needed, transition to their individual use.

**ORIGINATION:** Incident Commander or Planning Section Chief

**COPIES TO:** All IMT staff

**NOTES:** If additional pages are needed for any form page, use a blank NHICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

\* Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF, Visio and Microsoft Word.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Enter brief situation summary.
4	Weather/Environmental Implications for period	Enter forecast information.
5	Current Organization	Enter the names of the individuals assigned to each position on the Incident Management Team chart. Modify the chart as necessary.
6	Incident Objectives	
	6.a Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6.b Strategies/Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6.c Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	6.d Assigned to	For each strategy/tactic, document the Section or Branch assigned to that objective.
7	Health and Safety Briefing	Summary of health and safety issues and instructions.
8	Attachments	Attach additional NHICS forms and supporting documents as needed.
9	Prepared By	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A  
 ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF  
 COPIES TO: ALL IMT STAFF

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# Tabletop, Exercises, and After-Action Reports

**Tabletop (TTX):** A discussion-based, simulated scenario conducted either in person or virtually in a conference room setting. Participants discuss and evaluate responses to a hypothetical scenario. The TTX is designed to test and improve decision making, communication, collaboration, and coordination with emergency planners and key stakeholders.

**Full Scale Exercise (FSE):** A full scale exercise is a complex event that simulates a real event often involving multiple agencies, first responders, and resources. This exercise will test the entire emergency response system including field actions, coordination, communication, resources, and public interactions.

**After-Action Report (AAR):** The process of evaluating and documenting the performance and outcomes of tabletops and exercises.

All three elements are essential for effective emergency preparedness and response, allowing organizations to identify strengths and mitigate gaps that need be improved in their response capabilities.

These activities play a crucial role in enhancing our emergency preparedness and response capabilities while aligning with CMS requirements. Additionally, we emphasize the importance of documenting and ensuring readiness in real events and facility audits.

Available training opportunities supported by:

County of San Diego, Public Health Preparedness and Response (PHPR)

*(This list does not encompass every exercise or drill that is held in County of San Diego)*

**Summer:** August / Redundant Communications Drill

**Fall:** TBD Tabletop Exercises

**Winter:** February / Redundant Communications Drill

**Spring:** MRSE (Medical Response Surge Exercise)

# Staff Exercise Tracker Tabs, Page 1

For individual facilities to insert Exercise/TTX Tracking Sheet

# Staff Training Tracker Tabs, Page 2

For individual facilities to insert Training Tracking Sheet

# Basic Emergency Guidelines

## Basic Emergency Guidelines

- Assess the situation
- Address life-threatening issues
- Contact 9-1-1 (if needed)
- Establish NHICS
- Provide updated status to SNF Area Coordinator / MHOAC
- Follow facilities emergency operations plan
- Decide...

Shelter-in Place  
or  
Evacuate



## After an Emergency (Recovery)

- Transition from Response to Recovery phase
- Reference facilities COOP plan
- Identify and address resource needs
- Communicate status updates to SNF Area Coordinator / San Diego MOC
- Maintain documentation
- Ensure health and safety of all residents and staff
- Complete an After-Action Report (AAR) to capture gaps and successes
- Complete Plan Maintenance
- Continue Staff and Resident training and exercises

# Surge Event Planning

## **Identify Available Space:**

Notify your Area Coordinator of the number of patients your facility can accept.

Include total available beds, and consider special needs beds such as: Isolation, locked, secure, sub-acute, Alzheimer's, etc.

## **As residents arrive, always keep their charts and important patient information with them.**

### **Such as:**

- Care plans, belongings list (medications, dentures, glasses, valuables, etc.)
- Physician orders
- Medical administrations records (MARs)
- Contact information for family or responsible party
- Life-sustaining treatment status (or "DNR" status)

### **Additional Staffing:**

When staff arrives from other facilities:

- Have a plan to verify qualifications.
- Keep track of all volunteers and temporary staff.
- Quickly orient, train, and assign temporary staff. (Assign incoming staff and their patients together if possible.)

### **CONSIDERATIONS FOR ADVANCE PLANNING: (Supplies and Resources)**

- A facility must be able to function independently for a minimum of three days. (72 hours)
- Stockpile supplies: cots, extra linens, hygienic supplies, food, water, and medications.
- Properly store and maintain (rotate) all supplies.
- Supply of water: 1 gallon of water/ per person/per day.
- Supply of food: 1600 Kcal/per person/per day, with consideration of special diets.
- Discuss Business Continuity Planning with your pharmacy vendors to ensure you are prepared to receive, organize, store, and access medications during a disaster.
- Establish contracts with several back-up pharmacies.
- Establishing a temporary morgue may be necessary.
- Establishing infection control and isolation areas may be necessary.

### **ADDITIONAL PLANNING CONSIDERATIONS:**

- Medical waste management
- Security (external and internal)
- Traffic and/or parking
- Annual facility plans review and update.
- Staffing demands considerations.
- Extended hours for existing staff.
- Calling on external sources for temporary staff.
- Communication with Area Coordinator to assist with coordinating staffing needs.
- Developing matrices to identify staff who possess specific skills or those that could quickly acquire them.

- Accounting for both clinical and non-clinical staffing needs.




















**ACTIVATION: Contact SNF Area Coordinator/HCPS/ MHOAC Duty Officer**

- Identify safe and unsafe areas of buildings.
- Move patients, visitors, personnel, supplies and equipment from unsafe to safe areas of buildings. Remain in place if buildings are intact.
- Initiate communication by use of radios, cell phones, or couriers as needed throughout facility if electricity or phones are affected.
- Use generators for critical operations, if available.
- Maintain daily operations – with consideration of transfers if facility becomes unsafe, requiring evacuation.

**PLANNING CONSIDERATIONS:**

- Develop and review facility assessment procedure: Ability to withstand the disaster (wind/flooding/smoke/etc.). If not safe, evacuate.
- Identify individuals who have the authority to decide between sheltering-in-place and evacuation.
- Ensure that there is always at least one individual with authority in the facility.
- Identify the safest areas of the building.
- Establish back-up modes of intra-facility communication in the case of telephone failure (i.e., walkie-talkies, ham radios, text messaging system).
- Establish procedures for collaborating with SNF Area Coordinators, Fire, Law Enforcement, and County Emergency Medical Services.
- Stockpile enough resources to shelter-in-place for 7-10 days.
- Ensure emergency power such as back-up generators and maintain a supply of fuel.
- Maintain regular checks and maintenance of equipment.
- Supply of potable water: 1 gallon/person /day.
- Supply of food for residents and staff: 1600 Kcal/person per day with consideration of special diets.
- Maintain a list of amounts and types of food in supply.
- Maintain storage of common medications.
- Maintain extra medical supplies and equipment (oxygen, linens, vital equipment).
- Identify, assess, and train staff responsible for each task.
- Develop contracts with multiple vendors for supplies and transportation if needed.

# Incident Response Guides

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## **Quick Response:**

- Choose a room you can completely close from outside air.
- Create a clean room.
  - Set up portable air cleaner or purifier in rooms or common spaces.
- Notify SNF Area Coordinator on status of facilities.

## **Expectations:**

Facilities prioritize the health and safety of residents and staff. This involves closely monitoring air quality, issuing timely warnings to staff and residents, and if necessary, organizing a safe evacuation if air quality doesn't improve.

## **Chronic Diseases:**

Poor air quality caused by smoke and other exposures can trigger severe breathing problems in people with respiratory, lung, and/or cardiovascular diseases.

## **Do:**

- ✓ Wear an N95 respirator or appropriate respiratory mask if able and available.
- ✓ Assess residents for complications due to poor air quality.
  - Contact residents' healthcare providers if they are experiencing difficulty breathing, coughing that won't stop, or other symptoms that don't go away.
  - Call 9-1-1 for any medical emergencies like severe trouble breathing, chest pain, or suspected heart attack or stroke.
- ✓ Carefully observe and monitor residents with COPD, heart disease, and various cardiovascular and lung ailments.
- ✓ Limit resident time outside of facility when environmental air quality is poor.

## **Don't:**

- ✗ Use a vacuum.
- ✗ Spray aerosol products into the air.
- ✗ Fry or broil food until air quality has improved.





# Boil Water Order

## **Quick Response:**

- Use bottled or boiled water for drinking and food preparation.
- For unbottled water, bring water to a full rolling boil for 1 minute, cool before use.
- Boil tap water even if it is filtered.
- Notify SNF Area Coordinator if unable to find/source clean water.
- Report to SNF Area Coordinator and/or Public Health if symptoms are observed.

## **Expectations:**

All providers have the flexibility to determine what an adequate amount of potable and non-potable water is for their facilities' needs. Facilities should be self-sufficient for at least 72 hours with an emergency water supply that is safe, adequate, and accessible.

## **Do:**

- ✓ Handwashing (at minimum 20 seconds, follow guidance from local public health officials)
- ✓ Brush teeth (with boiled or bottled water only)
- ✓ Use disposable products to avoid washing dishes and trays
- ✓ Laundry
- ✓ Find other sources of potable water
- ✓ Monitor health status of clients and staff; refer to medical care as appropriate if new symptoms are observed (nausea, vomiting, diarrhea, or other symptoms related to the boil water advisory)

## **Don't:**

- ✗ Consume non-treated water.
- ✗ Wound care with tap water (use boiled, disinfected, or sterile water).
- ✗ Use containers that previously held liquid or solid toxic chemicals.
- ✗ Use ice that was made with non-treated water.



# Bomb Threat - Call/Package

## Call Threat

### Quick Response:

- Remain calm, courteous, and listen carefully.
  - ASK:**
    - WHERE is the bomb located?
    - WHAT kind of bomb is it?
    - WHEN will it go off?
    - WHY?
    - NAME
- Keep the caller on the line as long as possible.
- Write a note to a colleague to call 9-1-1 (***use landline only***)
- Coordinate all actions with law enforcement officials.

### Expectations:

Support employees and decision-makers in facilitating an organized and controlled response to a bomb threat ensuring coordination with law enforcement and first responders.

### Do:

- ✓ Follow Quick Response Recommendations
- ✓ Follow Bomb Threat Checklist (*next page*)
- ✓ Refer to your local bomb threat emergency plan for evacuation procedures.

### Don't:

- ✗ Provoke or anger caller.
- ✗ Use two-way radios or cellular phones.

## Package Threat

### Quick Response:

- Identify any suspicious packages.
- DO NOT approach, disturb, or touch.
- Call 9-1-1 and contact facility emergency manager.
- Follow emergency plan for evacuation procedures.

### Do:

- ✓ Follow Quick Response Recommendations.

### Don't:

- ✗ Touch or move a suspicious package.



# Bomb Threat Form

## Bomb Threats

Use form to collect all available information.

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Number call was received.

Throat

Voice

Breathing

Exact Wording of the Threat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Caller's Voice:

☐ Accent ☐ Distant ☐ Angry ☐ Clearing

☐ Calm ☐ Excited ☐ Familiar ☐ Cracking

☐ Normal ☐ Raspy ☐ Ragged ☐ Deep

☐ Crying ☐ Laughter ☐ Lisp ☐ Intoxicated

☐ Deep ☐ Loud ☐ Rapid ☐ Disguised

☐ Soft ☐ Stutter ☐ Slurred ☐ Whispered

☐ Muffled ☐ Slow ☐ Nasal

### Questions to Ask:

1. When is the bomb going to explode?

2. Where is it right now?

3. What does it look like?

4. What kind of bomb is it?

Voices

5. What will cause it to explode?

6. Did you place the bomb?

7. Why?

8. Where are you located?

9. What is your name?

If voice is familiar, who did it sound like?

### Background Noises:

☐ Static ☐ PA System ☐ Music

☐ Echoes ☐ Long Distance ☐

☐ Clear ☐ Street Noises ☐ Motor

☐ Local ☐ Office Machinery ☐ Other

☐ House Noises ☐ Animal Noises

### Threat Language:

☐ Taped ☐ Message read by threat-maker

☐ Foul/ Offensive ☐ Well Spoken/ Educated

☐ Irrational ☐ Incoherent

**REPORT IMMEDIATELY TO 9-1-1 (using a landline)**

**Call-taker: Please fill out YOUR information in the space provided below.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_



# Cold Weather

## **Quick Response:**

- Activate NHICS
- Call Facilities or HVAC company to evaluate the situation and provide an estimated timeframe for resolving the issue.
- Prepare “Go Bags” in case of evacuation.
- Notify SNF Area Coordinator and/or MHOAC duty officer upon reaching a decision regarding evacuation of the facility.

## **Expectations:**

Ensure residents are safeguarded from harm/hypothermia and promptly restore regular operations. If the facility experiences prolonged low temperatures (<65°F) for an extended period, take necessary precautions until heating has been restored.

## **Do:**

- ✓ Assess residents for signs of distress, discomfort, and/or hypothermia (symptoms include shivering, confusion, slurred speech, weak pulse, etc.).
- ✓ Take residents’ temperatures regularly, document results.
- ✓ Prevent heat loss by using heating pads and electric blankets. (check frequently to prevent burns)
- ✓ Insulate the core body with beanies, blankets, and warm, dry clothing.
- ✓ Offer residents warm liquids (keep in mind any dietary modifications and/or restrictions)
- ✓ Cluster residents into the warmest common areas of the facility if safe and appropriate.
- ✓ Plan and have agreements in place to bring additional heating units.
- ✓ Make sure all residents are staying hydrated.

## **Don’t:**

- ✗ Leave residents unattended near a heat source.
- ✗ Allow residents to adjust heat settings on pads and blankets.
- ✗ Prolong evacuation if unable to restore heat.
- ✗ Ignore Hypothermia Signs (do call 9-1-1 if residents show symptoms):
  - Confusion
  - Drowsiness
  - Exhaustion
  - Fumbling Hands
  - Memory Loss
  - Shivering
- ✗ Use external heaters (e.g., propane heat lamps, etc.) in indoor settings.



## **Quick Response:**

- Notify relevant authorities: Law Enforcement, Administration, IT, and Security Teams.
- Determine scope and severity of disruption.
- Consider critical systems shutdown to reduce data breach risk.
- Refer to facilities COOP plan.
- Notify SNF area coordinator on facilities status.

## **Expectation:**

Prioritize the protection of care delivery and resident's patient records by implementing staff training, executing security measures to ensure data privacy and prevention of cyber threats, all while complying with healthcare regulations.

## **Do:**

- ✓ Have a response plan mitigating the impact of a cyberattack.
- ✓ Request additional expertise.
- ✓ Provide just in time training for staff on downtime charting, documentation, resident census, and tracking, etc.
- ✓ Educate your employees about cybersecurity best practices, such as creating strong passwords, enabling multi-factor authentication, and being wary of phishing emails.
- ✓ Keep your systems and software up to date with the latest security patches.
- ✓ Regularly back up your data so that you can recover it in the event of a cyberattack.
- ✓ Implement a manual process for ordering and distribution of medical equipment and supplies.
- ✓ Provide a reliable internal and external communication strategy for staff and resident families.

## **Don't:**

- ✗ Share an excessive amount of information with the public.
- ✗ Fall for phishing attacks; offer and require regular staff training for recognition and prevention.
- ✗ Use commonly used or overly simple passwords.



## Quick Response:

- DROP/ LOCK, COVER and HOLD ON!
- Instruct residents to lock wheelchairs and cover heads with arms, pillows, and/or blankets.
- Activate NHICS.
- Assign staff to assess residents.
- Refer to radio (KOGO AM 600), satellite phone, and Alert San Diego for instructions, news, and updates.
- Contact SNF Area Coordinator and/or MHOAC Duty Officer on status.
- Evacuate residents to a safe location, if needed.

## Expectation:

Facilities need to swiftly ensure the safety and well-being of all residents and staff, minimize injuries, and effectively manage facility operations for a minimum of 72 hours following a major earthquake.

## Do:

- ✓ Prepare residents and practice earthquake drills.
- ✓ Prepare and plan for aftershocks.
- ✓ Seek cover, if able. If unable to walk, sit in a chair to avoid falling.
- ✓ Hold on to your head and neck with both hands until shaking stops.
- ✓ If trapped, cover mouth, tap on wall or nearest pipe.
- ✓ Account for all residents; activate search and rescue if needed.
- ✓ Assess for injuries and needs for residents and staff.
- ✓ Assign staff to assess damage to facility.
- ✓ Know where the shut off valves (water/gas) and switches (electric) are.
- ✓ Shelter in place or evacuate residents if needed.
- ✓ Maintain an updated list of all client medications, allergies, and special equipment.
- ✓ Keep extra batteries for hearings aids and other applicable emergency supplies.



## Don't:

- ✗ Run outside, stand in a doorway, or use elevators.
- ✗ Shut off the gas (unless you suspect a leak exists).
- ✗ Attempt to turn on electricity until an inspection has been made.
- ✗ Use water as potable unless treated or cleared by local public health authorities.
- ✗ Use any sources of flame inside the facility.



## **Quick Response:**

- Remain calm.
- Activate NHICS.
- Notify appropriate Administration.
- Contact SNF Area Coordinator and/or MHOAC Duty Officer.
- Request transfer of patients (follow MOA).
- Prepare evacuation bags and records.

## **Expectation**

Evacuation decisions are likely to be made under dynamic and uncertain conditions. Information may be incomplete, ambiguous, or evolving. It's crucial to proactively prioritize protecting lives by following guidance whether it entails an evacuation warning or order. In most cases, facilities will need to determine on their own if an evacuation is warranted.

## **Do:**

- ✓ Be Aware of San Diego County MOA
  - Skilled Nursing and Long Term Care Facilities Emergency Mutual Aid MOA
- ✓ Know your evacuation zone.
- ✓ Pay attention to [emergency alerts](#) and notifications for information and instructions.
- ✓ Assess total beds and types of beds needed.
- ✓ Call-in available staff to support transfer of residents.
- ✓ Request transportation to a safe location.
- ✓ Prepare evacuation bags and documentation for residents.
  - Medications, medical records, insurance information, specialized equipment, and personal needs.
- ✓ Plan for specific needs for resident transfer. (power sources, portable oxygen, etc.)
- ✓ Notify families of evacuation and planned destination of the evacuees.
- ✓ Monitor residents' physical and mental health status; provide care and support.

## **Don't:**

- ✗ Ignore evacuation orders.
- ✗ Forget to follow up and communicate with residents – evacuations can be confusing and traumatic.
- ✗ Forget security needs of an evacuated facility.



# Evacuation Go-Kit

In the event of an emergency evacuation from a skilled nursing facility or long term care facility, it is essential to be well prepared to ensure the safety and well-being of residents and staff. Creating a “Go Bag” for each resident is a crucial part of preparedness. These bags should contain essential items that will support their health, comfort, and peace of mind during the evacuation process. Transfer times may vary and be lengthy depending on the event and should be considered at time of evacuation. This checklist will guide you in assembling a comprehensive go bag. Please note that the contents may vary based on individual requirements and may require customization. Regular updates to these Go-Bags are necessary to maintain their relevance and effectiveness.

## Go Bag Checklist:

- ☐ Large Bag (labeled with resident’s name)
- ☐ Laundry bag (labeled with resident’s name)
- ☐ Current Medical Records with Picture of Resident
- ☐ Current Emergency Contacts
- ☐ Medications (72-hours at minimum)
- ☐ Essential medical supplies and equipment
  - ☐ Blanket
  - ☐ Contacts/ Contact Solution
  - ☐ CPAP Machine
  - ☐ Dentures
  - ☐ Eyeglasses
  - ☐ Glucose monitoring
  - ☐ Hearing Aids
  - ☐ Incontinence Supplies
  - ☐ Oxygen Tank
  - ☐ Prosthetics
  - ☐ Non-perishable snacks
  - ☐ Wheelchair/Walker/Cane
  - ☐ Wound Dressings
- ☐ Supplies for Special Diets (72- hours)
- ☐ Change of Clothes (72 hours at minimum)
- ☐ Other: \_\_\_\_\_





## **Quick Response:**

- Keep Cool
- Stay Hydrated
- Stay Informed
- Be aware of County of San Diego health and Human Services Agency [Excessive Heat Response Plan](#)
- Contact SNF Area Coordinator with status of HVAC.
- Assess and monitor residents' comfort level.

## **Expectations:**

Facilities must have contingency plans in place to deal with the loss of air conditioning and to take measures to ensure patients and residents are free of adverse conditions that may cause heat-related health complications.




## **Do:**

- ✓ Assess residents for signs of distress/discomfort and for heat-related complications.
- ✓ Have residents dress in lightweight, loose-fitting clothing.
- ✓ Establish hydration stations and encourage residents to drink fluids to stay hydrated.
- ✓ Limit outdoor activities.
- ✓ Use cool compresses, fans, misting, and showers.
- ✓ Encourage frozen treats that fit with residents' dietary needs and preferences.
- ✓ Have backup power to preserve medications.

## **Don't:**

- ✗ Leave residents unattended.
- ✗ Prolong evacuation if HVAC is not restored in a timely manner.

## **Three Phases of San Diego County Activation:**

	Phase I. Seasonal Readiness
	Phase II. Heat Alert
	Phase III. Heat Emergency



## **Quick Response:**

- Activate NHICS
- Contact SNF Area Coordinator and/or MHOAC Duty Officer report facility status.
- Monitor weather on NOAA watch, Radio KOGO AM 600, and [Alert San Diego](#) for updates and evacuation orders.
- Call 9-1-1 (dependent on danger to residents)
- Evacuate residents to the closest safe area if needed or ordered to evacuate by authorities.

## **Expectations:**

Emphasize preventing and mitigating flood effects within the facility, ensuring the safe medical management of all residents and staff, and implementing evacuations, if deemed necessary.

## **Do:**

- ✓ Be aware of San Diego County Flood Plan and where your facility resides.
- ✓ Use sandbags to redirect water in areas that typically flood.
- ✓ Clear gutters and downspouts of any debris prior to rain.
- ✓ Ensure prompt communication and regular updates for both staff and residents.
- ✓ Unplug non-essential appliances, equipment, and computers.
- ✓ Store or tie down outdoor furniture.
- ✓ Check for gas, water, and sewage leaks.
- ✓ Consider following a boil water order if water lines have been disrupted.
- ✓ Wash hands with soap and clean/sterile water if in contact with floodwaters.
- ✓ Gather critical supplies to evacuate or take to higher ground.
- ✓ Have an evacuation plan with identified escape routes.
  - Move residents to a pre-designated rapid evacuation staging area.
  - Prepare Go Bags with medications, equipment, care items, and documentation.
- ✓ Follow designated evacuation routes.

## **Don't:**

- ✗ Let staff or residents ambulate or move through any flood water.
- ✗ Approach areas with downed power lines.
- ✗ Return to facility until it has been declared safe.



# Internal Fire

## **Quick Response:**

- Pull fire alarm
- Call 9-1-1
  - Provide: facility name, address, floor number, what is burning, call back number.
- Evacuate residents following facility evacuation plan.
- Notify SNF Area Coordinator and/or MHOAC Duty Officer.

## **Expectations:**

Facilities prioritize the safety and well-being of residents and staff by ensuring a safe evacuation, providing medical care/support, and communicating effectively with administration and first responders.

## **Do:**

- ✓ Close all patient and facility fire doors to contain smoke and fire.
- ✓ Use a fire extinguisher (if the fire is small and manageable).
- ✓ Account for all residents and staff.
- ✓ Assess residents for injury, respiratory issues, or other physical and mental health concerns; provide care and support as needed.
- ✓ Relocate any combustible materials on site to a safe location.
- ✓ Implement partial/full evacuation dependent on scale of fire.
- ✓ Investigate probable causes and document.

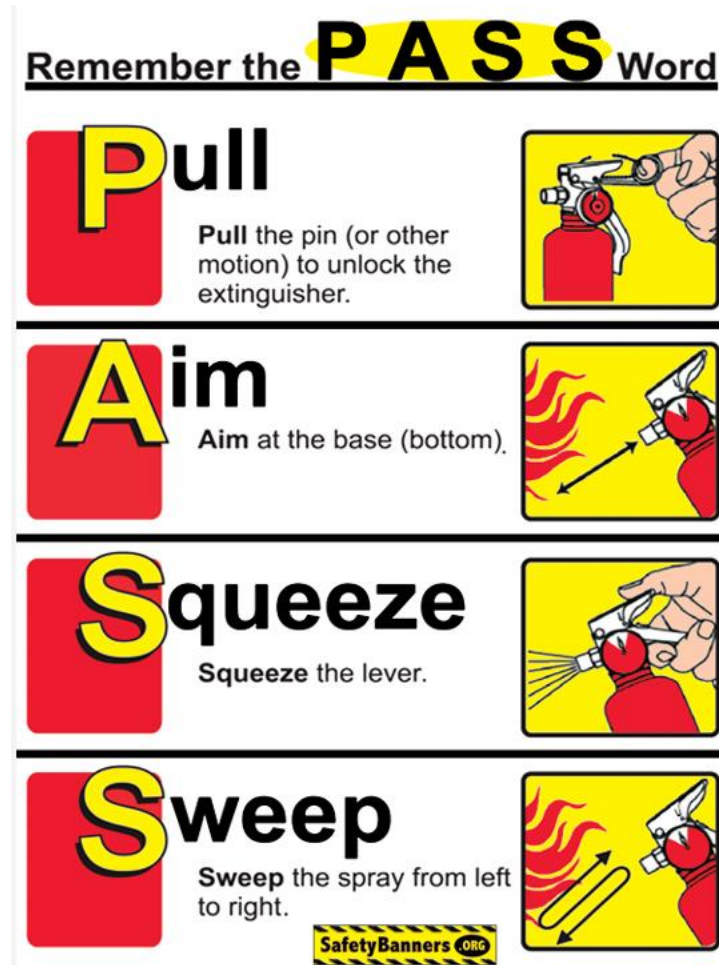
## **Don't:**

- ✗ Use elevators.
- ✗ Ignore orders by fire or law enforcement.
- ✗ Re-enter the facility until it has been declared safe.



## Fire Extinguisher

During an emergency, utilizing a fire extinguisher may be daunting, particularly for those unfamiliar with the procedure. The acronym “PASS” serves as a helpful memory aid to recall the four straightforward steps: Pull, Aim, Squeeze, and Sweep.



**IF IT GETS TOO BIG – GET OUT!**

### Fire Extinguishers should:

1. Be clearly visible with signs posted over them.
2. Be mounted no higher than 48 inches and no lower than 18 inches from the floor, to serve people in wheelchairs.
3. Be checked monthly.
4. Be properly charged if it has a pressure gauge.
5. Be within 75 feet of travel.



# Missing Resident

## **Quick Response:**

- Follow facility's policy on notifying administration and key personnel.
- Activate NHICS.
- Make copies of resident's picture.
- Assign all available staff to conduct a thorough and systematic search of both interior and exterior premises.
- Call 9-1-1, if unable to locate resident.
- Begin a neighborhood search.
- Communicate efficiently with staff, authorities, and family of missing resident.
- Once the resident is located, a comprehensive physical and mental health evaluation should be done to assess health status and identify/address any injuries that may have occurred.

## **Expectations:**

Ensure the safety of residents, staff, and visitors by initiating search procedures and coordinating with response teams to locate and recover a missing resident in a timely manner.

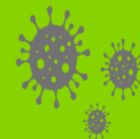
## **Do:**

- ✓ Develop plans to reduce risk of unscheduled/unplanned resident absences.
- ✓ Identify residents at risk for "wandering" (residents with Alzheimer's, dementia, etc.); contact primary care provider to develop prevention plans.
- ✓ Train staff on protocols for responding to a missing resident incident.
- ✓ Have a picture on file of resident.
- ✓ Document all aspects of incident.
- ✓ Complete After-Action Report (AAR) and Improvement Plan (IP) to decrease repeat of events.
- ✓ Create critical messages to promptly inform neighbors and media regarding the situation involving a missing resident and the actions taken.

## **Don't:**

- ✗ Instruct all staff to leave and look in case the resident returns.
- ✗ Forget to check with the other existing residents for distress.

# Pandemic Influenza / Infectious Disease



## **Quick Response:**

- Monitor signs and symptoms and isolate residents with suspected infections.
- Contact County Epidemiology Unit (619-692-8499 and/or email: [PHS.OutbreakReporting.HHSA@sdcounty.ca.gov](mailto:PHS.OutbreakReporting.HHSA@sdcounty.ca.gov) Provide: facility name, contact information, disease reporting (Flu, COVID, other communicable disease), and brief information on number ill.
- Request a free infection control consultation from the Healthcare-Associated Infections Program ([phs.hai.hhsa@sdcounty.ca.gov](mailto:phs.hai.hhsa@sdcounty.ca.gov))
- Continue monitoring staff, residents, and visitors for signs and symptoms.
- Update status to SNF Area Coordinator if outbreak occurs.
- Coordinate vaccine clinics for staff and residents. (HCPS team can assist)

## **Expectations:**

Facilities will implement essential measures to prevent the spread of influenza and infectious diseases to ensure safe daily operations. This includes promptly displaying educational posters, ensuring early detection/reporting, utilizing isolation protocols, and organizing vaccine clinics for residents and staff.

## **Do:**

- ✓ Practice and promote proper handwashing and hand hygiene.
- ✓ Check guidance and wear appropriate PPE around residents.
- ✓ Educate and support residents to wear masks (N95s if able and available, or surgical/dust masks) in common and small confined spaces.
- ✓ Clean and disinfect surfaces and objects.
- ✓ Post signs around facility on cough etiquette and handwashing guidance.
- ✓ Cover coughs and sneezes to reduce the spread.
- ✓ Promote at least 6 feet separation in common areas.
- ✓ Conduct daily active surveillance for at least 1 week after the last laboratory confirmed influenza result.
- ✓ Coordinate antiviral treatments, if available and appropriate to all confirmed or suspected cases.

## **Don't:**

- ✗ Touch your eyes, nose, and mouth.
- ✗ Get in close contact with anyone showing symptoms or sick without appropriate PPE.
- ✗ Share items or objects.



# Public Safety Power Shutoff (PSPS)

## **Quick Response:**

- Be alerted by SDGE or local power company.
- Activate NHICS.
- Update SNF Area Coordinator and/or MHOAC Duty Officer on status of facility.
- Secure facility.
- Monitor NOAA weather, radio (KOGO AM 600), SDGE App for updates, and [Alert SanDiego](#).

## **Expectations:**

Prioritize the safety and well-being of residents and staff by ensuring facilities possess a well-defined plan for backup power, effective communication, and the ability to be self-sufficient throughout the duration of the power shutdown or excessive wind notification. Regularly monitor the situation and promptly seek assistance, if needed.

## **Do:**

- ✓ Sign up for [SDGE App alerts](#).
- ✓ Make sure facility is listed as a “Critical Facility” with SDGE or local power company.
- ✓ Prepare emergency kits and go bags; include resident medications, medical equipment, related supplies, and documentation.
- ✓ Prepare and plan for medical needs to take place during the shutoff.
- ✓ Prepare hard copies of medical records and care plans for residents.
- ✓ Make sure backup generator is working and has fuel.
- ✓ Limit outdoor activities.
- ✓ Secure facility and remove any potential debris.

## **Don't:**

- ✗ Ignore alerts.
- ✗ Rely on your current generator. Have a backup plan in place in case it fails.
- ✗ Bring the generator indoors – they can produce harmful exhaust fumes.
- ✗ Forget to ensure proper handling of flammable materials (i.e., candles.)



# Shelter in Place

## **Quick Response:**

- Get Inside, Stay Inside.
- Activate NHICS.
- Identify safe and unsafe areas.
- Update SNF Area Coordinator and/or MHOAC Duty Officer on facility status.
- Move all residents, staff, supplies, and equipment to a safe location.
- Secure space; close, lock, and seal windows and doors.

## **Expectations:**

Prioritize the safety, security, and comfort for all residents and staff by providing clear and timely communication and effective implementation of safety recommendations.

## **Do:**

- ✓ Bring medications, medical equipment, and important personal items with residents if moving to a new location within the facility.
- ✓ Comfort and assess residents for any signs of distress.
- ✓ Utilize generators for critical operations.
- ✓ Have a resource cache to sustain daily operations for 7-10 days.
- ✓ Turn off fans, air conditioning, and forced heating systems; monitor residents.
- ✓ Have emergency fuel for generator.
- ✓ Stock supply of potable water - 1 gallon per person/per day.
- ✓ Maintain access to resident's medical records; print paper copies if needed.
- ✓ Establish MOU with vendors (food, water, supplies).

## **Don't:**

- ✗ Ignore recommendations to stay in one place.
- ✗ Overcrowd – choose multiple rooms to secure if facility is full of residents.
- ✗ Leave until surrounding area has been declared safe and under control by authorities.



# Tsunamis



## **First Response:**

- DROP/ LOCK, COVER and HOLD ON! (If triggered by earthquake.)
- Instruct residents to lock wheelchairs and cover heads with arms, pillows, and/or blankets.
- Activate NHICS.
- Assign staff to assess residents for injuries.
- Refer to radio, satellite phone, KOGO AM 600 for instructions and news reports for official warning of a tsunami.
- Be proactive, if within tsunami area.
- Contact SNF Area Coordinator on status.
- Evacuate residents to a safe location.
- Go to high ground or inland and stay there!

## **Expectations:**

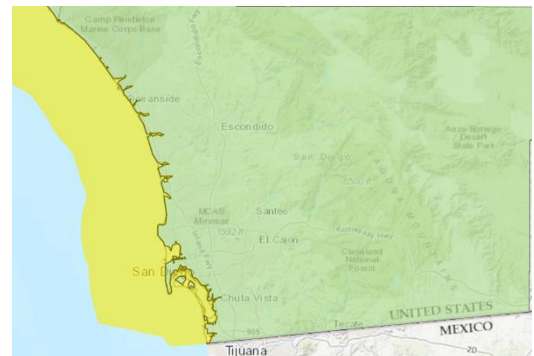
Have a robust tsunami preparedness plan, including clear evacuation procedures, frequent staff training, and effective communication with local authorities to ensure resident and staff safety.

## **Do:**

- ✓ Visit [TsunamiZone.com](https://www.tsunami-zone.com) and know what zone your facility is in.
- ✓ Know your evacuation route and backup routes in case of road closures.
- ✓ Be aware of unusual ocean behavior (fast rising or very low tide).
- ✓ Prepare emergency kits and go bags; include resident medications, medical equipment, related supplies, and documentation.
- ✓ Follow boil water order if water lines have been compromised.
- ✓ Assess residents for mental health issues and provide support and coping resources.
- ✓ Prepare for post-event needs.

## **Don't:**

- ✗ Go towards the coast or beaches.
- ✗ Seek shelter in any building with damage or surrounded by water.
- ✗ Walk or wade in floodwater.



# Utility Outage



## **First Response:**

- Check if loss of utility is caused by an on-site incident (rupture, leak, fire, collision)
- Notify appropriate utility company/companies.
- Activate NHICS.
- Account for staff and residents.
- Activate backup power supply.
- Determine how long supplies will last should outage be prolonged.
- Contact SNF area coordinator on status.
- Notify MHOAC Duty Officer on status.

## **Expectations:**

Assess the scope of the outage, effectively oversee residents, and staff, and determine the need for a safe evacuation. Maintain clear communication regarding the situation with residents, staff, and SNF area coordinator to minimize disruptions to facility daily operations.

## **Do:**

- ✓ Monitor residents and medical equipment.
- ✓ Assess residents for distress, confusion, and injury; provide care and support.
- ✓ Ensure food and water supplies are protected and maintain a safe/clean environment.
- ✓ Have clear communication with response teams.
- ✓ Have access to emergency fuel for generator (power outage) either onsite or at a nearby location.
- ✓ Assess situation and determine if facility will shelter in place or evacuate.
- ✓ Prepare emergency kits and go bags; include resident medications, medical equipment, related supplies, and documentation.

## **Don't:**

- ✗ Panic; remain calm and composed.
- ✗ Forget to have a backup plan if equipment fails.
- ✗ Underestimate resources and needs for daily operations.



# Water Loss

## **Quick Response:**

- Conserve potable water and monitor usage.
- Request enough water inventory to cover all needs.
- Implement emergency procedures for water loss.
- Contact SNF Area Coordinator, MHOAC Duty Officer, and the water company that services your area.

## **Expectations:**

Provide and conserve sufficient water supply to maintain daily operations and patient care services.

## **Do:**

- ✓ Use alcohol-based hand sanitizers for hand hygiene.
- ✓ Have a water conservation plan for preparation of food and hygiene for patients.
- ✓ Identify access to clean, portable water either on site or nearby.
- ✓ Use bottled water or boiled water for drinking and/or food preparation.
- ✓ Post signs of the water system's health advisory around facility.
- ✓ Label faucets as "NON-POTABLE/DO NOT DRINK".
- ✓ Communicate clearly with staff and patients.
- ✓ Postpone any therapy services that require hydrotherapy.
- ✓ Have agreements in place to supply additional water.
- ✓ Use disposable products to avoid washing dishes and trays.
- ✓ Use large containers and buckets for toilet flushing.
- ✓ Flush all taps and toilets for 5 minutes once water pressure has been restored.

## **Don't:**

- ✗ Overlook ice needs for daily operations.
- ✗ Underestimate facility water usage.
- ✗ Use any water that is cloudy, displaying unknown biofilm, and/or is untreated.
- ✗ Use any medical equipment that hasn't been sterilized appropriately.



## **Quick Response**

- Activate NHICS.
- Monitor radio (KOGO AM 600), satellite phone, [Alert San Diego](#) for instructions and news reports.
- Contact SNF Area Coordinator and/or MHOAC Duty Officer on facility status.
- Prepare evacuation bags and resident records.

## **Expectations:**

Facilities prioritize the safety and well-being of residents and staff by proper planning and ensuring a safe evacuation. If necessary, providing medical care/ support and communicating effectively with all those involved.

## **Do:**

- ✓ Account for all residents and staff.
- ✓ Maintain defensible space around your facilities.
- ✓ Have an evacuation plan with identified escape routes.
  - Move residents to a pre-designated rapid evacuation staging area.
  - Prepare Go Bags with medications, equipment, care items, and documentation.
- ✓ Assess residents for injury, respiratory issues, or other physical and mental health concerns; provide care and support as needed.
- ✓ Set HVAC to re-circulate indoor air.
- ✓ Use a high efficiency particulate air filter.
- ✓ Change out filters to charcoal filters.
- ✓ Record a message on the facility phone line containing a contact number and details about the facility's status. Update when necessary.
- ✓ Check the Air Quality Index for reports and indexes.

## **Don't:**

- ✗ Resume outdoor activities until air quality improves; ensure residents remain indoors.
- ✗ Forget to follow up with residents; evacuations can be confusing and traumatic.



# Workplace Violence

## **First Response:**

- Report any threats or violent acts to a supervisor or Administrator on duty.
- De-escalate the situation.
- Call 9-1-1 (immediately, if screaming, fighting, weapons, or any other threat is occurring).
- Activate NHICS.
- Move residents to the closest safe location.
- Lock and barricade door.
- Once cleared by law enforcement, account for all residents and staff.

## **Expectations:**

Facilities are prepared to de-escalate and/or mitigate any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

## **Do:**

- ✓ Assess residents and staff for signs of physical/psychological distress and provide aid.
- ✓ Provide regular training, education, and resources for staff and residents on workplace violence, abuse, neglect, and related topics.
- ✓ Continuously re-assess safety and security risks.
- ✓ Have a zero-tolerance policy on workplace violence, abuse, and harassment.
- ✓ “See Something, Say Something”, Report and document incidents.

## **Don't:**

- ✗ Ignore work-related issues.
- ✗ Minimize or reject agitators' demands.
- ✗ Challenge, threaten, or dare agitator.

# Acronyms

AAR	After Action Report
ARC	American Red Cross
ASPR	Administration for Strategic Preparedness and Response
CAHF	California Association of Health Facilities
CDPH	California Department of Public Health
CMS	Centers for Medicare and Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
DHS	Department of Health Services
DNR	Do Not Resuscitate
DO	Duty Officer
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
IP	Improvement Plan
IAP	Incident Action Plan
HCPS	Healthcare Provider Status Team
HVA	Hazard Vulnerability Assessment
HVAC	Heating, Ventilation, and Air Conditioning
LTC	Long Term Care
MAR	Medical Administration Records
MHOAC	Medical Health Operational Area Coordinator
MOA	Memorandum of Agreement
MOC	Medical Operations Center
MOU	Memorandum of Understanding
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
PASS	Pull, Aim, Squeeze, and Sweep
PPE	Personal Protective Equipment
PSPS	Public Safety Power Shutoff
SDGE	San Diego Gas and Electric
SDPH	San Diego Public Health Department
SD PHPR	San Diego County Public Health Preparedness and Response
SEMS	Standardized Emergency Management System
SNF	Senior Nursing Facility
Tracie	Technical Resources, Assistance Center, and Information Exchange
TTS	Temporary Treatment Site

# Resources

**AARP- A Go Bag can make all the difference in an emergency-** [Essentials to Pack in Emergency Preparedness Kit \(aarp.org\)](#)

**Air Now- Wildfire Guide Information** [Wildfire Guide Information | AirNow.gov](#)  
[www.airnow.gov/wildfire-guide-information/](#)

**ASPR Tracie- Douglas County Disaster Recovery Plan-** [Sample-Recovery-Plans-Douglas-Co-Colorado-Pre-Disaster-Recovery-Plan.pdf \(macog.org\)](#)

**ASPR Tracie- Evacuating and Receiving Patients in the Midst of a Wildfire**  
[evacuating-and-receiving-patients-in-the-midst-of-a-wildfire.pdf \(hhs.gov\)](#)

**ASPR Tracie- Healthcare Coalition Influenza Pandemic Checklist-**  
[aspr-tracie-hcc-pandemic-checklist-508.pdf \(hhs.gov\)](#)

**ASPR Tracie- Healthcare System Preparedness Considerations Speaker Series-**  
[hca-water-pressure-loss-uri-speaker-series-ppt.pdf \(hhs.gov\)](#)

**ASPR Tracie- Healthcare Workplace Violence Prevention-**  
[strategies-for-healthcare-workplace-violence-prevention-risk-assessment-and-de-escalation-webinar-ppt.pdf \(hhs.gov\)](#)

**ASPR Tracie- Implementing the infectious Disease Surge Annex TTX Template-**  
[aspr-tracie-step-by-step-guide-to-implementing-the-coalition-infectious-disease-surge-annex-ttx-template-final.pdf \(hhs.gov\)](#)

**ASPPR Tracie- Missing Patient Resources-** [aspr-tracie-ta---health-care-facility-missing-person-policies-and-procedures.pdf \(hhs.gov\)](#)

**ASPR Tracie- Tip Sheet: Extreme Cold Weather for Alternative Care Sites-**  
[hcw-training-resources-extreme-cold-weather-government-resources-and-tip-sheet.pdf \(hhs.gov\)](#)

**ASPR Tracie- Trends, Policies, and Protocols Related to Healthcare Workplace Violence-**  
[trends-policies-and-protocols-related-to-healthcare-workplace-violence.pdf \(hhs.gov\)](#)

**ASPR Tracie- Wildfire Air Quality-** [aspr-tracie-ta-wild-fire-air-quality-11-18-16-508.pdf \(hhs.gov\)](#)

**CAHF- California Association of Health Facilities- Guidance on Emergency Water for Long Term Care Facilities (2017) –FULLDOC Emergency water LTC 2017.pdf (cahf.org)**

**CAHF- California Association of Health Facilities- Ready, Set, Go! Extreme Cold**  
[RSG-ExtremeCold.pdf \(cahf.org\)](#)

**CAHF- California Association of Health Facilities- Ready, Set, Go! Extreme Heat**  
[RSG-ExtremeHeat.pdf \(cahf.org\)](#)

**CAHF- California Association of Health Facilities- Ready, Set, Go! Flood** [RSG-Flood.pdf \(cahf.org\)](#)

**CAHF- Evacuation Client Go Kit-** [Essentials to Pack in Emergency Preparedness Kit \(aarp.org\)](#)

**CAHF- Utility Failure Resources-** [CAHF-DPP | Utility Failure for Long Term Care \(cahfdisasterprep.com\)](#)

**CAHF- NHICS- Incident Response Guide Earthquake-** [EarthquakeIRG 2017.pdf \(cahf.org\)](#)

**CAHF- NHICS- Incident Response Guide Severe Weather Cold or Heat-**  
[SevereWeatherColdHeatIRG 2017.pdf \(cahf.org\)](#)

CAHF- NHICS- Incident Response Guide Fire - [FireIRG 2017.pdf \(cahf.org\)](#)

CAHF- NHICS- Incident Response Guide- Flood [FloodIRG 2017.pdf \(cahf.org\)](#)

CAHF- NHICS- Incident Response Guide- Missing Resident - [MissingResidentIRG 2017.pdf \(cwchealthcarecoalitions.org\)](#)

CAHF- NHICS- Incident Response Guide- Shelter in Place- [ShelterInPlaceIRG 2017.pdf \(cahf.org\)](#)

CAHF- NHICS- Incident Response Guide- Utility Failure- [UtilityFailureIRG 2017.pdf \(cahf.org\)](#)

CDC- [Air Quality | Air | CDC www.cdc.gov/air/default.htm](#)

CDC- [Healthcare Water System Repair | Natural Disasters and Severe Weather \(cdc.gov\)](#)

CDC- [Boil Water Advisory | Water, Sanitation, & Hygiene-related Emergencies & and Outbreaks | Healthy Water | CDC](#)

CDC- [Chronic Conditions and Wildfire Smoke | Air | CDC www.cdc.gov/air/wildfire-smoke/chronic-conditions.htm](#)

CDC- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC](#)

CDC- [Emergency Water Supply Planning Guide for Hospitals and Healthcare Facilities | Water, Sanitation, & Hygiene-related Emergencies & and Outbreaks | Healthy Water | CDC](#)

CDC-Occupational Violence Resources | NIOSH | CDC

CDC- [Stay Safe During an Earthquake | Natural Disasters and Severe Weather | CDC www.cdc.gov/disasters/earthquakes/during.html](#)

CDC- [Tsunamis | CDC](#)

CDC- [Wildfires | CDC www.cdc.gov/disasters/wildfires/](#)

CDPH- CAHF- Hot Summer Weather Advisory- [AFL Hot weather advisory.pdf \(cahf.org\)](#)

CDPH- Recommendations for the prevention and Control of Influenza in California Skilled Nursing Facilities (SNF) during the COVID- 19 Pandemic (2021)- [RecsForPreventionControl Flu inCA SNFsDuringCOVID FINAL 100120.pdf](#)

CISA- [Bomb Threats | CISA www.cisa.gov/bombthreats](#)

CMS- [Emergency Preparedness Rule | CMS](#)

CMS- Centers of Medicare and Medicaid Services- Pandemic Influenza Operations and Response Plan- [pandemicplan.pdf \(cms.gov\)](#)

CMS- Centers of Medicare and Medicaid Services- Wild Fires and Fires General- [Wild Fires and Fires General | CMS](#)

County of San Diego- Excessive Heat Response Plan (8/30/2023)- [EHRP Consumer Version.pdf \(sandiegocounty.gov\)](#)

Department of Conservation CA- [San Diego County Tsunami Hazard Areas \(ca.gov\)](#)

Earthquake Country Alliance- [Earthquake Country Alliance: Welcome to Earthquake Country! www.earthquakecountry.org/step5/](#)

EPA- United States Environmental Protection Agency- Indoor Air Quality- [Create a Clean Room to Protect Indoor Air Quality During a Wildfire | US EPA](#)

FEMA- Are you Ready?- [are-you-ready-guide.pdf www.ready.gov/sites/default/files/2021-11/are-you-ready.pdf](#)

FEMA- Evacuee Support Planning- [evacuee support guide.pdf \(fema.gov\) www.fema.gov/pdf/emergency/disasterhousing/evacuee support guide.pdf](#)

FEMA- Healthcare Facilities and Power Outages- [healthcare-facilities-and-power-outages.pdf \(fema.gov\)](#)



**FEMA- Planning Consideration Evacuation and Shelter-in Place-** [planning-considerations-evacuation-and-shelter-in-place.pdf \(fema.gov\)](#)

**Kaiser HVA tool -** [Updated HVA Tool \(Kaiser Permanente\) - Emergency Preparedness \(calhospitalprepare.org\)](#)

**National Fire Protection Association-** [List of NFPA Codes and Standards](#)

**National Institute on Aging (NIH)- Cold Weather Safety for Older Adults -** [Cold Weather Safety for Older Adults | National Institute on Aging \(nih.gov\)](#)

**National Institute on Aging (NIH) Hypothermia: A cold weather hazard Hypothermia: A cold weather hazard-** [| National Institute on Aging \(nih.gov\)](#)

**Ready.Gov Disasters and Emergencies | Ready.gov** [www.ready.gov/be-informed](#)

**National Weather Service (NWS)- High Wind Safety Rules-** [High Wind Safety Rules \(weather.gov\)](#)

**National Weather Service (NWS) Tsunami Awareness and Safety-** [nthmpsafety.pdf \(weather.gov\)](#)

**Northwest Healthcare Response Network- Extreme Heat Tip Sheet (2022)-** [Extreme-Heat-Tip-Sheet-2022.pdf \(nwhrn.org\)](#)

**Occupational Safety and Health Administration (OSHA) -** [Worker Safety in Hospitals - Preventing Workplace Violence in Healthcare | Occupational Safety and Health Administration \(osha.gov\)](#)

**RCFE Task Force- RCFE Disaster Preparedness Task Force – San Diego, California (rcfedisasterhelp.com)**

**Ready San Diego-** [www.ready.sandiego.org](#)

**Earthquake (readysandiego.org)** [www.readysandiego.org/earthquake](#)

**Ready San Diego- Tsunami (readysandiego.org)**

**Ready.Gov-Home Fires | Ready.gov** [www.ready.gov/home-fires](#)

**Ready.Gov- Shelter | Ready.gov** [www.ready.gov/shelter](#)

**Ready.Gov- Tsunamis | Ready.gov**

**San Diego City -** <https://www.sandiego.gov/ohs/see-something-say-something>

**San Diego County EOP Annex Q (Evacuation)- EOP2022 Annex Q.pdf (sandiegocounty.gov)**

**San Diego County Climate Action Plan- Wildfire Preparation (sandiegocounty.gov)**

**San Diego County- Coronavirus Disease 2019- COVID-19 Case Guide (sandiegocounty.gov)**

**San Diego County- Epidemiology Unit- Influenza- (sandiegocounty.gov)**

**San Diego County- Office of Emergency Services- Multi-jurisdictional Hazard Mitigation Plan (sandiegocounty.gov)**

**San Diego County- Department of Public Works- Flood Hazard Mapping- Flood Hazard Mapping (sandiegocounty.gov)**

**SDGE- Public Safety Power Shutoffs | San Diego Gas & Electric (sdge.com)**

**Senior Living- Disaster Preparedness | SeniorLiving.org** [www.seniorliving.org/research/disaster-preparedness/](#)

**The Joint Commission- Workplace Violence Prevention- Compendium FINAL 1.pdf (jointcommission.org)**