Emergency Preparedness

Disasters can occur without warning. The purpose of this training is to inform you about Sharp HealthCare's role during a disaster that includes:

- Uninterrupted patient care.
- Ability to utilize existing services and supplies to respond to a large surge of casualties.
- Ability to keep patients, staff and others safe.

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Emergency Management Cycle

Mitigation

- Where possible reduce the impact/severity of events

Preparedness

- Develop effective Emergency Management and Operations Pla

Response

- Plan for the safety of patients, employees and facility
- The triage, treatment, transfer and disposition of victims
- Plan for business continuity

Recovery

- Operational/Business Recovery
- Financial recovery
- Restoration of "normal" operations

The emergency management cycle illustrates the ongoing process by which organizations plan for and reduce the impact of disasters, react during and immediately following a disaster, and recover after a disaster has occurred. As a cyclical process, it is never complete.

The Incident Command System

- The Incident Command System (ICS) is a standardized, modular approach to managing incidents. It is built on "best practices" and used by Military, Fire, and Law enforcement.

- National Incident Management System (NIMS) requires the use of ICS by all levels of government and by healthcare organizations.

- The hospital version of ICS is HICS (Hospital Incident Command System).

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The Incident Command System

Adopting ICS in hospitals has many benefits including:

- Greater efficiency to manage internal and external incidents.

- Better coordination with outside agencies.

- Improved communications with agencies through the use of common terminology and position titles.

- Provides a standardized, all-hazard incident management tool.

- Complies with The Joint Commission standards to utilize an ICS consistent with community use.

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Hospital Incident Command System

The Hospital Incident Command System (HICS) is part of disaster response framework that was developed to assist the operation of a medical facility in a time of crisis. It can be used for:

- An internal disaster or disaster occurring within the hospital (e.g. fire, explosion).

- An external disaster or disaster occurring outside the hospital (e.g. flood, wildfire or transportation accident).

- A sudden, unforeseen shortage of resources.

- A major move of patients to a new wing.

- A disaster threat (e.g. impending storm, bomb threat).

- A disaster in neighboring communities.

Hospital Incident Command System

- The HICS derived from ICS. It's organizational structure should include ONLY the functions and positions needed to respond to the event and achieve the incident objectives

- The Incident Commander position is the only position that MUST be activated

- The 5 management functions are:
  - Incident Command
  - Operations
  - Planning
  - Logistics
  - Finance/Administration

Hospital Incident Command System

Some events may require a specialized response through the use of a Medical/Technical Specialist position including:

- Biological/Infectious disease
- Chemical
- Radiological
- Clinic/Hospital Administration
- Legal Affairs/Risk management
- Medical Staff
- Pediatric Care
- Medical Ethicist

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What are the components of HICS?

What are the components of HICS?

- HICS features a flexible management organizational chart that allows for a customized hospital response to the crisis.

Job Action Sheets, or job descriptions, are the essence of the HICS program. This is the component that tells responding personnel:

- What they are going to do
- When they are going to do it
- Who they will report it to after they have done it

The Incident Commander

The Incident Commander (IC) is the only position that will ALWAYS be activated. The Incident Commander has overall responsibility for:

- Management of the Incident
- Activities within the Hospital Command Center (HCC)
- Continuing as IC until authority is delegated to another

What are the components of HICS?

The **Operations Chief**:

- Directs management of all tactical activities.
- Implements strategies developed by the planning section.
- Acquires resources needed from the logistics section.
- Directs medical care

The **Planning Chief**:

- Ensures the distribution of critical information/data.
- Compiles projections (action plans) from all Section Chiefs
- Develops long-range planning.

What are the components of HICS?

The **Logistics Chief** maintains the integrity of the physical plant to the best level possible and obtains necessary resources to support the overall incident. Resources include:

- Facilities
- Transportation
- Equipment
- Food & Supplies

- Special expertise
- Fuel
- Communications

The **Finance Chief**:

- Monitors the utilization of all financial assets.

How Does HICS Work?

- The Code Triage Activation Team initiates the **Code Triage**.

- The Customer Information Center (CIC) will overhead page to activate the Emergency Operations Plan by announcing "**Code Triage.**"

- The Emergency Department physician on duty will assume responsibility for directing all medical activities until the arrival of the Medical Staff Chief or his/her designated relief.

Personnel Assignments

- All personnel will remain in or report to their assigned departments until further instructions are given.

- Nursing personnel will evaluate patients who may be able to be discharged or transferred to a different level of care to allow for admits from the event.

- Nursing personnel should prepare for the arrival of direct admits from the Triage Area.

- After evaluating their department's staffing needs, Managers will send at least one staff member to the Labor Pool.

- Managers will send a completed "Disaster Status Report" to the HCC.

- The Labor Pool will assign employees as requested by the Hospital Incident Command Center.

Termination of Code Triage

At the direction of the Incident Commander, the CIC operator (or Concierge) will announce the termination of the disaster by saying: "Code Triage All Clear. All personnel return to duty." The above will be repeated three (3) times.

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Communication During a Disaster

Sharp HealthCare uses many different forms of communication during disasters including:

- Sharp ENS (Emergency Notification System)

- Telephones/Cell phone

- Hand-held radios

- SD County RCS Radio (located in all emergency departments)

- Email/*SharpNet*

- Employee Crisis Information Line (858-499-LINK 5465)

- San Diego area television station KUSI or radio station KOGO 600 AM

- 2-1-1 for 24-hour community, health and disaster info.

Notification of Off-Duty Personnel

- Department Managers (or designee) shall notify necessary off-duty staff to report immediately to the hospital only when directed by the Hospital Command Center.

- Once notified, off-duty staff should report to the Labor Pool or as directed. Staff must wear their I.D. badge when reporting to duty.

- Physicians arriving for duty should report to the Medical Staff Labor Pool Unit Leader for assignment.

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Sharp Emergency Notification System

- Sharp HealthCare is dedicated to keeping all team members fully informed during emergency events such as earthquakes, wild fires, power outages and more.

- Sharp's Emergency Notification System (SharpENS), has the capability to notify all 17,000+ Sharp employees through their preferred method of notification, whether it's a text to your cell phone, a voice message to your landline or an email to your work and/or personal email addresses.

How Does SharpENS Work?

- You decide how you want to receive emergency notifications by updating your Disaster Contact information in Lawson. The information you provide will remain confidential and will only be used for emergency notifications.

- To update your personal contact information to receive text, voice and email notifications simply log onto Lawson.

  Employee → Self Service → Disaster Information

  How to update your disaster contact information

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Hazard Vulnerability Analysis (HVA)

- An HVA is performed annually at each entity to identify potential emergencies/threats and the direct and indirect effects these emergencies may have on the entities' operations and the demand for it's services.

- Identified hazards are grouped together in four main categories and sorted by risk (a product of probability and severity), such as:

    - Natural Hazards (i.e. earthquake, wildfires, etc.)

    - Technological Hazards (i.e. communication, infrastructure failures)

    - Human Hazards (i.e. bomb threat, staff availability)

    - Hazardous Materials (hazmat spill, hazmat mass causality)

Hazard Vulnerability Analysis (HVA)

- Earthquakes and wild fires have been identified as the top hazards to the hospitals and communities within San Diego. It is not a matter of if, but when it will occur.

- Cybersecurity is the newest threat facing all healthcare organizations.

- All hospitals share their HVA with the County of San Diego.

In Case of Earthquake

- Earthquakes are unpredictable and can strike without warning.
- Earthquakes are caused by a sudden slip or displacement of a portion of the earth's crust, accompanied and followed by a series of aftershocks.
- Injuries can be caused by:
  - Falling objects or debris.
  - Resultant fires.
  - Collapsing structures.

In Case of Earthquake

When an earthquake strikes:

- Remain Calm! Do Not Panic! Do Not Run!
- Think through actions before you take them.
- **DROP**-Get down to the ground so that you are not knocked to the ground by the shaking.
- **COVER**-Get under a desk or table to protect you from falling objects.
- **HOLD ON**- Hold on to the object you are under and be prepared to move as the object moves.

In Case of Earthquake

Stay where you are unless told to do otherwise.

- ✔ If you are inside a building and safe - stay there.
- ✔ If you are outside and safe – stay there.

Do not:

- ✗ Run outside. Many injuries are the result of objects falling from the building.
- ✗ Stand by the outer walls of a building.
- ✗ Stand under power lines.
- ✗ Stand under anything that may fall on you.
- ✗ Keep doors open unless absolutely necessary, buildings may settle or shift.

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In Case of Earthquake

After the shaking stops:

- Reassure patients, family members, and visitors. Instruct them to take precautions against aftershocks and have them follow directions from hospital staff.

- Stay clear from windows or sliding glass doors.

- Stay out from under objects such as light fixtures and other equipment that could fall.

- Check for injuries. Provide medical attention and contact your department manager.

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In Case of Earthquake

After the shaking stops:

- Look for damage to your area including:
  - Fires.
  - Shorts in electrical equipment.
  - Doors that are not operable.
  - Cracks in walls or ceilings.
  - Broken glass.
  - Spilled medicines or hazardous materials.
  - Broken gas or water lines.
- Notify Engineering and Environmental Services as necessary.

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Be Prepared Before a Disaster Occurs

Know:

- Your job assignments as outlined in the Emergency Operations Plan.
- All exit routes.
- Know the location of:
  - Emergency telephones and emergency telephone numbers
  - Emergency gas shut-off valves and how to use back-up systems
  - Fire Extinguishers
  - Flashlights
  - Emergency evacuation equipment (and how to use it).

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Evacuation

In the event of a fire or other disaster, patients may be evacuated in four successive steps depending on the location and severity of the emergency. Patients may be evacuated in four successive steps depending on the location and severity of the emergency:

- Step 1 – Evacuate patient room.

- Step 2 – Evacuate patient unit.

- Step 3 – Evacuate entire floor.

- Step 4 – Evacuate entire building.

Note: Behavioral Health facilities with "locked" units should be aware of "Areas of Refuge" when evacuating the entire building

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Evacuation

Step 1 – Evacuate patient room

- The decision for this type of partial evacuation is made by the **employee**.

- Evacuate those closest to the fire or internal disaster first.

Step 2 – Evacuate patient unit

- The decision for this type of partial evacuation is made by the **charge nurse**.

- Use horizontal evacuation to another unit on the same floor to the other side of fire doors an adjacent smoke compartment as a first choice, but if access to horizontal evacuation is blocked by smoke or fire, use vertical exit (stairway).

Evacuation

Step 3 – Evacuate entire floor

- The decision for this type of partial evacuation is made by the **Incident Commander**.

- Use vertical evacuation down the nearest stairwell to another floor.

- Do not use elevators for patient evacuation except for those patients who must be evacuated in bed, and only after elevator has been judged by the Incident Commander or Fire Department personnel to be safe for use.

Evacuation

Step 4 – Evacuate entire building

- Total evacuation is the complete removal of all people to a place of safety outside the facility.

- The decision for a total evacuation is made by the Incident Commander, Fire Department or Administration.

- Announcement to evacuate is paged overhead.

- Use the closest safe exit and move patients to the designated assembly area.

- Try to bring paper copies of patient charts if time and safety permit.

Evacuation

- In case of earthquake, do not locate patients in areas where items will fall (i.e. trees, lamp post, electrical lines)

- Locate patients so as not to obstruct a path that might be used by firefighters or other first responders.

- Keep patients together for control.

- Treat patients with available resources and await help from emergency medical workers.

- Note: All patients/visitors and staff must be accounted for at the relocation or assembly areas.

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Additional Disaster Information

- SharpNet A-Z, click "D" for disaster or "E" for emergency preparedness to navigate to the Disaster page
- Type "disaster" into policies and procedures
- Email: DisasterPreparedness@sharp.com

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Exit

- Click the "X" (close browser button) in the upper right hand corner of the screen when you are ready to complete the requirements for this course.

Evacuation

10/11/2019

Objectives

1. Describe disasters that may affect the hospital and warrant an evacuation
2. Describe the purpose of a Hazard Vulnerability Analysis and how it is used in preparing for emergencies
3. Identify the top three hazards for SCVMC identified on our Hazard Vulnerability Analysis
4. Identify purpose of the Emergency Operations Plan (EOP)
5. Describe evacuation procedures
6. Describe different types of evacuation
7. Describe roles and responsibilities during an evacuation
8. Describe the procedures for handling patients' HIM during an evacuation
9. Describe the procedures for handling patients' medications during an evacuation
10. Describe how residents and staff will be tracked during an evacuation

Why to we prepare?

Kaiser Permanente Santa Rosa is now urgently evacuating patients as fire gets close to hospital. Live coverage: abc7news.com

Breaking-city buses brought in to help evacuate patients from nearby Kaiser Permanente bc of massive wildfires.

LIVE

BREAKING NEWS
SANTA ROSA
BICENTENNIAL WAY

4:40 AM - 9 Oct 2017

6:16 AM - 9 Oct 2017

FIREWATCH Harrowing Escape

Adventist Health Feather River

The Camp Fire Story

A story of being called to do more....

The Day of
November 8, 2018

Camp Fire Timeline

Adventist Health
Feather River

8:05 am

Flames became visible across the hospital campus

November 8, 2019

"This fire is moving football-field lengths within seconds"
- Cal Fire spokesman Scott McClean

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Camp Fire Timeline

Adventist Health
Feather River

8:25 am

Patients transported in ambulances and private cars

- Staff realize that ambulances cannot get through and begin loading patients into staff cars, disconnecting equipment and working to make the patients as comfortable and secure as possible
- Only two ambulances arrive...neither of them make it out of town

November 8, 2019
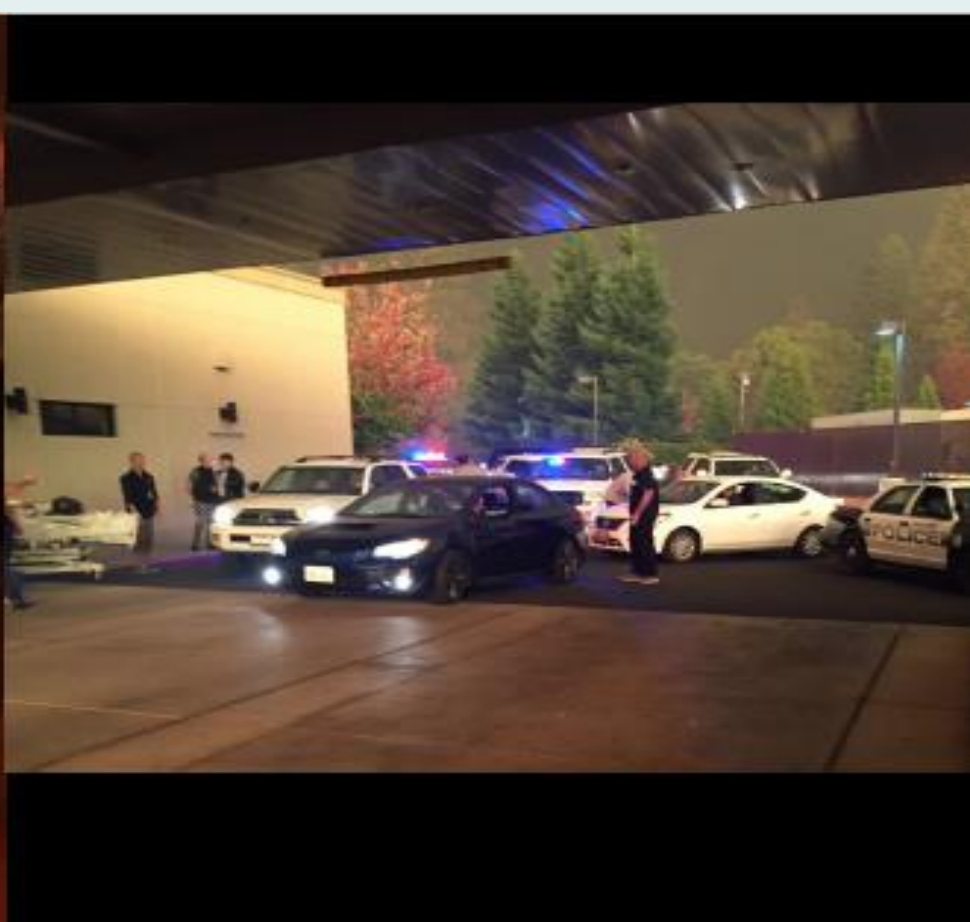
SHARP.

Hazard Vulnerability Analysis (HVA)

- Identifies and evaluate hazards that may affect the demand for the hospital's services or its ability to provide those services

- Identifies and analyzes the risks associated with each hazard to prioritize planning, mitigation, response and recovery activities

- Reviewed annually and as needed throughout the year based on events

- Involves community partners and community emergency response agencies

- Reviewed at the Healthcare Disaster Coalition and provided to the County

Hazard Vulnerability Assessment Formula

Probability ✖ Impact ➡ Priority

ARC Disaster Preparedness A
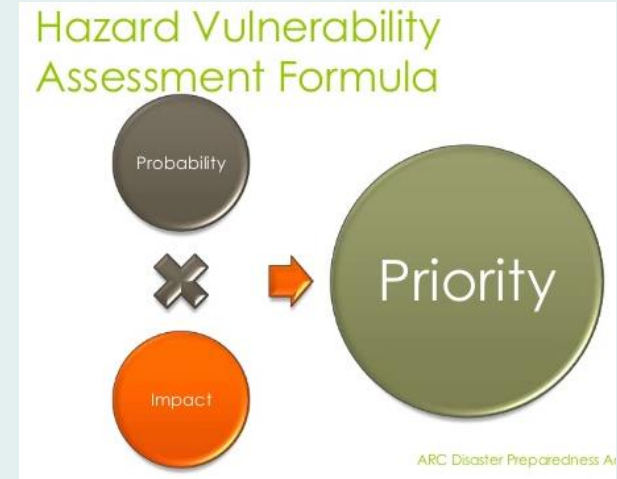
HVAs for 2020 – Top 3 Hazards

SCVMC Main Hospital:

- Workplace Violence (61%)
- Wildfire (39%)
- Earthquake (33%)

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Emergency Operations Plan (EOP)

- Identifies actions that can be implemented in reaction to a wide range of natural and manmade events that disrupt normal operations

- Guides response actions to assure they are timely, integrated, and coordinated

- Provides guidance during all phases of emergency operations

- Outlines plan of succession and delegation of authority during an event

- Includes Communication Plan with contact information for other healthcare organizations as well as regulatory agencies

- Located on Sharp Net

Reasons for Evacuation

Reasons for evacuation include:

- Fire and smoke

- Structural damage

- Loss of major utilities

- Exposure to hazardous materials

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Making the Decision

When deciding to shelter-in-place or evacuate, considerations include:

- Type of event
- Level of evacuation (partial or full)
- Time frame (immediate or planned)
- Patient prioritization
- Locations
- Resources

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Evacuation

- Plans are in place for evacuation if the facility is no longer safe to occupy

- The order to evacuate is the responsibility of the Hospital Incident Commander with input from clinical and non-clinical leaders, Sharp Corporate Command and external agencies such as the County.

- The scope of any evacuation can change over time depending on the nature and course of the event.

- Below are options for evacuation in order of increasing scope and severity:

Shelter-in-place

Horizontal Evacuation

Vertical Evacuation

Total or Full Evacuation

SHARP.
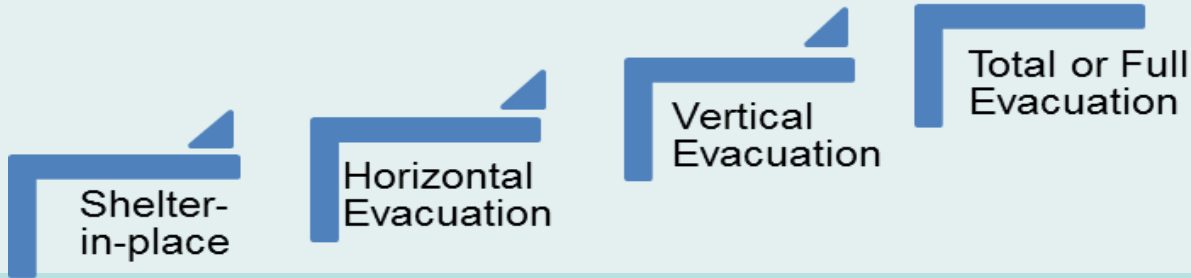
Decisions

Type

Shelter in place: Remain in facility; close doors and windows. Restrict access in/out.
Authority: Incident Commander

Room: Evacuate room
Authority: Person responding

Horizontal/partial: Evacuate through fire doors to an adjacent safe area (smoke compartment) on same floor.
Authority: Charge RN, Lead, Manager

Vertical/partial: Evacuate to a safe area on a lower floor that is most appropriate for patient population
Authority: Incident Commander

Building/full: Evacuate outside the building.
Authority: Incident Commander, Administration, Fire Authority

Time Frame

Immediate/Emergent: no time for preparation – evacuate immediately

Rapid/Urgent: Limited time for preparation (1-2 hours) – everyone out in 4-6 hours

Gradual/planned: Extended time for preparation = phase evacuation to occur over many hours or even days

Prepare Only: Do not move patients but begin preparations for evacuation

Patient Prioritization

1 - **Patients who are in immediate danger**

2 - **Ambulatory** patients, visitors

3 - Patients on general care units who require some **transport assistance**

4 - Patients on **mechanical ventilation** or other major devices

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Stage of Hospital Evacuation
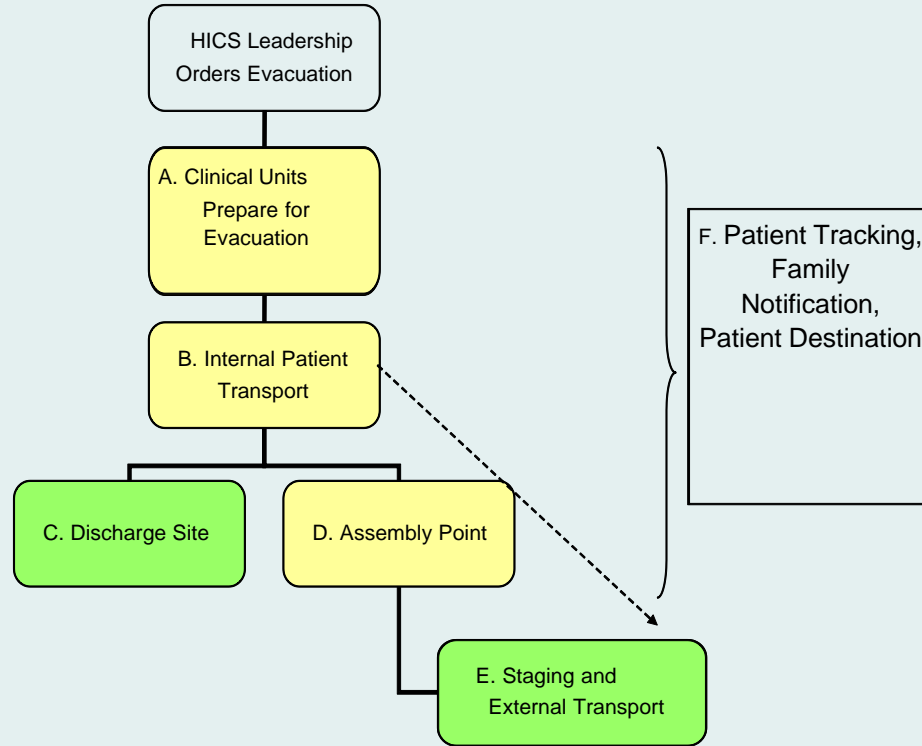
Evacuation Process

- Identify Evacuation Coordinator (Manager, Lead)
- Identify Evacuation Unit leader (Charge RN)
- Obtain Evacuation Checklist and supplies from Evacuation Tool Kit

Evacuation Guide

- Each floor has an Evacuation Tool Kit (find location of your kit!). Tool kit is your guide during an evacuation.

- Evacuation Checklist is included in the tool kit along with the following supplies:

  * Patient tracking forms

  * Large sealable plastic bags for patient documents

  * Medium sealable plastic bags for patients' medications

  * Headlamps/flashlights

  * Clipboard, pens

  * Blue tape

Evacuation Locations *

Department	Evacuation	Assembly Area Gather patients ready for transport	Discharge Area For discharged pts. waiting for ride home	Transport Area Active transport of patients
Level 3, 4 and 5	Evacuate to adjacent smoke compartment on same floor	Front Family Lounge	Multi-purpose Room	Main Entrance
SICU	Evacuate to SICU Family Lounge (adjacent smoke compartment on same floor)	SICU Family Lounge	SICU Family Lounge	SICU Entrance
Pre-OP OR PACU	Pre-op: OR: remain in room PACU:			

*Locations may vary based on type of event

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Roles and Responsibilities

Evacuation Roles and Responsibilities

Incident Commander	Department Manager	Charge RN/Lead	RN	CNA/NA	Unit Clerk	Support (Mob. Techs etc.)

1. Overall responsibility for the event
2. Determines if evacuation is warranted
3. Determines type of evacuation (e.g. partial, total)
4. Determines time frame for evacuation
5. Determines order/prioritization for evacuation
6. Identified routes and exits for evacuation
7. Determines if elevators can be used
8. Determines Hospital security status: Lockdown, ambulance diversion etc.
9. Communicates with department managers
10. Liaisons with Sharp Corporate Command and responding agencies (fire, law, County)
11. Media
12. Develops plan for securing facility
	1. Serves as Evacuation Coordinator for department
	2. Responsible for departmental evacuation activities
	3. Liaisons with Hospital Command Center;
	4. Regularly send/ receive information to/from the Hospital Command Center
	5. Completes Disaster Status Form and sends to Hospital Command Center
	6. Determines department's:
	  • Locations (assembly, discharge)
	  • Evacuation route
	  • Evacuation priority
	7. Verifies department evacuated
		1. Serves as Evacuation Unit Leader for department.
		2. In absence of Department Manager assumes responsibilities of Manager
		3. Oversees evacuation activities;
		4. Assigns RN and CNA for Assembly & Discharge Area
		5. Provides ongoing communication with department staff;
		6. Assigns staff to accompany patients
		7. Verifies TRAIN completed for every patient and submitted to Hospital Command Center
		8. Obtains/distributes TRAIN arm bands
		9. Directs activities for Assembly Area
		10. Accounts for all patients, and staff
		11. Completes HICS Master Patient Evacuation Tracking form (HICS #255) & submit to Command Center
		12. As time permits, assigns staff to contact patients' family with status update
		13. Verifies department evacuated
			1. Prepares patients for evacuation
			2. Identifies patients for appropriate for discharge
			3. Identifies mode of transport (TRAIN) for each patient
			4. Communicates with patients, visitors
			5. Completes HICS Patient Evacuation Tracking form (HICS #260) for each patient
			6. Provides patients with TRAIN identifier
			7. Accompanies patients to alternate care sites as assigned
				1. Assists in preparing patients for evacuation:
				  • Personal belongings (e.g. glasses, dentures, hearing aids, clothing etc.)
				2. Assembles supplies needed for Assembly Area
				3. Assists in obtaining resources
				4. Assists in transporting patients
					1. Prepares copies of face sheets and MAR
					2. Assists in preparing patients for evacuation
					3. Searches and tags rooms when evacuated
						1. Assists in obtaining evacuation resources (e.g. wheelchairs, sleds etc.)
						2. Assists in obtaining resources for Assembly and Discharge Areas
						3. Assists with transport of patients
						4. Assists with verifying and tagging all rooms empty

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Tracking of Evacuated Patients & Staff

During an evacuation every patient and staff member must be accounted for

Tracking of patients will be through the use of HICS forms:

- #460 Patient Evacuation Tracking Form
  (one sheet per patient)
- #255 Master Patient Evacuation Tracking

Tracking of staff will be through the use of Employee Evacuation Tracking Form.

All forms in Evacuation Tool Kit

Caring for Patients at Alternate Care Sites

If the facility is no longer able to safely care for our patients, an order to evacuate the facility may be issued. In these cases our patients would be evacuated to alternate care sites.

If an evacuation is necessary, patients will be transferred to another Sharp HealthCare facility as a first option to allow for continuity of care.

Should this not be an option and the patient is transferred to an alternate care site outside of the Sharp HealthCare system, a Sharp employee will accompany the patient to the alternate care site.

The Sharp employee will remain with the patient until a proper hand off is conducted with the designated staff member at the receiving site.

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Medical Chart During an Evacuation

- As time permits the patient's face sheet and MAR will be prepared for transport with the patient

- A second copy of the Face Sheet with patient's contact information is to be pulled, collected and given to Evacuation Coordinator (used to contact family)

- The face sheet, MAR and a copy of patient Evacuation Tracking form is placed inside a sealable plastic bag* with the patient's identification label attached to the outside and sealed

- The secured bag with documents is placed inside the patient belonging bag with the patient's identification affixed

- To preserve and maintain the confidentiality of patient information, the chart will be transported by the staff member assigned to accompany the patient and is delivered to assigned care giver during hand off process

*Included in evacuation tool kit

Transportation

TRAIN (Triage by Resource Allocation for Inpatients)

The TRAIN system:

- Facilitates rapid triage of residents' transport needs

- Provides ability to quickly and accurately request the right resources to evacuate residents

- This information will be submitted to the County who will assist in obtaining the needed resources to safely evacuate our patients/residents

Transport	Blue/Car	Green/BLS	Yellow/ALS	Orange/CCT	Red/Specialized
Life Support	Stable	Stable +	Minimal	Moderate	Maximal
Mobility	Car/Carseat	Wheelchair or Stretcher	Wheelchair or Stretcher	Transport rig	Incubator or Immobile
Nutrition	All PO	Intermittent Enteral	Continuous Enteral or Partial Parenteral	TPN Dependent	
Pharmacy	PO Meds	IV Intermit meds	IV Fluids	IV Drip x1	IV Drip ≥2

Evacuation Procedures

When instructed:

- Direct occupants to evacuate

- Check **_every room_** in your area, if safe to do so, to make sure that everyone has evacuated

- Place a piece of blue tape on the door to signify to responders that the room has been checked. Note any rooms that were locked that you could not check.

- Record hazards that might hinder First Responders if they need to enter the building

Radio and Satellite Phone Usage
in
Disaster Operations

SHARP®

Objectives

- Demonstrate basic competency in utilizing two way radios during a disaster event

- Demonstrate basic competency in utilizing a satellite phone during a disaster event

- Recognize the standard two way radio utilized by the Sharp Healthcare System

- Recognize the standard satellite telephone utilized by the Sharp Healthcare System

- Understand the basic concepts of radio communication etiquette

Two Way Radio

- Half-Duplex System:

Duplex channel systems transmit and receive on different discrete channels.

Half-duplex mode; that is, the operator can talk, or operator can listen, but not at the same time.

Radio Overview

RADIO OVERVIEW

PARTS OF THE RADIO

HT750 Model

- Channel Selector Knob
- On/Off/Volume Knob
- Side Button 1 (A) (programmable)
- Push-to-Talk (PTT) Button
- Side Button 2 (B) (programmable)
- Side Button 3 (C) (programmable)
- Top Button (TB) (programmable)
- LED Indicator
- Microphone
- Front Buttons (optional) (P1, P2, P3) (programmable)
- Keypad (optional)
- Side Connector Cover
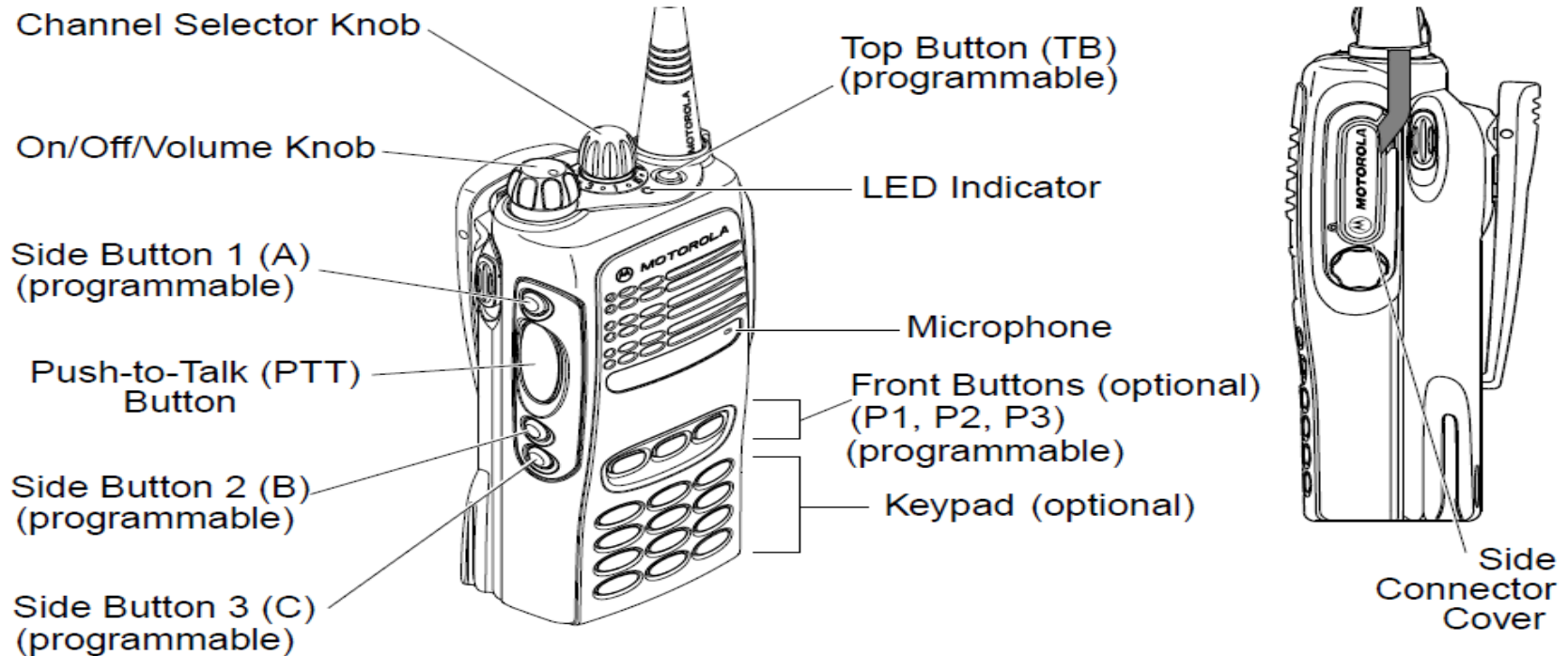
Satellite Phone

Phone Overview

- **Antenna Lock Release Button** 15, 26
- **Cellular Cassette Antenna** 23
- **Signal Strength Indicator** 17, 123
- **Volume Control Keys** 14, 54, 55, 152
- **Display Status Indicators** 17-18
- **Message Key** 14, 129-147
- **Alphanumeric Keypad**
- **Infrared Data Port** 15, 156
- **Power On/Off Key** 14, 42
- **Accessory and Power Connector** 15, 35-36
- **Status Indicator** 16
- **Satellite Antenna (stowed)** 14, 44-45
- **Earpiece**
- **Real Time Clock** 17, 163-164
- **Battery Charge Indicator** 17, 37
- **Display** 15
- **Battery Compartment/ Cellular Cassette Connector** 15, 28-29, 31-34, 39-40
- **Headset Jack** 15
- **Quick Access Key** 14, 70
- **Microphone**

MOTOROLA

Satellite Phone Kit

Sharp Satellite Phone Instructions

Dialing

- Go outside and extend phone antenna straight up with an unobstructed 360 degree view of the sky.
- Turn phone on by pushing down on small red circle button lower left side of phone.
- When phone connects the "Iridium" sign will appear on the screen. (This may take several seconds).
- Dial number as explained below for either satellite to satellite or satellite to land line.
- Depress green OK button to activate call. Connect sign will appear in screen.
- Depress red button to end call.

Calling on the Satellite Phone

Satellite to Landline/Cell

- Satellite Phone to Landline/Cell:

  [001]-[area code]-[local number]

Example:

- [001]-[619]-[502-5800]
- If you are calling SCVMC Operator

Satellite to Satellite

- Satellite to Satellite:

  [00]-[8816]-[xxxx-xxxx]

Example:

- [00]-[8816]-[5146-2942]
- If you are calling the SCVMC satellite phone

Satellite Phone Numbers

Sharp System Services	
Security Department	8816-5146-2941
Central Monitoring Center (CMC)	8816-5146-2949
Sharon Carlson – Disaster Preparedness	8816-5146-2948
Anne Davis – Human Resources Administration	8816-5146-2947
Sharp Grossmont Hospital	8816-5146-2946
	8816-5146-3167
Sharp Chula Vista Medical Center	8816-5146-2942
	8816-5144-3165
Sharp Coronado Hospital	8816-5146-2946
	8816-5144-3166
Sharp Metropolitan Medical Campus	8816-5146-2944
	8816-5146-2891
	8816-5146-2892

Base Station

- Mobile Unit

- Utilized when Command Post must be relocated or alternate Command Post must be established

Standard Radio Language

- Go Ahead – Resume transmission

- Say Again – Re-transmit your message

- Stand-by – Transmission has been acknowledged, but I am unable to respond now.

- Roger – Message received and understood.

- Affirmative – Yes   (Avoid = yup, nope, etc.)

- Negative – No

- Over – Transmission finished.

- Out – Communication is over and the channel is available for others.

Radio Etiquette

- Use plain English

- Keep messages short and relevant to the point

- Pronunciate words being used over the radio

- Release the "Talk" Button when completing your message NOT when the conversation is over.

- After prolonged depression of the "Talk" Button radio will time-out and connection will be lost due to dead-air. (2 min)

Sharp HealthCare
Emergency Disaster Preparedness

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San Diego's Health Care Leader

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What is a Disaster?

A disaster is a serious disruption occurring over a short or long period of time that causes widespread human, material, economic or environmental loss which exceeds the ability of the affected community or society to cope using its own resources.

- Can you name some disasters?
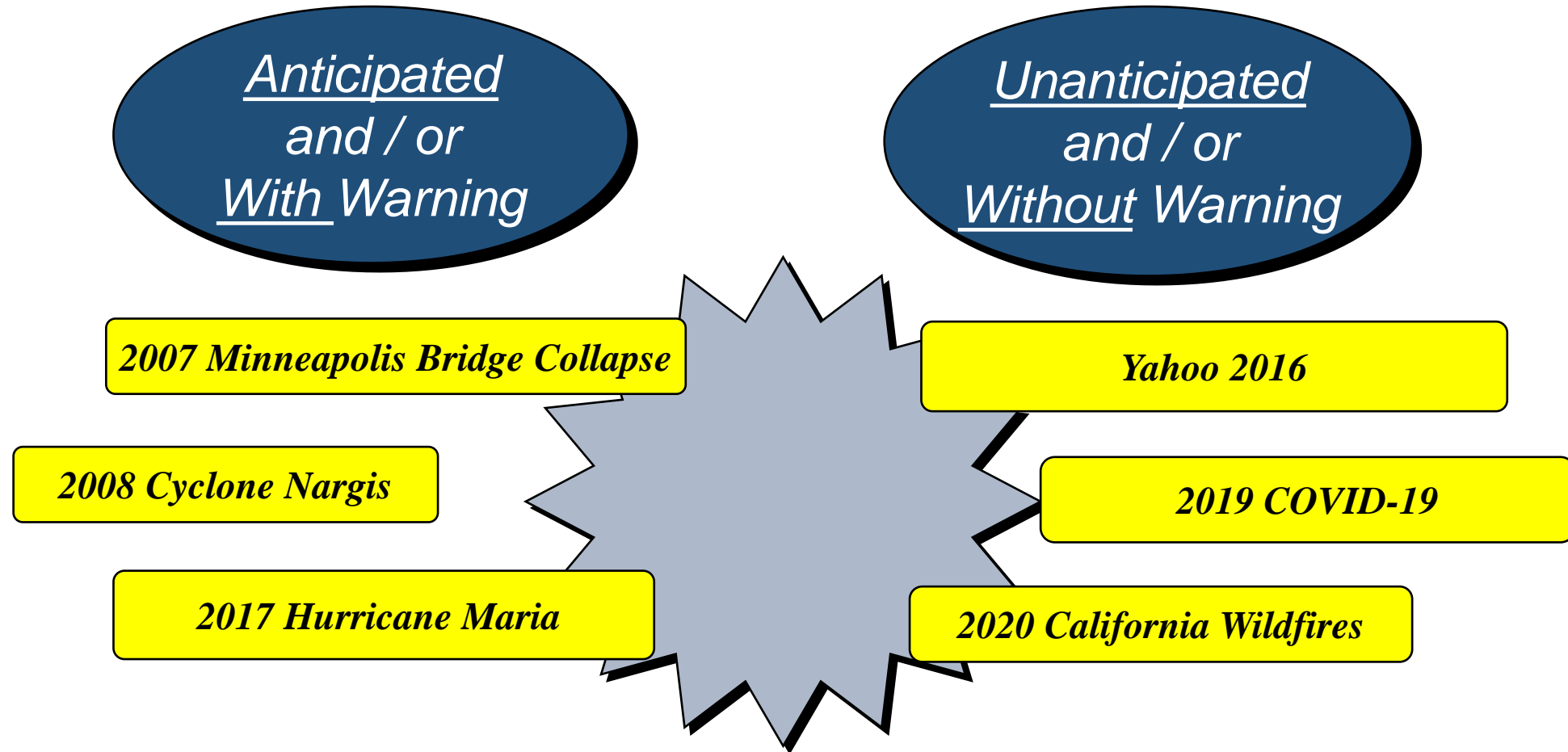
San Diego has had some of the largest wildfires in California's history

1. 2003 - Cedar Fire: 280,278 acres burned, 2,820 buildings destroyed.

2. 2007 - Witch Creek-Guejito and Harris Fires: 288,430 acres burned, 1,650 buildings destroyed

3. 2014: Cocos, Poinsettia, Bernardo Fires: 26,000 acres, 65 structures destroyed

4. 2016: Border Fire: 7,609 acres burned, 18 structures destroyed.

(Watch!) Documentary Fire in Paradise (Netflix)

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Fault Lines
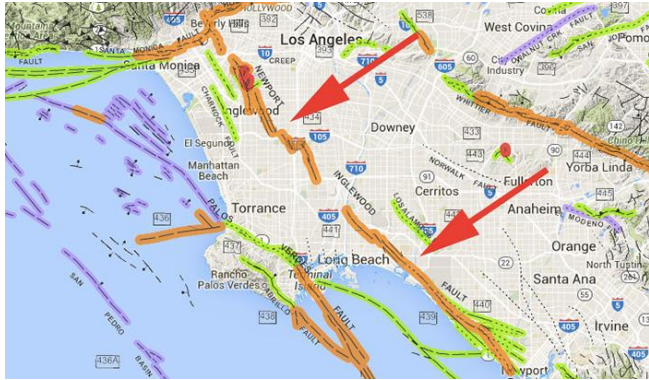
The Newport Inglewood/Rose Canyon Fault system that runs from San Diego to Los Angeles is capable of producing up to magnitude 7.3 earthquakes if the offshore segments rupture and a 7.4 if the southern onshore segment also ruptures, according to an analysis led by Scripps Institution of Oceanography at the University of California San Diego.

SHARP

Hazardous Vulnerability Analysis (HVA)

A hazard vulnerability analysis is a process for identifying the hospital's highest vulnerabilities to natural and man-made hazards and the direct and indirect effect these hazards may have on the hospital and community
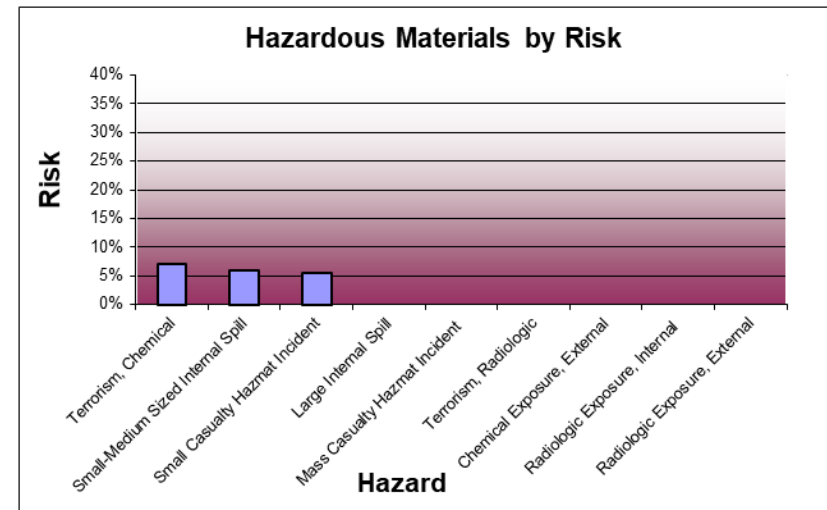
What We Do

- Manage SHC's Emergency Operations Program

- Monitor regulations and make certain we are compliant

- Facilitate exercises and drills for Corporate Command Center, hospitals and SRS to:
  - Practice plans and processes
  - Identify areas for improvement
  - Become familiar with disaster related equipment

When Do We Activate the Disaster Plans?

- When normal system, hospital or clinic operations are interrupted

- When patient care may be affected

- When an emergency incident is occurring in San Diego County

What Is Our Focus?

- Keeping patients safe

- Keeping staff safe

- Protecting infrastructure

- Business continuity

HICS (Hospital Incident Command System)

- Each hospital and SRS have command centers

- Spectrum-Corporate Command Center (CCC)

- Hospitals and SRS communicate status, and resource needs, with CCC.

- CCC collaborates with SD County
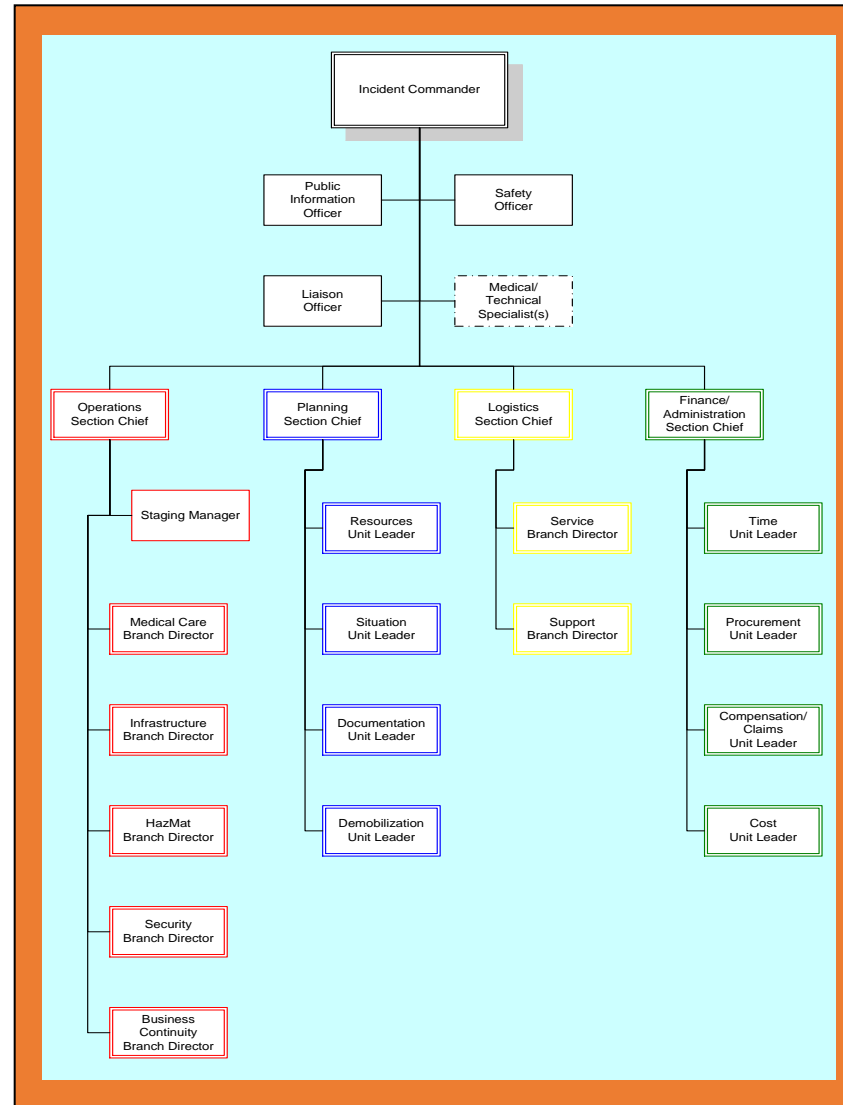
• **The Hospital Incident Command System**

Communications in a Disaster

- Telephones
- Satellite phones
- Cell phones
- Radios
- Web EOC
- Sharp Communications
- Employee LINK (858-499-LINK or 5465)
- Sharp ENS (Emergency Notification system)

Recovery/Business Continuity

- Get back to "normal"

- Develop back up plans for current processes

Your Responsibility (work)

- Share your contact information with your supervisor
- Update your contact information in Lawson/Disaster/Sharp ENS
- Attend disaster education presentations

SharpNET > Disaster Preparedness

Disaster Preparedness

Coronavirus (COVID-19) Updates from Sharp HealthCare

Emergency Communications Systems

Emergency Operations Plans

Emergency Preparedness Contacts

Telemedicine Requests

Types of Disaster

QUICK LINKS
Sharp Emergency Notification System Disaster Page

How To Update Your Disaster Contact Information

Systems Failure Response Plan (System-Wide)

Sharp Disaster Status Report

Apps to Download for Disaster Prep

San Diego County Emergency Medical Services

Med Sled Training (Overview)

HICS TEMPLATES

HICS 201-Incident Briefing

HICS 202: Incident Objectives Examples

HICS 204: Assignment List Finance

HICS 214: Activity Log

HICS 2015A: Incident Action Plan IAP Safety Analysis

Disaster Preparedness

SharpNet Caregiver Wellness Resources

SharePoint COVID-19 HID
Please view Sharp HealthCare's dedicated Highly Infectious Disease (HID) COVID-19 information access site. We are committed to providing you, our staff, with up to date information, and the necessary resources needed to fulfill the mission of delivering the best care possible.

Coronavirus (COVID-19)
Sharp's Highly Infectious Disease team (comprised of clinical and non-clinical leaders from across the system) is monitoring COVID-19 daily and is in close contact with local and state health officials and the CDC to remain vigilant against the virus. The section contains important information to know in light of the most recent developments.

Emergency Operations Plans
In support of the hospital's mission, values and vision, the purpose of the Emergency Operations Plan (EOP) is to establish and provide the facilities with a high quality, comprehensive emergency response plan enabling staff to demonstrate knowledge and skill in response to a variety of disasters. The EOP demonstrates how the facility coordinates its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency.

Our Mission
Our mission is to provide a comprehensive and integrated emergency preparedness program that coordinates Sharp HealthCare resources to protect life, property and the environment. This is done through:

- Mitigation & Prevention
- Preparedness
- Response
- Recovery

Disaster Management Cycle
(Mitigate, Prepare, Respond, Recover)

Are you and your family prepared for a future disaster? Here are some steps you can take today to plan ahead and be ready for disasters:
Be prepared at home and work with the free My-EOP™ app: Sharp HealthCare Emergency Response and Preparedness Plan (available for iPhone & Android smart phone from the app store). The quick reference format will allow you to review key information even at times when cellular connectivity is not available.

My-EOP™

Instructions to download the My-EOP™ mobile application:

If you already have My-EOP downloaded, skip to step 4.

1. Search for My-EOP (or myeop) in the "App Store" (Apple iOS) or the "Play Store" (Android devices).
   Note for iPad users: Select "iPhone Only" as a search limit in the App Store.
   Apple:
   https://itunes.apple.com/us/app/my-eop/id818004891?mt_8
   Android:
   https://play.google.com/store/apps/details?id=com.gcckc.myeop

2. Install My-EOP on your device.
   – Accept app permissions.

3. Open My-EOP.
   – Accept the terms and conditions.

4. Click on the menu button (☰), find a plan.

5. Enter your search term: **sharp**

6. Once your plan is displayed, click on the plan to download.

7. To gain access to the download, you'll be asked for your password. Your password is **2019** (CASE SENSITIVE)

Once the file is downloaded, you may enter the plan. From that point forward, when you open My-EOP, you will see that plan on your available plan list.

Organization code: sharp
Password: 2019

San Diego's Health Care Leader

SHARP.

https://www.sdcountyemergency.com

At Home

- Personal disaster plan
  - Develop and practice the plan with your family
- Know about your utilities
  - Gas shut off
- Secure your glass and other breakable objects
- Disaster supplies
  - Enough for 3 days

72 HOUR GO BAG

1. **SDG&E Bill and Energy App.** (View current outages affecting your area)
2. Federal Emergency Management Agency (FEMA) Emergency alerts, safety tips and resources to help before, during & after disasters.
3. **Center for Disease Control, CDC.** The app ensures that you're getting the most up to date health information.
4. **WISER.** WISER (Wireless Information System for Emergency Responders) is a mobile application designed to assist first responders in hazardous material incidents.
5. **Earthquake Alert!** See Magnitude 1.0+ from the U.S. and Magnitude 4.5+ earthquakes from all over the World.
6. **U.S. Army Survival Guide.** The app is based off the Army Survival Manual and is extremely helpful for camping and backpacking and more. Available in offline, this army guide can really make instant change in how you experience your outdoor adventures. Available in PDF too!
7. **Offline Survival Manual**
8. **American Red Cross First Aid.** Get the app and be prepared for what life brings. With videos, interactive quizzes and simple step-by-step advice it's never been easier to know first aid.
9. **Knots 3D App.** The How To Tie Knots — Animated 3D app will be your personal assistant in the complex craft of knot tying.
10. **Cures A-Z.** Developed by physician, researcher, and best-selling author Jacob Teitelbaum, M.D. and nutritionist Laurie Teitelbaum
11. **Geolocation.** These app is showing your location. If you have been lost this program will help you
12. **Dark Sky - Hyperlocal Weather.** Dark Sky is the most accurate source of hyperlocal weather information. With down-to-the-minute forecasts, you'll know exactly when the rain will start or stop, right where you're standing.
13. **Flowx: Weather Map Forecast.** Visualize the forecast, for anywhere in the world, with the unique Flowx weather map and graphs.
14. **Scanner Radio - Fire and Police Scanner.** Listen to live audio from over 7,000 fire and police scanners, weather radios, amateur radio repeaters, air traffic and marine radios from around the world.
15. **Scanner Radio Pro - Fire and Police Scanner**

16. **Twitter.** Twitter is what's happening in the world and what people are talking about right now.
17. **WhatsApp Messenger.** FREE CALLS: Call your friends and family for free with WhatsApp Calling, even if they're in another country.* WhatsApp calls use your phone's Internet connection rather than your cellular plan's voice minutes.
18. **Google Translate.** Translate between 103 languages by typing, Offline: Translate 59 languages when you have no Internet.
19. **Zello.** Turn your phone or tablet into a walkie talkie with this lightning fast free PTT (Push-To-Talk) radio app.

Sharp HealthCare does not endorse any of the aforementioned Apps, they are strictly recommendations that can be used at the discretion of the end user.

San Diego's Health Care Leader

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DON'T FORGET:

- About your pets

- Your medications

- Gas up your vehicles

- Cash on hand

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To prevent the spread of respiratory viruses, screening procedures and visitor restrictions are in place for the following symptoms:

- Fever
- Cough, shortness of breath
- Sneezing, stuffy nose
- Sore throat
- Nausea, vomiting or diarrhea
- Headache

- Loss of taste or smell
- Fatigue
- Muscle or body aches
- Exposure to persons who are COVID-positive or suspected to be COVID-positive

Universal masking is in place for all patients, visitors and health care personnel:

- Everyone entering the building must wear a mask over their nose and mouth at all times.
- Clean your hands with soap and water for at least 20 seconds or use available hand sanitizer located throughout the facility.
- Dispose of used tissues in appropriate trash containers.
- Avoid touching your face, especially your eyes, nose and mouth.
- Maintain at least 6 feet of distance from anyone who is not from your household.

Please get your annual flu vaccine if you have not already done so.

SHIP approved 10.1.20

Hospital Seasonal Influenza/Pandemic Preparedness Checklist

CALIFORNIA
HOSPITAL
ASSOCIATION

*Providing Leadership in
Health Policy and Advocacy*

This checklist has been developed by the CHA Hospital Preparedness Program and is intended to be used as one of several tools to assist in preparation for Seasonal Influenza and Pandemic. The checklist recommendations are general in nature with a purpose of prompting review and action. As public health is the lead agency in this event, every effort should be made to remain up to date with rapidly changing local, state, and federal guidance and regulations. Important resources and web links are listed at the end of this document.

1.	**Review/Update Plans**

☐ Review and update surge plans with an emphasis on infectious disease surge, including Pandemic Influenza Plan and related policies and procedures (e.g. highly infectious disease, mass fatality, mental health support).

    ☐ Review the CDC Hospital Pandemic Influenza Planning Checklist. Incorporate California Department of Public Health, local situation/activation levels rather than WHO pandemic phases into plans.

    ☐ Review and update Emergency Operations Plan (see CHA Emergency Management Program Checklist).

    ☐ Verify that policies and procedures are consistent with government guidance and regulations (such as Cal/OSHA) regarding protection (infection control), testing, reporting, and treatment of suspected and confirmed cases of highly infectious diseases such as COVID-19.

    ☐ Ensure that processes are in place to both update protocols as guidance and regulations change, as well as to communicate changes to staff, physicians, volunteers, patients and visitors.

    ☐ Review hospital surge planning (see CHA Hospital Surge Planning Checklist).

    ☐ Evaluate potential need for external triage to minimize exposure of patients and staff (See S&C-09-52).

    ☐ Review process to request Licensing and Certification program flexibility (see AFL 06-33).

    ☐ Review/establish plans for cohorting infectious disease patients.

    ☐ Document planning for use of alternative/expanded treatment areas to increase patient care capacity.

    ☐ Plan for increase in pediatric, intensive care unit patients and other specific patient populations that may be disproportionately affected or may need services not normally provided by the hospital.

    ☐ Ensure effective procedures for expediting admissions and discharges.

    ☐ Consider using available space to create a "discharge lounge" for non-infectious patients to await transportation home. Plan to arrange transportation for discharged patients.

    ☐ Plan for mental/behavioral health services/psychosocial impacts.

    ☐ Develop processes to address austere care/ethical decision making.

    ☐ Review/update Mass Fatality Plan.

☐ Develop or revise Aerosol Transmissible Disease Plan, incorporating current Cal-OSHA regulations.

☐ Review HICS Incident Planning Guides (IPG) and Incident Response Guides (IRG) for Pandemic Influenza and consider pre-assigning staff to relevant Incident Management Team (IMT) positions.

☐ Develop joint contingency plans with physicians, independent physician associations (IPAs), urgent care centers, dialysis centers, and community clinics, which may include extended and weekend hours.

☐ Ensure triggers for plan activation are in place, realistic, and consistent with guidance.

2. Limited Services and Scarce Resources
☐   Ensure that protocols and processes are in place to prioritize limited services and scarce resources.
☐   Ensure understanding of California Emergency Operations Manual and Medical and Health Operational Area Program (MHOAC) process
☐   Ensure understanding of MHOAC process to request critical supplies, equipment and personnel using resource requests
☐   Prepare to implement alternate standards of care as permitted or directed by state or federal authorities, with appropriate input from medical staff and legal counsel. In absence of such direction, maintain normal standards of care by all means available.
☐   Develop plans for allocating scarce resources as approved by appropriate hospital committee(s) (e.g., ethics).
☐   Plan to implement adjusted staffing patterns and practices as allowed by regulation.
☐   Implement cross-training of staff in needed roles (e.g. security).
☐   Review policies and procedures to evaluate/credential, train and assign volunteers.
3. Equipment, Supplies and Pharmaceuticals
☐   Ensure resources and/or supply chain plan to meet surge of influenza patients (e.g., ventilators, masks, N95 respirators, antivirals).
☐   Increase inventory of influenza-related supplies (e.g. procedure masks, N95 respirators, eye protection, gowns, gloves, hand hygiene supplies, facial tissues, nasal swabs, transport medium, disinfectant supplies, central line kits, morgue packs, etc.) as able.
☐   Assess stock and availability of ventilators, other respiratory care equipment, IV pumps, cardiac monitors and beds.
☐   Plan for staff fit testing for alternate brand N-95 respirators for anticipated shortage of current brand.
☐   Maintain modest supplies of antiviral agents as per guidance, including pediatric suspension oseltamivir
☐   Implement plan to track resources.
☐   Document efforts to secure scarce resources (e.g. Cal/OSHA Interim Enforcement Policies).
☐   Plan to receive stockpile from local health care agency/public health (PPE, antivirals, vaccine).
4. Workforce Vaccination
☐   Plan for vaccination of employees for seasonal influenza. Educate and encourage staff to be vaccinated to reduce absences and reduce transmission
☐   Ensure your hospital has pre-registered for vaccine at www.CalPanFlu.org
☐   Develop/update plans for vaccination of healthcare workforce to possibly include up to 4 injections at different times depending on the disease (seasonal, pneumococcal, H1N1 series).
☐   Plan for prioritization of staff vaccination in accordance with government guidance when available.
☐   Maintain robust seasonal influenza vaccination program.

☐   Each vaccination plan will need to address:

    ☐   Receipt, storage, and security of vaccines.

    ☐   Tracking of vaccinated personnel to include monitoring for complications and/or adverse events.

5. Triage

☐   Ensure triage plan identifies and separates potential infectious patients from non-infected patients to minimize exposures.

    ☐   Develop alternative triage plan for suspected influenza cases as appropriate to response level, such as triage outside the facility, drive-through triage, , or telephone triage.

    ☐   Establish alternate locations and staffing for triage, medical screening exams and/or care, as appropriate to situation and setting. (See EMTALA resource).

    ☐   Develop health information call centers or coordinate/link with community call centers.

    ☐   Configure Emergency Department waiting rooms with segregated areas for patients with influenza-like symptoms and those without.

    ☐   Notify California Department of Public Health Licensing and Certification regional office as appropriate.

6. Monitor Workforce for influenza-like-illness

☐   Develop plans to monitor workforce for influenza-like-illness to minimize exposure and to comply with hospital exclusion-from-work-policy.

    ☐   Consult hospital Human Resources and legal counsel for guidance on employee health policies.

    ☐   Implement plan to evaluate symptomatic personnel before they report for duty. This may include taking temperatures of all staff prior to entering the facility.

    ☐   Develop workplace policies to address employee declination of vaccination.

    ☐   Consider reassigning pregnant and high risk staff to areas with lower exposure potential.

    ☐   Adopt policies that encourage staff to report illness and stay home.

    ☐   Review Human Resource policies to identify and eliminate language that may encourage staff to work when ill or when they are within the period of communicability.

    ☐   Review sick leave, vacation and on-call policies.

    ☐   Develop an Occupational Health plan for addressing symptomatic staff.

    ☐   Consider work-at-home policies where feasible for business/non-clinical staff.

    ☐   Develop antiviral prophylaxis policies for staff exposure as per guidance according to recommendations.

    ☐   Develop antiviral treatment criteria/plan and resources for staff who become ill.

    ☐   Subject to state and local guidance, consider assigning staff recovered from influenza to care for influenza patients.

7. Staff/Physician Education and Communication	

☐ Provide education and cross-training for specific needs (e.g., PPE, pediatric care, ventilator management, security).

    ☐ Ensure Healthcare personnel are properly trained on infection control principles and the appropriate use of PPE. (Refer to CDC Hospital Pandemic Influenza checklist pg. 8 and current guidance at www.cdc.gov).

    ☐ Develop communication plan that addresses the need for staff updates regarding infection control, testing and treatment protocols and infected/exposed staff protocols.

    ☐ Develop education/training programs as necessary to implement hospital plans for surge, cross training to address increased needs (e.g. ventilator care, security), infection control, use of cached equipment/supplies, employee exposure and other needs.

    ☐ Provide guidance and encourage employees to be personally prepared (e.g. childcare, family plans, vaccinations).

    ☐ Poll staff to determine whether they plan to work during an outbreak.

    ☐ Ensure physicians are aware of altered standards of care plans and the potential transition from individual-centered to population-based care.

    ☐ Review the hospital Aerosol Transmissible Disease (ATD) plan with staff and ensure hospital is in compliance with the Cal/OSHA ATD Standards.

☐ Plan for clear and regular communication with staff regarding guidance, protocols and situation status.

    ☐ Confirm staff is aware of and follows hospital policies and procedures as they relate to treatment of seasonal influenza, and other infectious patients.

    ☐ Facilitate situational awareness by providing frequent and consistent pathway of information regarding event to staff.

8. Infection Prevention	

☐ Review infection control management protocols for patients, visitors, vendors and others entering the facility.

    ☐ Develop plan based on local public health guidance for infection control practices for visitors and patients.

    ☐ Screen visitors for signs and symptoms of influenza.

    ☐ Post appropriate signage throughout the facility including entrances

    ☐ Provide information to patients and visitors on basic prevention and control measures for influenza.

    ☐ Develop process to monitor for nosocomial influenza transmission.

    ☐ Develop process to cohort influenza-like-illness patients and restrict non-influenza-like- illness admissions to those units.

    ☐ Develop process to provide for dissemination of accurate and coordinated public information.

    ☐ Post "respiratory etiquette" signs in high traffic areas.

    ☐ Ensure that masks, facial tissue and appropriate trash receptacles are in appropriate areas.

    ☐ Install hand hygiene dispensers in high traffic locations.

        ☐ Establish plans to limit the number of visitors, which include considering restriction of pediatric visitors, in coordination with other health care facilities/local public health department

9. Operational Area Communication and Coordination

☐ Identify and establish communication protocols with Medical and Health Operational Area Coordinator (MHOAC) and Operational Area medical-health agency(ies) for coordination, resource management/mutual aid, guidance updates and status reporting.

    ☐ Follow Standardized Emergency Management System (SEMS) guidelines to request mutual aid when unable to secure resources through the Medical and Health Operational Area Coordinator (MHOAC) when unable to obtain resources through regular channels, Hospital Coalition Partners, of system partners (for example, requesting through operational area medical health branch of Emergency Operations Center or Local Health Department (LHD) Department Operations Center).

    ☐ Ensure established relationship with LHD/LEMSA for planning and response activities Hospital Infection Preventionists, Emergency Preparedness Coordinator and, Public Information Officer). Ensure that hospital communication channels are in place for timely receipt and dissemination of federal, state and local guidance, regulations, pandemic/influenza status updates and other related information (who, how, when).

    ☐ Participate in any established conference calls with local health agencies and the California Department of Public Health.

    ☐ Participate in HAvBED reporting.

    ☐ Enroll in CAHAN and monitor communications.

    ☐ Ensure hospital is engaged in any alternate care site (ACS) planning in the community, with consideration of triage/transport policies.

    ☐ Follow local public health guidelines for vaccine and/or antivirals, as available.

    ☐ Follow EMS guidelines for patient transport, as available.

    ☐ Coordinate with the local health department on risk communication messaging for traditional media and other methods to educate public regarding infection control, where to receive vaccinations (not the Emergency Department or patient care areas), when to seek care and appropriate home care.

    ☐ Provide and reinforce public messaging through use of posters, flyers and signs within the hospital, public service announcement messaging on televisions in waiting rooms, mailings to patients, etc.

    ☐ Coordinate with the local health department on preparation of fact sheets and media messaging.

    ☐ Facilitate communication between medical staff leadership and public health officials.

    ☐ Review and consider guidance and regulation (and potential conflict) with the hospital emergency management committee, senior leadership, medical staff and legal counsel when determining any course of action.

    ☐ Ensure awareness of Healthcare Preparedness and Pandemic Influenza Healthcare funding and how the hospital may use funds. Consult with local Hospital Preparedness Program grant administrator.

10. Business Continuity Planning

☐ Ensure continuity of operations plans assume reduced workforce and potential financial impacts (e.g., reduction in scheduled admissions, registry use, increased use of resources).

    ☐ Identify critical functions.

    ☐ Plan for influenza surge for several weeks to months with potential cancellation of elective surgeries and subsequent loss of revenue.

☐ Plan for infrastructure disruptions that may result from staffing shortages in other industries. These may include a reduction or lack of services in utility, sanitation, transportation (including fuel), information technology, supply chain, communications, and education sectors.
☐ Establish charge code for tracking incident-related expenses.
☐ Ensure HICS forms are completed to provide accurate documentation of the hospital's response activities (required for potential reimbursement)
☐ Identify staff that can work from home or in other locations and facilitate any needed IT connections.

11. Security

☐ Address potential need for security to limit/manage facility access, and protect scarce resources (e.g., masks, N95 respirators, vaccine, antivirals).
☐ Establish access control into the facility, such as limiting points of entry.
☐ Plan for secure transport and storage of scarce resources (for example, pharmaceuticals, N95 respirators).

12. Resources -References

- CDC Influenza Information www.cdc.gov/flu/
- CDC H1N1 Guidance www.cdc.gov/h1n1flu/guidance
- CDC Corona Virus Guidance www.cdc.gov/coronavirus/2019-ncov/index.html
- CDPH Corona Virus Guidance www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
- Request for Temporary Increase in Patient Accommodations www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-06-33.pdf
- EMTALA Requirements and Options for Hospitals in a Disaster www.calhospitalprepare.org/document/centers-medicare-medicaid-services-cms
- CDPH H1N1 Information www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx
- CHA Emergency Preparedness Website www.calhospitalprepare.org
- CDPH Vaccination Registration www.calpanflu.org
- National Strategic Plan for Emergency Department Management of Outbreaks of Novel H1N1 www.calhospitalprepare.org/sites/epbackup.org/files/resources/2009-H1N1%20Strategic%20Plan081009.pdf
- CDC Hospital Pandemic Influenza Planning Checklist www.flu.gov/plan/healthcare/hospitalchecklist.html
- CHA Hospital Emergency Management Program Checklist www.calhospitalprepare.org/node/253
- CHA Hospital Surge Planning Checklist www.calhospitalprepare.org/document/surge-plan-checklist
- CHA Hospital Mass Fatality Planning Checklist www.calhospitalprepare.org/document/mass-fatality-checklist
- World Health Organization www.who.int/en/
- CIDRAP (Center for Infectious Disease Research & Policy) www.cidrap.umn.edu/index.html
- AHRQ Pediatric Hospital Surge Capacity in PH Emergencies www.ahrq.gov/prep/pedhospital
- Cal/OSHA Aerosol Transmissible Disease (ATD) standard. (Note: the standard states it is "proposed"; however, it is final) www.dir.ca.gov/oshsb/ATD_txtbdconsider.pdf
- Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199 (Aerosol Transmissible Diseases) – www.calhospitalprepare.org/sites/epbackup.org/files/resources/9.09.09_0.pdf
- CHLA (Children's Hospital Los Angeles) Pediatric Disaster Resource and Training Center www.chladisastercenter.org
- Hospital Guidelines for Pediatric Preparedness www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-peds-childrenindisasters-010709.pdf
- Pediatric Surge Pocket Guide www.lapublichealth.org/eprp/docs/Emergency%20Plans/Pediatric%20Surge%20Pocket%20Guide.pdf
- NJHA (New Jersey Hospital Association) Pandemic Influenza Planning Modules www.njha.com/paninf/index.aspx
- One-stop access to U.S. Government H1N1, avian and pandemic flu information www.flu.gov/
- HICS Pandemic Influenza Planning Guide (IPG) and Incident Response Guide (IRG) http://www.emsa.ca.gov/HICS/files/Ext_03.doc

My-EOP™

Instructions to download the My-EOP™ mobile application:

If you already have My-EOP downloaded, skip to step 4.

1. Search for My-EOP (or myeop) in the "App Store" (Apple iOS) or the "Play Store" (Android devices).
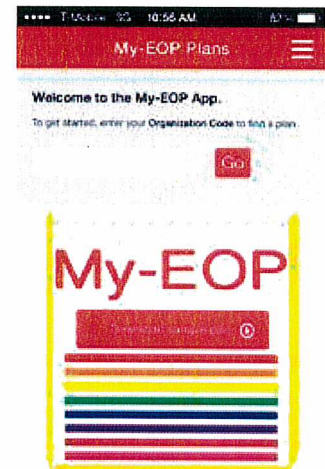
   Note for iPad users: Select "iPhone Only" as a search limit in the App Store.

   Apple:
   https://itunes.apple.com/us/app/my-eop/id818004891?mt=8
   Android:
   https://play.google.com/store/apps/details?id=com.gcckc.myeop

2. Install My-EOP on your device.

   – Accept app permissions.

3. Open My-EOP.

   – Accept the terms and conditions.

4. Click on the menu button (▤), find a plan.

5. Enter your search term: **sharp**

6. Once your plan is displayed, click on the plan to download.

7. To gain access to the download, you'll be asked for your password. Your password is **2019** (CASE SENSITIVE)

Once the file is downloaded, you may enter the plan. From that point forward, when you open My-EOP, you will see that plan on your available plan list.