



# Disaster Preparedness Resource Guide





## ACKNOWLEDGEMENTS

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This guide, produced and distributed May 2012, is not intended to be a replacement for legal advice and guidance in emergency situations. We hope that your staff will find it helpful.

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## TABLE OF CONTENTS

<b>Acknowledgements</b> .....	2
<b>Table of Contents</b> .....	3
<b>Introduction</b> .....	4
<b>Foundational Knowledge</b> .....	5
Four Phases of Emergency Preparedness .....	6
Nursing Home Incident Command System.....	7
LA County Concepts of Operations.....	9
<b>Planning/Resources</b> .....	10
Mass Medical Care Model .....	11
Key Responses and Surge Strategies .....	13
Coordinating with the LACDPH-HFID.....	18
Communications and Resource Request .....	20
Planning Tools.....	21
Contact List for Planning.....	22
Disaster Resource Centers .....	23
Facility Contacts .....	24
Resources.....	25
<b>Acronyms</b> .....	26
<b>Disaster Response Checklist</b> .....	28
Bomb Threat .....	29
Cold Weather Procedures.....	31
Earthquake .....	32
Fire.....	33
Flood.....	36
Hazard Material/Waste Spill .....	37
Hot Weather Procedures .....	39
Pandemic Influenza.....	40
Missing Resident .....	41
Utility Outage .....	43
Workplace Violence.....	44
Evacuation.....	46
Shelter in Place .....	48
Contact List for Response .....	49

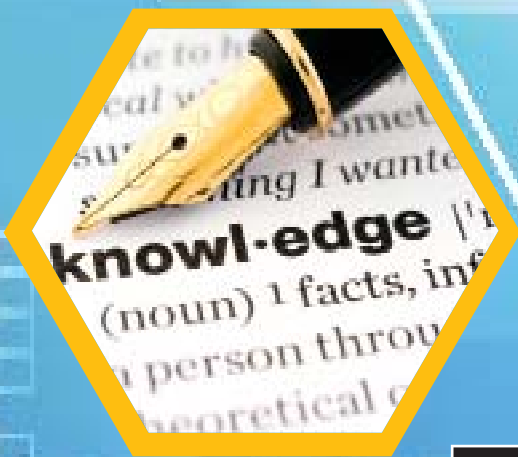
## INTRODUCTION

The Los Angeles County Disaster Preparedness Resource Guide for Long-Term Care Health Facilities is provided by the LA County Emergency Medical Services Agency as a planning adjunct and quick reference tool for Los Angeles County skilled nursing facilities (SNFs). This guide is designed to assist facilities to prepare and respond effectively to common emergency situations. There are three unique sections in this document: *Foundational Knowledge*, *Planning Resources*, and *Disaster Response Checklist*.

- The *Foundational Knowledge* section provides a brief description of essential emergency program concepts
- The *Planning Resources* section contains LA County-specific information, as well as some useful templates for SNFs to incorporate into their existing emergency operations manual
- The *Disaster Response Checklists* are designed as a “quick glance” reference tool for staff who are dealing with emergent situations

These checklists can be customized and easily reproduced so that a copy can be kept at multiple workstations and other locations in the facility. The events in this checklist section are arranged alphabetically, but facilities may choose to reorganize them with their high-risk events or severe threats arranged in front. This and other customization are encouraged.

The success of a facility’s response in a disaster can be increased with preparation and practice, therefore it is highly encouraged that providers **READ** this guide thoroughly, **UPDATE** it with information specific to their facility, and **TRAIN** with it during exercises with colleagues and facility staff. Additionally, this guide references the **Nursing Home Incident Command System (NHICS)** as a foundational framework for facilities during all-hazards emergency planning and response efforts. NHICS is a flexible standardized approach that can be integrated into existing disaster plans. This system is used by nursing facilities and other long-term care facilities, regardless of their size or resident care capabilities, to improve their efficiency and interoperability with other response partners.



# Foundational Knowledge



# Four Phases of Emergency Preparedness

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

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

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

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

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

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

# Nursing Home Incident Command System

## **Nursing Home Incident Command System (NHICS)**

The Incident Command System (ICS) is part of the emergency management system at all jurisdictional levels (federal, state, and local). It is part of the National Incident Management System (NIMS) and California's Standardized Emergency Management System (SEMS). It is a framework for response during large-scale events that is standard in the field of disaster response. ICS has been simplified and adapted for use by long-term care facilities, and is called the Nursing Home Incident Command System or NHICS and is referenced through-out this guide.

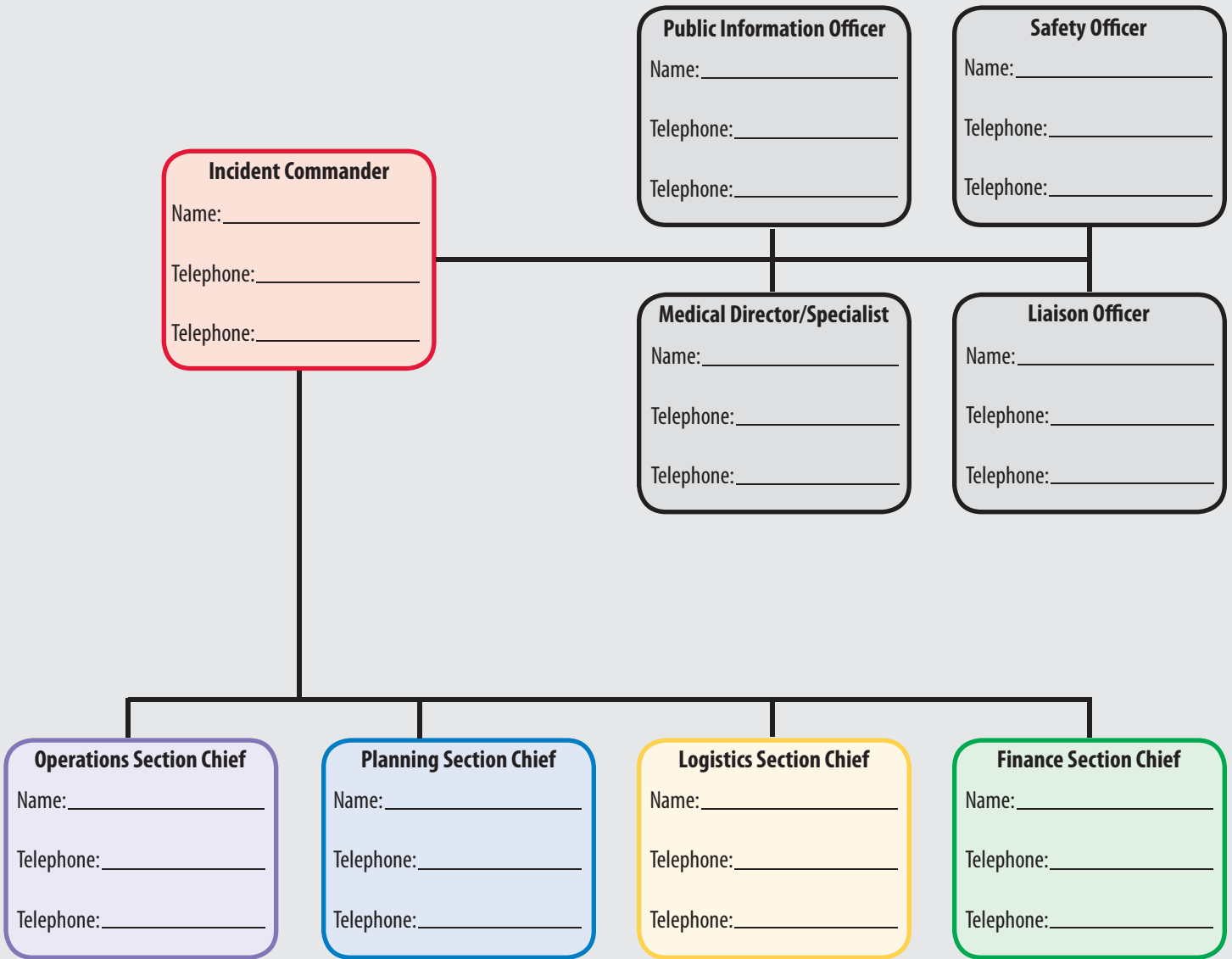
By employing the concepts of incident command design outlined in NHICS, a long-term care health facility is positioned to be consistent with NIMS and to participate in a system that promotes national standardization in terminology, response concepts, and procedures.

The NHICS incident management team chart illustrates how authority and responsibility is laid out during an activation of the emergency plan. In traditional Incident Command, there are five sections:

- Command
- Operations
- Planning
- Logistics
- Finance

Providers are encouraged to **identify primary and alternate personnel** who would fill the key NHICS roles identified on the worksheet on page 8 and to train all staff that when there is an activation of the emergency operation plan, there should be an activation of NHICS as well. Additional information and training materials for NHICS are available at [www.cahfdisasterprep.com](http://www.cahfdisasterprep.com).

## Nursing Home Incident Command System—Continued



### NURSING HOME INCIDENT MANAGEMENT CHART WORKSHEET



# LA County Concepts of Operations

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

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

During an urgent life threatening emergency, SNFs will continue to access urgent medical care through the 911 system. In the case of a widespread event involving multiple sites of impact, the EMS Agency along with LACDPH will provide the overall coordination for resource requesting, obtaining situational awareness, and providing information horizontally and vertically within the medical and health coordination network. These activities are conducted through the activation of the LA County Departments of Health Services and Public Health Department Operations Centers.

When SNFs require help with disaster response and recovery, the LA County DPH Health Facilities Inspection Division (HFID) will be the point of contact for requests for assistance and/or information. If the HFID needs additional resources to assist the impacted SNF, it will coordinate with the MHOAC, and/or the Department of Health Services (see page 19 for more information on the role of HFID and how to access them)

### **DISASTER RESOURCE CENTERS**

The Disaster Resource Center (DRC) Program was developed to assist the healthcare community to work together regionally in LA County on emergency preparedness and response. Thirteen hospitals have been designated within 10 geographic regions in LA county as Disaster Resource Centers (DRCs) to work with their surrounding health care facilities in planning, training, exercises, and facilitating a regional disaster plan. Skilled nursing facilities can participate in this regional planning and utilize their local DRC as a resource when developing their facility's disaster program. For more information on the DRCs, contact the LA County Disaster Resource Center Program manager at (562) 347-1645. For a list of all the LA County DRCs go to page 23.



# Planning Resources



# Mass Medical Care Model

## OVERVIEW

### BACKGROUND

The intent of the LA County Mass Medical Care Model is to plan for a medical surge (when demand for care exceeds available resources) caused by a pandemic or other sustained community-wide communicable disease outbreak. However, in recognizing that a Mass Medical Care Model should be “all hazards” this framework identifies key operational steps and coordinated strategies for health facilities to meet the care needs of the community during a medical surge related to any disaster. The top three hazards identified for Los Angeles county are earthquakes, wildland fires and the urban interface, and pandemic influenza. In any of these catastrophic events, SNFs in LA county may be asked to participate in the management of medical surge.

### GOALS AND OBJECTIVES

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

The goal of these surge strategies is to:

- Ensure the continuity of business operations at all healthcare facilities
- Increase capacity to meet the anticipated increased demand due to surge

The surge strategies fall under three main resource areas to meet these goals:

- Capacity (space): Increase the ability to maintain operations and/or take on additional residents
- Personnel (staff): Increase the ability to maintain staffing levels and/or expand the workforce
- Medical Material (stuff): Ensure adequate supplies and equipment

### IMPLEMENTATION AND WAIVERS

The surge strategies identified in this Mass Medical Care Model were identified by a collaboration of key healthcare system stakeholders. In a review of these methods, several state and federal regulations were identified as potential barriers to full implementation of the surge strategies. While this Mass Medical Care framework identifies surge strategies to be taken during a disaster response, it also identifies the regulations that would need to have regulatory authorization, program flexibility or suspension in order to fully implement this framework.

## HOW TO USE THIS FRAMEWORK

Facilities would use this document to:

- Review documents of pre-identified surge strategies (pages 14-16) based on space, staff and stuff and identify the possible barriers that may exist for implementation
- Identify the appropriate communication, notification, and status reporting process
- Identify the appropriate resource requesting process
- Clarify the procedures for notifying Los Angeles Department of Public Health, Health Facilities Inspection Division (HFID) in an appropriate and expedient manner

### **SURGE MONITORING DIAGRAM COLOR DESCRIPTIONS\***

The designations of the surge monitoring colors will be made by the authorized designee from the skilled nursing or the long term care facility in the local jurisdiction. Below is a description of each of the five facility levels of surge.

- **Green** (normal operations): Facility is operational and in usual day-to-day status. No assistance from the jurisdiction required.
- **Yellow** (under control): Facility is experiencing a surge and is able to manage the situation within its organization. No assistance from the jurisdiction required.
- **Orange** (modified services): Facility is experiencing a surge and has begun to modify its services. Some assistance from the jurisdiction required.
- **Red** (limited services): Facility is not capable of meeting the demand for care but is able to offer limited services and requires assistance from the jurisdiction.
- **Black** (essential services): Facility is not capable of meeting the demand for care.

*\*Surge diagram colors and descriptions were adapted from the CDPH Standards and Guidelines Foundational Knowledge*

## KEY RESPONSE AND SURGE STRATEGIES

Primary goal: Maintain operations and continue to provide care to current residents in order to benefit the community health system by preventing a surge of residents to acute care facilities.

In cases of pandemic disease, facilities will need to decide if, when, and how they will accept patients who may be infectious and what safeguards they will use to avoid the spread of infection.

The ability of skilled nursing facilities to keep and cohort their current infectious residents will decrease the surge of patients to acute care. This will reduce the stress of medical surge on the healthcare continuum.

### INDICATORS

- Approaching/anticipating the point of no longer being able to provide adequate care or unable to provide the necessary care (SNF: 22 CCR 72515, 42 CFR 483.25 / OBRA '87; subacute: 22 CCR 51215.5)
- Approaching/anticipating the point of no longer being able to maintain a minimum 3.2 nursing hours per patient day (22 CCR 72329)
- Licensed staffed beds are filled in accordance with routine requirement

### Strategies

Space: page 14

Staff: page 15

Stuff: page 16

## Mass Medical Care Model—Continued

### SPACE—Surge Strategies for SNFs

**Objective: Increase the ability to maintain operations and/or take on additional patients by repurposing the use of space**

Strategy/Implementation Steps	Regulatory Considerations
Cohort Patients: Group like-patient types together to maximize efficient delivery of patient care	<ul style="list-style-type: none"> <li>● Maintaining all infection control precautions and procedures</li> </ul>
Use licensed space for other types of patients, if applicable (use of SNF bed for sub-acute and vice versa)	<ul style="list-style-type: none"> <li>● 22 CCR 72603: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the approval of California Department of Public Health (CDPH)</li> </ul>
Convert common areas into patient care, add the use of cots, beds, or other sleeping surfaces <ul style="list-style-type: none"> <li>• Cafeterias</li> <li>• Recreation areas</li> <li>• Lounges</li> <li>• Lobbies</li> <li>• Rooms with unlicensed beds</li> <li>• Unused spaces</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>● 22 CCR 72607(b): Patients shall not be housed in areas which have not been approved by CDPH for patient housing and which have not been given a fire clearance by the State Fire Marshal</li> </ul>
Transfer patients to lower level of care (e.g. RCF) or discharge patients to family residents, temporarily	<ul style="list-style-type: none"> <li>● Have agreements in place with facilities that provided lower levels of care</li> <li>● Pre-identify which patients may be able to be temporarily discharged to their families</li> </ul>
Increase bed capacity of existing patient rooms <ul style="list-style-type: none"> <li>• Convert single rooms to double rooms</li> <li>• Convert double rooms to triple rooms</li> </ul>	<ul style="list-style-type: none"> <li>● 22 CCR 72607(a): A facility shall not have more patients or beds set up for use than the number for which it is licensed except in the case of emergency when temporary permission may be granted by the CDPH director or designee</li> </ul>
Designate wards or areas of the facility that can be converted to negative pressure or isolated from the rest of the ventilation system for cohorting infectious patients  Use these areas for infectious patients to minimize disease transmission to uninfected patients	<ul style="list-style-type: none"> <li>● 22 CCR 72603: Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the approval of CDPH</li> <li>● 22 CCR 72321: Prohibits a skilled nursing facility from admitting or treating any patient with an infectious disease unless that patient can be accommodated in a room vented to the outside</li> <li>● 8 CCR 5199-E: Aerosol Transmissible Disease Standard – Requires use of appropriate PPE</li> </ul>

**STAFF—Surge Strategies for SNFs**

**Objective: Increase the ability to maintain staffing levels and/or expand the workforce**

Strategy/Implementation Steps	Regulatory Considerations
<p>Rely on existing staff</p> <ul style="list-style-type: none"> <li>• Increase the number of hours per work shift</li> <li>• Call in off duty and/or per diem staff</li> <li>• Reassign licensed administrative staff to patient care roles</li> </ul>	<ul style="list-style-type: none"> <li>• CA Industrial Welfare Commission Order # 4-2001, 3(B) (9)-(10) outlines the number of hours that healthcare personnel may work during a healthcare emergency</li> <li>• 22 CCR Section 72038: “Direct caregiver” means a registered nurse, a licensed vocational nurse, a psychiatric technician, and a certified nurse assistant, or a nursing assistant participating in an approved training program, while performing nursing services as described in sections 22 CCR 72309, 72311 and 72315. A person serving as the Director of Nursing services in a facility with 60 or more licensed beds when giving direct care, not included in nursing hours per patient day</li> </ul>
<p>Call upon external sources for temporary staff</p> <ul style="list-style-type: none"> <li>• Nurse staffing agencies</li> </ul>	<ul style="list-style-type: none"> <li>• 22 CCR 72535 states this requirement for skilled nursing and intermediate care facilities. Long-term care health facilities are required to document a health screening, including tuberculosis PPD test, within 7 days of hiring or 90 days prior to an employee’s start-date</li> </ul>
<p>Request additional staffing resources through the Standardized Emergency Management System (SEMS) structure.</p>	<ul style="list-style-type: none"> <li>• Long-term care health facilities are required to document a health screening, including tuberculosis PPD test, within 7 days of hiring or 90 days prior to an employee’s start-date. 22CCR 72535 states this requirement for skilled nursing facilities; 22 CCR 72535 states this requirement for intermediate care facilities. Unless waived or flexed by CDPH Licensing &amp; Certification, this requirement must be met during a healthcare surge and a health screening process should be incorporated into the facility’s plan for acceptance and assignment of staff</li> </ul>
<p>Identify which functions can be performed by:</p> <ul style="list-style-type: none"> <li>• Community-based organization</li> <li>• Volunteer Staff</li> <li>• Family members</li> <li>• Private contractors</li> </ul>	

## Mass Medical Care Model—Continued

### STUFF—Surge Strategies for SNFs

Objective: Ensure adequate supplies and equipment

Strategy/Implementation Steps	Regulatory Considerations
Have enough pharmaceuticals to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours	<ul style="list-style-type: none"> <li>• CA HSC Sections 1261.5 and 1261.6, 22 CCR 72377, and 22 CCR 73375 limit the number of drugs a skilled nursing facility or intermediate care facility can maintain beyond patients' current supply of medication</li> </ul>
PPE: Provide appropriate personal protective equipment and training for all staff: <ul style="list-style-type: none"> <li>• Identify/streamline process for use of PPE including guidelines for reuse and fit testing</li> </ul>	
Request additional supplies and equipment resources through the Standardized Emergency Management System (SEMS) structure	
Contact local vendors for resupply, while utilizing conservation measures in supplies and equipment	
Have enough supplies and equipment to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours	

*Note: the ability to implement strategies is facility-dependent.*



Synopsis of Surge Strategies

	Normal Operations	Under Control	Modified Services	Limited Services	Essential Services
<b>SPACE</b>	All licensed beds are filled appropriately	Increase bed capacity of existing patient rooms i.e. 2 patients in single room, 3 patients in a double room. While providing appropriate care, equipment & support. Taking into consideration	Utilizing licensed space for other type patients, as long as appropriately equipped and staffed for the care being given  Designate wards or areas of the facility that can be converted to negative pressure or isolated from the rest of the ventilation system for cohorting contagious patients  Cohort Patients: Group like-patient types together to maximize efficient delivery of patient care	Convert common areas (e.g., cafeterias, recreation areas, lounges, lobbies), rooms with unlicensed beds or unused spaces into patient care, by adding the use of cots, beds, or other sleeping surfaces; while providing adequate care, equipment and support.  Taking into consideration patient privacy and infection control  Transfer patients to lower level of care (e.g. RCF) or discharge patients to family residents, temporarily	
<b>STAFF</b>	Calling in off-duty staff	Call upon external sources for temporary staff (e.g. Nurse staffing agencies)  Increase the number of hours per work shift	Reassign licensed administrative staff to patient care roles	Request additional staffing resources through the Standardized Emergency Management System (SEMS) structure	
<b>STUFF</b>	Have enough pharmaceuticals to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours.  PPE: Provide appropriate personal protective equipment and training for all staff  Identify/streamline process for use of PPE including guidelines for reuse and fit testing	Have enough pharmaceuticals to be self-sufficient to operate at or near full capacity for a minimum of 72 hours, with a goal of 96 hours	Contact local vendors for resupply, while utilizing conservation measures in supplies and equipment  Request additional supplies and equipment resources through the Standardized Emergency Management System (SEMS) structure  Request additional supplies and equipment resources through the Standardized Emergency Management System (SEMS) structure	Request additional supplies and equipment resources through the Standardized Emergency Management System (SEMS) structure	

# Coordinating with the LACDPH-HFID

## WORKING WITH THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, HEALTH FACILITIES INSPECTION DIVISION

The County of Los Angeles Department of Public Health, Health Facilities Inspection Division (HFID) has the authority and responsibility for the licensing and certification of health facilities and ancillary health services in LA County, including hospitals, nursing facilities, intermediate care facilities, and homes for people with developmental disabilities. Although HFID is not a response agency when an emergency event impacts the health facilities that it oversees, the agency monitors services to residents of those facilities and intervenes when necessary to ensure the safety of residents.

All licensed facilities are required to:

- Have a detailed written plan to deal with all emergencies
- Know how to execute that plan during emergency events
- Report all unusual occurrences to the HFID that threaten the welfare, health or safety of patients, personnel, or visitors

When an emergency event is threatening to impact a licensed health facility in its jurisdiction, the HFID will contact the facility to determine its status in relationship to the event. This contact will be by phone if possible, and the facilities will be asked:

- What is the current and projected status in relationship to this emergency?
- What are the plans for dealing with this emergency
- Does the facility have resource needs such as transportation or critical supplies?

HFID's expectation is that providers will execute plans to deal with all emergencies and in the case of a threatened evacuation will have identified their relocation site ahead of time and be prepared for evacuation. HFID cannot assist with the actual transfer of any occupants.

During a wide spread event when coordination of resources is required, the HFID can assist with the identification of available beds for displaced residents and work with the Department of Health Care Services to authorize medical transport for Medi-Cal recipients. HFID can also refer facility requests for emergency resources to the LA County Department of Health Services, Department Operations Center.

## Coordinating with the LACDPH-HFID—Continued

If impacted or receiving health facilities need to house patients in alternative areas or in numbers exceeding licensed capacity, they must seek permission from the HFID in advance of this situation if possible. When seeking this permission, facilities will need to be prepared to explain:

- How will the receiving health facility provide care to those impacted patients including those with special needs (summarized plan)
- Why the plan is the best alternative to provide for the health and safety of the residents in this situation
- How the rights of the residents in their care will be protected
- What is the projected duration of the temporary relocation

If this plan is approved, HFID will then give temporary permission to the facility to execute that plan, or will work with the facility to identify an alternate plan.

**When to contact:** Immediately upon recognizing emergency conditions that have the potential to impact residents' health and safety.

**Whom to contact:** During working hours contact the district office to which you are assigned. You can find out which district office covers your city by going to: <http://publichealth.lacounty.gov/hfd/howto.htm>

**After hours: LA county 24-hour emergency number** at (213) 974-1234. The HFID duty officer will in turn be contacted.

### District Offices

**NORTH DISTRICT**  
15643 Sherman Way, Suite 200  
Van Nuys, CA 91406  
(818) 901-4375

**WEST DISTRICT**  
6053 Bristol Parkway, 1st Floor  
Culver City, CA 90230  
(310) 665-8400

**SAN GABRIEL DISTRICT**  
5050 Commerce Drive, Suite 102  
Baldwin Park, CA 91706  
(626) 430-5600

**EAST DISTRICT**  
3400 Aerojet Avenue #323  
El Monte, CA 91731  
(626) 569-3724 / (800) 228-1019

## COMMUNICATIONS AND RESOURCE REQUEST

### Coordination

- With City EOC for non-medical resource requests
- For medical resource requests, coordinate with the LACDPH-Health Facilities Inspection Division (HFID) and LAC EMS agency
- Report to LACDPH-HFID



AGENCY	PHONE	FAX	E-MAIL
City EOC			
LACDPH-HFID			
Other			

\* Complete the above chart with your city and HFID district office information.

## Self-Assessment Checklist EOP

- California Association of Health Facilities, Disaster Preparedness Program  
[www.cahfdownload.com/cahf/dpp/FirstThingsFirst.pdf](http://www.cahfdownload.com/cahf/dpp/FirstThingsFirst.pdf)

## Hazard Vulnerability Analysis

- California Association of Health Facilities, Disaster Preparedness Program  
<http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx>
- Kaiser Permanente Medical Center Hazard and Vulnerability Analysis  
[www.njha.com/ep/pdf/627200834041PM.pdf](http://www.njha.com/ep/pdf/627200834041PM.pdf)
- California Hospital Association HVA Tool  
[www.calhospitalprepare.org/hazard-vulnerability-analysis](http://www.calhospitalprepare.org/hazard-vulnerability-analysis)

## Nursing Home Incident Command System (NHICS)

- California Association of Health Facilities, Disaster Preparedness Program  
[www.cahfdisasterprep.com/NHICS.aspx](http://www.cahfdisasterprep.com/NHICS.aspx)

## Exercises and Preparedness Tools

- The Great California Shakeout  
[www.shakeout.org/](http://www.shakeout.org/)
- Golden Guardian  
[www.calema.ca.gov/TrainingandExercises/Pages/Golden-Guardian.aspx](http://www.calema.ca.gov/TrainingandExercises/Pages/Golden-Guardian.aspx)
- California Medical and Health Exercise  
[www.californiamedicalhealthexercise.com/](http://www.californiamedicalhealthexercise.com/)
- California Association of Health Facilities  
[www.cahfdisasterprep.com/PreparednessTopics.aspx](http://www.cahfdisasterprep.com/PreparednessTopics.aspx)

# Contact List for Planning

## GOVERNMENT

### California Department of Public Health, Licensing and Certification

- Office: (800) 236-9747 / (916) 552-8762
- [www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx](http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx)

### Los Angeles County Department of Public Health

- Health Facilities Inspection Division: (800) 228-1019 / (323) 869-8500
- Emergency Preparedness and Response Program 24/7: (213) 989-7140
- Biological Incident Reporting to Acute Communicable Disease Control: (213) 240-7941
- Duty officer email: [phemergdesk@ph.lacounty.gov](mailto:pemergdesk@ph.lacounty.gov)
- <http://publichealth.lacounty.gov>

### Los Angeles County Department of Health Services Emergency Medical Services Agency

- 24/7 Medical Alert Center (MAC): (866) 940-4401
- Duty officer email: [laemsadutyofficer@dhs.lacounty.gov](mailto:laemsadutyofficer@dhs.lacounty.gov)
- <http://ems.dhs.lacounty.gov> Los Angeles County Department of Health Services Emergency Medical Services Agency
- 24/7 Medical Alert Center (MAC): (866) 940-4401
- Duty officer email: [laemsadutyofficer@dhs.lacounty.gov](mailto:laemsadutyofficer@dhs.lacounty.gov)
- <http://ems.dhs.lacounty.gov>

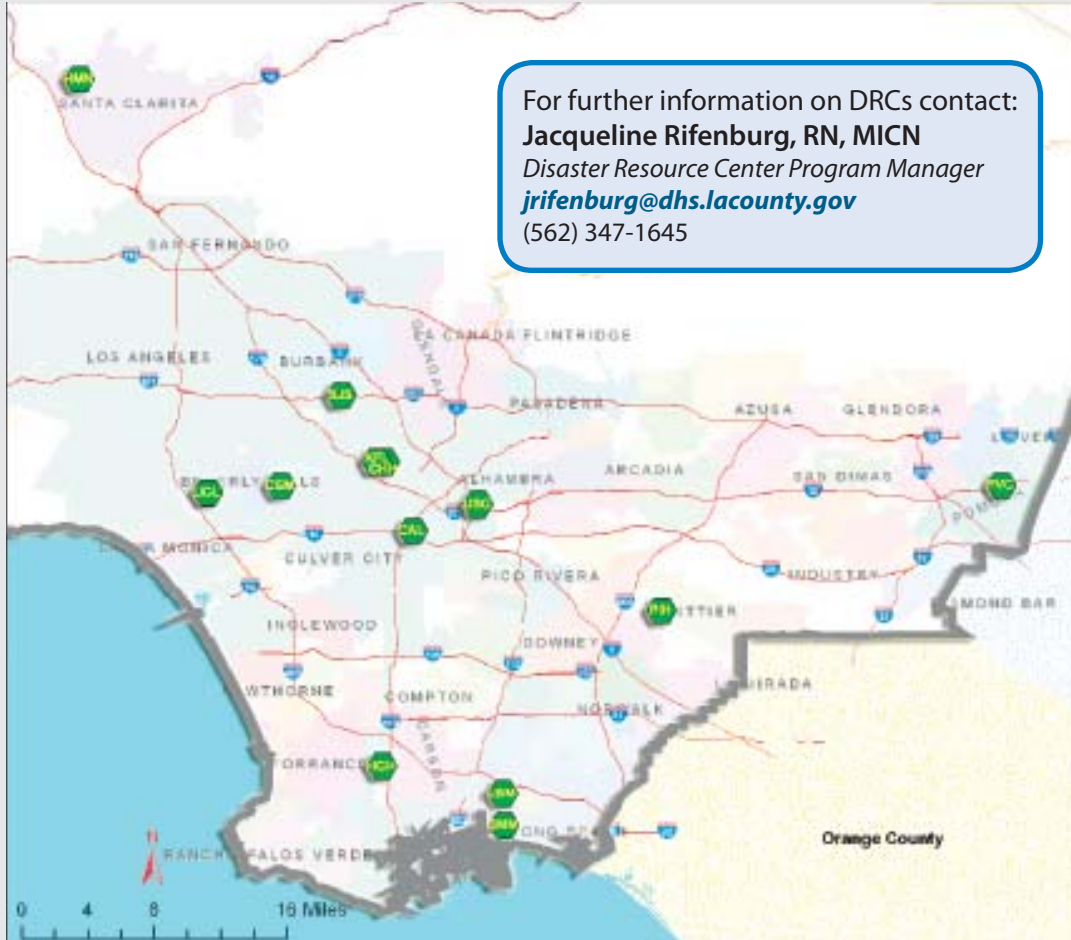
### Los Angeles County Department of Mental Health

- 24/7 hotline: (888) 854-7771
- <http://dmh.lacounty.gov>

### Los Angeles County Department of Coroner

- 24/7 hotline: (323) 343-0714
- <http://coroner.lacounty.gov>

## DISASTER RESOURCE CENTERS



Code	Hospital Name	Address	City	Zip
CAL	California Hospital Medical Center	1401 S. Grand Avenue	Los Angeles	90015
CHH	Children's Hospital of Los Angeles	4650 W. Sunset Boulevard	Los Angeles	90027-6062
CSM	Cedars Sinai Medical Center	8700 Beverly Boulevard	Los Angeles	90048-1865
HGH	LAC Harbor-UCLA Medical Center	1000 W. Carson Street	Torrance	90502-2004
HMN	Henry Mayo Newhall Memorial Hospital	23845 W. McBean Parkway	Valencia	91355-2083
KFL	Kaiser Foundation-Sunset (Los Angeles)	4950 W. Sunset Boulevard	Los Angeles	90027
LBM	Long Beach Memorial Medical Center	2801 Atlantic Avenue	Long Beach	90606-1737
PIH	Presbyterian Intercommunity Hospital	12401 E. Washington Boulevard	Whittier	90602
PVC	Pomona Valley Hospital Medical Center	1798 N. Garey Avenue	Pomona	91767
SJS	Providence Saint Joseph Medical Center	501 S. Buena Vista Street	Burbank	91505
SMM	St. Mary Medical Center	1050 Linden Avenue	Long Beach	90813-3393
UCL	Ronald Reagan UCLA Medical Center	757 Westwood Plaza	Los Angeles	90095
USC	LAC+USC Medical Center	1200 N. State Street, GH Rm 1112	Los Angeles	90033-1083

## Contact List for Planning—Continued

### FACILITY CONTACTS

Fire, Police, EMS	CALL 911
Police or Sheriff's Department (Business)	
Poison Control	(800) 222-1222
Administrator	Home: Cell:
Nursing Director	Home: Cell:
Medical Director	Home: Cell:
Director Maintenance	Home: Cell:
City Emergency Manager	
Fire Alarm Monitoring	
Electric Company	
Gas Company	
Telephone Company	
Communications Provider	
Transportation Provider	
Public Works	
County Emergency Management Office	
Public Health Department	
Health Facilities Inspection Division	
Disaster Resource Center	
24/7 Medical Alert Center (MAC)	(866) 940-4401



## NATIONAL

American Red Cross  
[www.redcross.org](http://www.redcross.org) 1-800-REDCROSS

Centers for Disease Control and Prevention (CDC)  
[www.bt.cdc.gov](http://www.bt.cdc.gov)  
1-800-CDC-INFO (1-800-232-4636)

Center for Medicare and Medicaid Services (CMS)  
<https://www.cms.gov/surveycertemergprep/>

Evacuation Plans and Procedures  
[www.osha.gov/SLTC/etools/evacuation/need.html](http://www.osha.gov/SLTC/etools/evacuation/need.html)

Federal Emergency Management Agency (FEMA)  
[www.fema.gov](http://www.fema.gov)  
1-800-621-FEMA

Occupational Safety and Health Administration (OSHA)  
[www.osha.gov](http://www.osha.gov)

U.S. Department of Homeland Security-Ready Business  
[www.ready.gov/index.html](http://www.ready.gov/index.html)

U.S. Geological Survey (California Fault Map)  
<http://earthquake.usgs.gov/earthquakes/centeqscanv/>

## STATE/REGIONAL

Southern California Earthquake Center  
[www.scec.org/](http://www.scec.org/)

California Association of Health Facilities  
[www.cahf.org](http://www.cahf.org)

California Department of Transportation (Quick Map)  
<http://quickmap.dot.ca.gov/>

California Department of Public Health  
[www.cdph.ca.gov](http://www.cdph.ca.gov)

California Highway Patrol  
[www.chp.ca.gov/](http://www.chp.ca.gov/)

LA County Public Health Emergency Medical Services Agency  
<http://ems.dhs.lacounty.gov/Disaster/Disaster.htm>

LA County Emergency Preparedness and Response Program  
[www.publichealth.lacounty.gov/eprp/](http://www.publichealth.lacounty.gov/eprp/)

Local American Red Cross

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Regional Poison Control Centers  
1-800-222-1222

# Acronyms

ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
CAHF	California Association of Health Facilities
CDPH	California Department of Public Health
DHS	Department of Health Services
DPH	Department of Public Health
DOC	Department Operations Center
DRC	Disaster Resource Center
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HFID	Health Facilities Inspection Division
NHICS	Nursing Home Incident Command System
L&C	Licensing and Certification
MAC	Medical Alert Center
MHOAC	Medical Health Operational Area Coordinator
NIMS	National Incident Management System
OA	Operational Area
OEM	Office of Emergency Management
SEMS	Standardized Emergency Management System
TTS	Temporary Treatment Site



# Disaster Response Checklist

LOS ANGELES COUNTY DISASTER PREPAREDNESS RESOURCE GUIDE  
FOR LONG-TERM CARE HEALTH FACILITIES



**Bomb Threat 29**



**Cold Weather Procedures 31**



**Earthquake 32**



**Fire 33**



**Flood 36**



**Hazardous Material/Waste Spill 37**



**Hot Weather Procedure 39**



**Pandemic Influenza 40**



**Missing Resident 41**



**Utility Outage 43**



**Workplace Violence 44**



**Evacuation 46**



**Shelter in Place 48**



1

## Suspicious Package/Item

- **Identify any unusual items** such as boxes, packages, bags, etc.
- If an unusual item is found
  - **DO NOT** approach, disturb, or touch it
  - **Immediately** contact the facility emergency coordinator
  - **Evacuate** everyone away from the area surrounding the package/item saying:  
**“We have an emergency in the building. We must evacuate according to our plan. This is not a drill.”**

!

## Remember

- Call 911 if a bomb threat is received
- Coordinate all actions with **law enforcement officials**
- If a suspected bomb is located within the building, the investigation will be conducted by law enforcement officials with jurisdiction over such matters

2

## Bomb Threat Is Called In

- Be **calm and courteous**
- **DO NOT interrupt** the caller
- **Keep the caller on the line** as long as possible
- Instruct staff members to **discreetly and quietly conduct a thorough search** of their areas and departments
- **Ask and record** information

▶▶▶▶ **Continued** ▶▶▶▶



## Record Information

• **Listen, pay attention** to, and put a **check mark** next to

<b>Gender</b>	Male	Female
<b>Age</b>	Adult	Child

<b>Caller's Voice</b> (check all that apply)				
Calm	Angry	Slow	Rapid	Loud
Disguised	Broken	Sincere	Stressed	Slurred
Nasal	Stutter	Lisp	Accent	Normal
Coughing	Crying	Deep	Distinct	Excited
Laughter	Ragged	Rapid	Raspy	Soft

<b>Background Sounds</b> (check all that apply)				
Animal Noises	House Noises	Kitchen Noises	Street Noises	Booth
PA System	Conversation	Music	Motor	Clear
Static	Office Machinery	Factory Machinery	Local	Long Distance

<b>Threat Language</b> (check all that apply)		
Incoherent	Message read	Taped
Irrational	Profane	Well-spoken

• **Ask** the caller:

- o **When** is the bomb going to explode? \_\_\_\_\_
- o **Where** is the bomb right now? \_\_\_\_\_
- o What does it **look like**? \_\_\_\_\_
- o What **kind of bomb** is it? \_\_\_\_\_
- o What will **cause it to explode**? \_\_\_\_\_
- o **Did you** place the bomb? \_\_\_\_\_
- o **Why?** \_\_\_\_\_
- o Where are you calling from? \_\_\_\_\_
- o What is your name? \_\_\_\_\_

# Cold Weather Procedures



**The facility temperature reaches 65 degrees Fahrenheit or lower and remains so for four hours**

**1**

## **Next Steps**

- Initiate NHICS
- Check on residents' comfort level and never leave residents unattended near a heat source
- Consider the use of heating pads and electric blankets, but check temperature often and don't allow residents to adjust the heat
- Evacuate residents to another facility if temperatures remain low and residents' safety and welfare are jeopardized
- Initiate/continue actions to ensure heat restoration as soon as possible
- Consider clustering residents into the warmest common areas of the facility until heat is restored
- Notify LACDPH-HFID of unusual occurrence and activation of facility emergency operations plan

# Earthquake



!

## Drop, Cover, and Hold On!

### Immediate Response

1

- **Instruct residents to lock wheelchairs and cover heads with arms, pillows, and/or blankets while shaking continues**
- **Prepare for aftershocks**
- **Initiate NHICS**
- **Assign appropriate staff to assess** the residents for injuries requiring immediate attention
- **Assign staff in pairs to assess facility for damage** that requires immediate attention, (i.e., gas leaks, broken glass, spills)
- **Move residents out of harm's way from immediate hazards such as cracked windows, falling fixtures.**
- Contact LACDPH-HFID to report status and get critical information
- Utilize communication systems and devices to acquire event information and instructions

2

### Next Steps

- **Do not** use any source of flame inside
- **Do not** shut off the gas unless you suspect a leak exists. Remember, only the gas company can restore service
- **If having electrical issues, keep power off** until an electrician conducts an inspection and establishes it is safe
- If instructed by authorities or in case of possible water line breaks, shut off water into the building to protect supplies in water heaters and toilet tanks from outside contamination
- **Avoid using water from the toilets and faucets** as "potable" unless purified or cleared to do so by public health
- Assess building damage and review emergency operations plan to determine course of action: **shelter in place** or **evacuation**
- Initiate specific actions as directed by incident commander





## R.A.C.E.

- **Rescue** anyone in immediate danger
- **Alert** other staff members of the fire and location over the intercom system. Pull the nearest fire alarm and call 911
- **Contain** the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators, and air conditioner as these will feed the fire and spread smoke throughout the building
- **Extinguish** if the fire is small. Aim the extinguisher low at the base of the fire and move slowly upward with a sweeping motion



## Immediate Response: A Small Internal Fire

- **Notify 911** that an actual emergency situation is in progress. Provide the 911 dispatcher with the following information:
  - Name of the facility
  - Address and nearest cross street
  - Floor number, room number, etc., and
  - What is burning (electrical, trash, etc.)
  - **Do not hang up**—let the person on the other end of the line end the conversation as other information might be needed
- **Small fire—attempt to extinguish it**
- Use the appropriate fire extinguisher
  - Multipurpose—Dry chemical extinguishers labeled ABC are effective for fighting most types of fires

▶▶▶▶ **Continued** ▶▶▶▶



2

## Immediate Response: Widespread Internal Fire

- Fire is **widespread** or cannot be immediately extinguished
- **Notify 911** that an actual emergency situation is in progress. Provide the 911 dispatcher with the following information:
  - Name of the facility
  - Address and nearest cross street
  - Floor number, room number, etc., and
  - What is burning (electrical, trash, etc.)
  - **Do not** hang up—let the person on the other end of the line end the conversation as other information might be needed
- **Commence evacuation** according to EOP procedures
- If safe to do so, **shut off** oxygen or other medical gases that could contribute to the spread of fire
- **Coordinate** emergency operations with the fire department
- **Organize staff members** to stay with the group(s) and prevent panic

3

## Immediate Response: Fire Alarm

- **Secure workplace**, close all hallway and room doors to contain the fire
- **If needed, begin evacuation** of residents, visitors, and personnel
- **Do not** attempt to use an elevator. Use stairs to exit the building; always hold the handrail, and be very careful of footing while descending
- Residents, visitors, and personnel with mobility issues should be moved according to EOP with equipment as indicated

▶▶▶▶ **Continued** ▶▶▶▶

## 4

### Immediate Response: An External Fire

- **Monitor** media and local alert system for evacuation reports and instructions
- **Current fire information** can be found at: [www.fire.ca.gov/index.php](http://www.fire.ca.gov/index.php)
- **Monitor** residents and staff for health complications from smoke
- **If fire threat is increasing, activate NHICS**
- **Preemptive methods to mitigate smoke and fire risk**
  - Close all windows, doors, and vents
  - If using HVAC, set to re-circulate indoor air
  - If possible, use a high efficiency particulate air filter
  - Prepare evacuation bags, records, and ID tags
  - Contact transportation companies to alert them you may need to evacuate
- **In case of immediate threat**
  - Activate emergency procedures for evacuation
  - Move residents to a pre-designated staging area for rapid evacuation
  - If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless need is certain as only the gas company can turn it back on
  - Contact your transport companies
  - Contact resident families or responsible parties and LACDPH-HFID
  - Leave a message on your facility phone with a contact number and information regarding your status



## !

### Remember

- Account for all staff members and residents
- The situation can only be deemed “under control” after the local authorities have concluded emergency operations and incident commander has deemed the situation as “safe.” At this point “All Clear” can be announced.



## 1

### Immediate Response

- Residents should be **evacuated** to the closest safe area available, preferably high ground
- **Activate NHICS**
- **Unplug appliances** if time permits you to do so safely and there is an imminent threat of water entering the building
- If time permits, store or tie down furniture
- If water is not contaminated, fill up emergency supply receptacles for water
- **Turn off water and electricity**
- **Avoid** walking through floodwaters
- If you come in **contact with floodwaters, wash hands with soap and disinfected water**
- **Gather critical supplies to take to higher ground/evacuation (i.e., water, medications, communications devices, blankets, and important health records). Follow instructions from incident commander/local authorities for evacuation**

## 2

### Next Steps

- **If safe, check for structural damage and repair** before calling LACDPH-HFID
- **Check for utility leaks or compromise** such as gas, water, and sewage line damage
- **Keep the power off** until an **electrician has inspected** for safety
- **Boil all water** for drinking and food preparations as directed by local authorities or if contamination is suspected
- **Dispose of** any food that has come in contact with flood waters, including canned food
- Contact LACDPH-HFID for approval to move residents and staff back into the facility

# Hazardous Material/Waste Spill



- If **INTERNAL**, notify **911** that a hazardous material or hazardous waste spill incident is in progress. **Provide the dispatcher** with as much **relevant information** as possible
- If **EXTERNAL**, Local authorities and/or emergency management will typically notify the facility of and incident. **Listen to information sources** (local television or radio) for the most up-to date news and instructions.

1

## Immediate Response: Internal

- Determine if a hazardous chemical or gas leak might endanger the residents and staff; refer to **Materials Safety Data Sheet (MSDS)** if appropriate
- **Evacuate residents to a non-impacted area** of the building as indicated by situation and **set up controlled access** to the impacted area
- **Assess** residents for **signs of distress**
- Provide appropriate **personal protective equipment** to residents and staff as indicated
- Initiate NHICS
- Coordinate with **fire department, law enforcement, and emergency management** to determine if evacuation is necessary



## Remember

- **Account for** all staff members and residents
- The situation can only be deemed **“under control”** after the local authorities have concluded emergency operations and incident commander has deemed the situation as **“safe.”** At this point, **“All Clear”** can be announced



▶▶▶▶ **Continued** ▶▶▶▶

# Hazardous Material/Waste Spill

1

## Immediate Response: External

- Initiate NHICS
- Close windows, doors, HVAC, to protect inside air quality if fumes are suspected
- Monitor road conditions and advise staff of restrictions/alternate routes
- Coordinate with fire, law, emergency management and LACDPH-HFID if evacuation or prolonged shelter in place is anticipated

!

## Remember

- **Account for** all staff members and residents
- The situation can only be deemed **“under control”** after the local authorities have concluded emergency operations and incident commander has deemed the situation as “safe.” At this point, “All Clear” can be announced



# Hot Weather Procedures



**When the facility ambient room temperature reaches 85 degrees Fahrenheit or higher and remains so for four hours**

**1**

## **Immediate Response**

- Assess residents for signs of discomfort/distress
- Initiate NHICS
- **Consider relocating residents** to a cooler part of the facility
- **Check on residents' comfort** level every two hours or more frequently as needed
- Provide light clothes and bedding
- Encourage residents to **take in more fluids** and **keep residents hydrated**
- Provide cold washcloths
- Open windows to let cooler outside air in and utilize fans to move air. If outside temps are warmer, keep windows closed and shades drawn
- Initiate/continue facility specific actions to restore HVAC



## **Remember**

- **Notify 911** if a resident/staff appears to be suffering from heat-related illness such as cramps, heat exhaustion, and/or heat stroke
- Assess situation and refer to EOP to determine course of action: **shelter in place** or **evacuation**



# Pandemic Influenza

1

## Initial Response

- Initiate NHICS
- **Contact local health department** to discuss the specifics on symptom management and the availability and use of vaccines and antiviral medications
- **Post signs** for cough etiquette and other hygiene measures
- **Implement** specified infection control policies and procedures
- Follow **staffing guidelines** as stated in the plan and recommendations by the health department
- **Evaluate** residents, employees, visitors for symptoms; instruct employees to self-report symptoms and exposure and to not work if sick.
- **Ensure** that **adequate supplies** of food, water and medical supplies are available from vendors
- Consider restricting visitors and closing to new admissions during active outbreak
- Implement respiratory protection plan for staff if recommended by health department or other regulatory entities

!

## Remember

- Limit contact between infected and non-infected persons
  - o Isolate infected persons
  - o Limit contact of non-essential persons and visitors with the residents who are ill
  - o Decontaminate any areas that have been in contact with infected individuals
  - o Conduct ongoing cleansing of high contact items and areas
  - o Follow local health department guidance





# Missing Resident

1

## Immediate Response

- **Record time** the resident is discovered to be missing and when and where they were last seen
- **Verify** that the resident has not been signed out
- **Initiate NHICS**
- **Make copies** of the missing **resident's photograph**
- **Search the facility and grounds—BE THOROUGH!**
  - **Assign staff members** specific areas to be searched
  - **Look under** beds and furniture, in walk-in refrigerators/freezers, closets, storage rooms, or anywhere a frightened resident may be hiding
  - **Report back** to incident commander when areas have been searched

2

## After 15 Minutes

- **Notify police department** or law enforcement; **call 911**
- Provide the following to the police
  - **Description of the resident** or picture if police are on-site
  - Description of clothing, method of ambulating, cognitive status
  - **Resident photo** if available
- **Notify**
  - **Responsible party or next of kin** that resident is missing and search is under way
  - **LACDPH-HFID**

3

## Facility Search Unsuccessful

- Assign available staff to start a **neighborhood search**
- **Copy and carry a picture** of the missing resident

▶▶▶▶ **Continued** ▶▶▶▶



# Missing Resident

4

## Upon Finding the Resident

- Examine the resident for injuries and update the care plan
- **Notify**
  - **All** staff members, residents, and other responders / searchers that the resident has been found
  - Attending **physician** of resident's status
  - **Responsible party or next of kin**
  - **LACDPH-HFID**

!

## Remember—Incident Reporting

- Complete a detailed incident report including facility and state reporting process
- **Document**
  - Circumstances and factors that lead to the incident
  - Interventions/strategies implemented
  - Care rendered to the resident
  - Notifications
  - Physician's orders

!

## Additional Guidelines

- Assess other residents for signs of stress
- Take immediate action to decrease risk of repeated event, either with the resident or others. Prepare key messages in case contacted by media



# Utility Outage

1

## Immediate Response

- **Determine** if the **loss** of a utility (electric, gas, propane, water, etc.) is due to an incident occurring at the facility, like a rupture, leak, fire, or collision
- **Determine** the **impact** of service disruption and duration
- **Notify** the appropriate **utility company or companies** of the outage, and **contact 911** if there is an emergency
- Account for staff and all residents
- Activate NHICS
- Activate back-up power supply and emergency lighting
- Assess residents for signs of distress. Reassure and treat as needed

2

## Next Steps

- Ensure back-up systems (emergency generators, lights, flashlights, fuel and batteries, water, food supply, etc.) are available and determine how long supplies will last should outage be prolonged
- Monitor residents to ensure they are safe and check on equipment used by residents (i.e. call lights, oxygen concentrators, electric beds, pumps)
- Initiate proactive and preventive measures to safeguard resources
- Activate emergency meal preparation plan
- Initiate cold and hot weather procedures if necessary

!

## Remember

- Establish and maintain communication with response teams including local utilities and law enforcement
- Assess situation and refer to EOP to determine course of action: **shelter in place** or **evacuation**



# Workplace Violence



**Immediately report any threats or violent acts to a supervisor and/or Administrator and/or Medical Director**

**1**

## **Immediate Response**

- If there is **screaming, fighting, weapons involved**, or any **threat of danger**, call **911**
- **Announce** facility code to warn other staff of situation (e.g., “Code Silver”)
- **When in doubt, call 911** and provide the dispatcher with as much specific and relevant information as possible
- **Initiate NHICS**
- Residents should be moved to the closest safe area available
- **Coordinate** internal emergency operations with **law enforcement**
- **Calling person stay on line with dispatcher and be prepared to give:**
  - Location of incident and nearest entrance
  - Number of assailants
  - Number of hostages/people at risk in immediate area
  - If assailant has left, direction taken, time lapsed, means of travel



▶▶▶▶ **Continued** ▶▶▶▶

# Workplace Violence

2

## Specific Instances

### • Armed Assailant

- o Assist residents and visitors to take cover behind doors, heavy furniture, on floor
- o **Lock or barricade** the door to safe area if possible to keep assailant out
- o One staff stay on line with law enforcement to give and get continuous updates

### • Loud talking, arguing by staff and/or visitors without physical contact

- o De-escalate the situation by asking the person(s) to calm down and discuss what is bothering them
- o Ensure that there are at least two employees with the individual(s) at all times
- o Ask the individual to leave the premises
- o Determine whether disciplinary action is required if staff are involved in the violent behavior

### • Non Resolution

- o If person does not willingly leave, call 911. Once perpetrator has left the building, initiate facility lock-down procedures; law enforcement may be needed

3

## Next Steps

- The situation can only be deemed “under control” after the local authorities have concluded emergency operations and incident commander has deemed the situation as “safe”. At this point “All Clear” can be announced
- Account for all staff members and residents
- Assess residents and staff for signs of physical/psychological distress and provide first aid



# Evacuation

1

## Immediate

- Activate NHICS
- **During working hours:** contact LACDPH-HFID and the district office to which your facility is assigned
- **After hours: LACDPH-HFID at** (213) 974-1234
- **Activate** emergency transportation plan or **call 911**
- **Evacuate residents** in the order indicated by EOP

2

## Pending

- Activate NHICS
- **Determine** which residents might be able to go to families and contact in advance
- **Assess**
  - Total beds and types of beds needed
  - Available staff to support transferred resident
  - Potential transportation needs based on resident mobility and number
- **Organize** resident resources
  - Residents' important belongings/equipment
  - Medications, snacks and water for transport period
  - Medical charts
  - Consider personal needs such as glasses, dentures, hearing aids, and valuables

▶▶▶▶ **Continued** ▶▶▶▶



# Evacuation

2

## **Pending**—*Continued*

- **Coordinate** with
  - o LACDPH-HFID and local authorities to determine potential evacuation routes and confirm relocation sites
  - o Facility vehicle to evacuate or **contact** transport company for services
  - o Staff to conduct a final check of the building and a final head count
  - o Relocation sites to track residents

3

## **Remember**

- **Notify**
  - o Families of evacuation and the current location of their loved ones
  - o LACDPH-HFID
  - o Fire
  - o Law enforcement
  - o Maintenance
- Leave a message on your facility phone with a contact number and information regarding your status
- Consider security needs of evacuated building



# Shelter In Place

1

## Immediate

- **Identify** safe and unsafe areas of buildings
- **Move and track** residents, staff, visitors, supplies, and equipment from unsafe to safe areas of the buildings
- **Activate NHICS**
- Based on the incident:
  - Select rooms that will provide safe refuge and move residents there
  - Close and lock all windows, exterior doors, and any other openings to the outside
  - Close the window shades, blinds or curtains if there is danger of explosion

2

## Next Steps

- **Account for** all staff members and residents
- The situation can only be deemed **“under control”** after the local authorities have concluded emergency operations and incident commander has deemed the situation as **“safe.”** At this point, **“All Clear”** can be announced
- Assess residents and staff for signs of distress and treat as needed
- Communicate status to administrator, local authorities and LACDPH-HFID if indicated

!

## Remember

- **Avoid overcrowding** by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, and copy and conference rooms without exterior windows will work well
- Be prepared to **access essential disaster supplies**, such as non-perishable food, critical medication, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags





# Contact List for Response

<b>Fire, Police, Sheriff, EMS</b>	CALL 911
<b>Poison Control</b>	1-800-222-1222
<b>Administrator</b>	Home: Cell:
<b>Nursing Director</b>	Home: Cell:
<b>Medical Director</b>	Home: Cell:
<b>Director Maintenance</b>	Home: Cell:
<b>City Emergency Manager</b>	
<b>Fire Alarm Monitoring</b>	
<b>Electric Company</b>	
<b>Gas Company</b>	
<b>Telephone Company</b>	
<b>Communications Provider</b>	
<b>Transportation Provider</b>	
<b>Public Works</b>	
<b>County Emergency Management Office</b>	
<b>Public Health Department</b>	
<b>Health Facilities Inspection Division (HFID)</b>	
<b>Health Facilities Inspection Division - <i>After Hours</i></b>	1-213-974-1234
<b>Disaster Resource Center Program Manager</b>	1-562-347-1645
<b>24/7 Medical Alert Center (MAC)</b>	1-866-940-4401

**LOS ANGELES COUNTY  
BOARD OF SUPERVISORS**

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FIRST DISTRICT

Mark Ridley Thomas  
SECOND DISTRICT

Zev Yaroslavsky  
THIRD DISTRICT

Don Knabe  
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