A Tradition of Stewardship
A Commitment to Service

Alice Hughey
Acting Agency Director

Karen L. Smith, M.D., M.P.H.
Health Officer

2344 Old Sonoma Road
Building G
Napa, California 94559

PUBLIC HEALTH DIVISION

HHSA EMERGENCY OPERATIONS PLAN (EOP) – APPENDIX 6

MEDICAL SURGE PLAN

Revised November 2013

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

Intentionally Blank Page

CONTENTS

RECORD OF CHANGES, UPDATES AND REVISIONS			
Plan Section and Page #.	**Description of Change**	**Date**	**Signature**
Sections 1.1, 2, 3, 4.1, 4.3, 5.1, 5.2, 5.3, 5.8, 5.9, 5.10 Attachments D, G, H, K, M	Updated to reflect the State of California's Medical/Health Emergency Operations Manual and related guidance for the MHOAC program and to reflect the recently developed Napa County Mass Casualty Incident Plan	June 2012	
Overall	Applied the following standard language throughout the document: • "Health Officer" (not Public Health Officer) • Public Health Division (PHD) instead of Napa County Public Health • Used the term "will" instead of "should", where appropriate • Used the term "mental health" instead of "behavioral health"	November 2013	
Cover Page	Updated Alice Hughey's name as the Acting Agency Director	November 2013	
4.3, page 17	Purpose of convening Multi-Agency Coordination (MAC) Group.	November 2013	

1. INTRODUCTION

1.1 PURPOSE

This plan exists to enhance the capacity of the Napa County healthcare system to save as many lives as possible in a medical surge situation and to protect the health and well-being of as many members of the Napa county community as possible—be they residents or visitors. This focus may involve making choices that negatively impact some. The underlying priority of this plan is to provide the greatest amount of care possible to the greatest number of people.

It is recognized that every healthcare resource in the county is valuable and important. However, the need for a response that is focused on providing the greatest amount of good for the greatest number of people necessarily focuses the planning on the larger resources and facilities. To the extent possible, this plan attempts to recognize the contributions made to the healthcare system by all providers.

For the purposes of this plan, surge is defined as an overwhelming increase in the number of patients demanding health care needs within the county at a level above 110 – 125% of normal capacity, or an incident necessitating multi-casualty, multi-branch response as defined in the Napa County EMS Multi-Casualty Incident Management Plan. A further discussion of surge appears in Attachment A, Surge Definitions.

This plan is developed in order to guide the orderly response to a medical surge event in Napa County. In particular, the plan is intended to provide the Napa County Health and Human Services Agency Department Operations Center (HHSA DOC) and Medical Health Operational Area Coordinator (MHOAC) program staff with information and guidance to effectively plan for, organize and manage the medical response to a surge incident. As such, this plan is a situation-specific annex to the county's emergency operations plan.

Specific objectives of the plan are to:

- Assess and describe available resources within Napa County relating to medical response.
- Guide the coordination of and allocation of resources in response to a surge situation, including situations calling for alternate care sites (ACS).
- Guide the coordination of mutual aid among healthcare facilities and agencies within the county.
- Establish an understanding of the authority, responsibility, functions and operations of the HHSA Public Health Division (PHD) and other entities.

1.2 RELEVANT AUTHORITIES

Napa County Health and Human Services Agency 's Department Operations Center functions as the health and medical branch of Napa County's Emergency Operations Center, responsible for developing and managing an appropriate response to situations that result in a medical surge situation.

The authority of the county Health Officer to respond derives from several sources and is somewhat dependent on the nature of the event and whether or not an emergency has been declared.

In general, the Health Officer, upon consent of the County Board of Supervisors or City governing body, shall take appropriate actions in response to the different circumstances that can result in medical surge conditions.

Attachment B cites several specific authorities for Health Officer actions.

2. CONCEPT OF OPERATIONS

Because each potential situation demanding a surge response is unique, each actual response must be unique. The concept of operations for Napa County's surge response is to practice a step-by-step response to each unique surge event: assessing, planning, executing, and evaluating the surge response. This systematic response, coupled with comprehensive job aids and pre-identified resources, helps ensure an adequate surge response. However, regardless of the situation, surge response is the responsibility of the Medical Branch Director within the operations section of the Napa County Health and Human Services Agency Department Operations Center (HHSA DOC). Surge response is also the responsibility of the Medical Health Operational Area Coordinator (MHOAC) program, which is contained within the HHSA DOC structure. Surge response – including alternate care site coordination, medical transport, patient tracking, and coordination with the two local hospitals – are all considered within the medical branch of the operations section of the HHSA DOC.

If a healthcare surge in the continuum of care occurs in conjunction with a mass casualty incident, the county will activate the MCI Surge Plan Annex to the county's MCI Management Plan. In such an incident, the HHSA DOC medical branch director will staff the Medical Field Operations Coordinator position to act as liaison between the field EMS incident commander (or unified incident command post, if appropriate) and the medical branch director. A job action sheet for this position appears in Attachment M. In addition to staffing the medical field operations coordinator position, it is expected that there will be direct horizontal communication between similar positions in the HHSA DOC organizational structure and the multi-casualty multi-branch organization field structure, such as between the medical transport patient tracking group supervisor and the patient transport unit leader.

3. ACTIVATION

3.1 ACTIVATION CRITERIA

This plan may be activated by the specific individuals identified below (see: Who May Activate, section 3.2). The following conditions are triggers for activation of this plan:

- Earthquake, flood, fire, or other damage (including bombing or chemical weapon attack) to an existing acute care facility such that evacuation of patients is necessary or significant space is unusable—e.g., damage to surgery suites or Emergency Department of a hospital.
- Similar damage to some other healthcare facility resulting in significant injury, need for evacuation, or nonusability of space—e.g., damage to major community clinic space making it unusable for delivery of ambulatory care.
- Mass casualty event (MCE) causing primary injury (e.g., earthquake, dam breach, explosion) generating a surge in demand on the health care system *above* 110 – 125% of normal capacity.
- Damage to the transportation system such that patients cannot be transported to or from one of the major hospitals.
- Any multi-casualty, multi-branch response event as defined in the Napa County EMS Multi-Casualty Incident Management Plan.
- Activation of the MCI Surge Plan Annex of the MCI Management Plan.
- Local earthquake magnitude great enough to produce widespread injury.
- Mass dislocation of people to such an extent that there is an actual or anticipated need for increased ambulatory care needs. This may include not only the dislocation of Napa County residents but also a large number of tourists or other visitors to the county that may be unable to leave due to disruption of transportation routes.
- Any CBRNE (Chemical, Biological, Radiological/Nuclear, Explosive) event or extreme weather event (e.g., sustained hot weather, sustained freezing weather, etc.) generating a surge in demand on the health care system above 110 – 125% of normal capacity. It should be anticipated that this surge may include the worried well, who are likely to clog the emergency rooms.
- Any increase in patients due to a pandemic or other communicable disease emergency, such that the demand for health care services exceeds routine ability to provide care.
- Declaration by the Centers for Disease Control or the California Department of Public Health of a pandemic.

3.2 WHO MAY ACTIVATE

This plan, in accordance with SEMS and NIMS, may be activated by the Director of the Department Operations Center (DOC) in consultation with the Health Officer.

4. PLANNING ASSUMPTIONS AND SCENARIOS

4.1 PLANNING ASSUMPTIONS

This plan takes an all-hazards approach, while using specific scenarios to plan for the more likely circumstances in Napa County.

This plan makes the following general assumptions:

- The circumstances leading to a surge in Napa County are most likely to be earthquake, flood, wildfire, or pandemic.
- Continuity of government at the local city, county, and state level is preserved, including non-surge public health functions (e.g., e.g., registration of births and deaths and issuance of burial permits).
- Napa County's surge response may need to embrace tourists as well as residents, migrant workers not captured in standard census measures of the county's population, and conceivably Internally Displaced Persons fleeing disaster in other counties.
- A high degree of internal self-sufficiency and self reliance is important to the County's response.
- Separate plans and provisions have been made for:
    - General public health emergency response
    - County emergency operations plans
    - Mass dispensing operations and strategic national stockpile utilization
    - Pandemic influenza, including isolation and quarantine
- Mass casualty incident (MCI) response is not necessarily the same as healthcare surge in the continuum of care. MCI response is described separately in the county emergency medical services (EMS) agency's MCI management plan. This surge plan identifies areas of overlap with the MCI plan.

This plan does not cover isolation or quarantine because isolation and quarantine are not medical surge conditions; they are public health containment measures used to combat communicable diseases which may occur in single, cluster, or larger patient quantities. Isolation and quarantine both bring their own needs for the housing and containment of individuals; procedures to assess and implement isolation and quarantine are described in the Napa County HHSA/Public Health Division Outbreak Response Plan.

This plan also does not cover risk communications; procedures to activate and manage risk communication and materials are described in the Napa County HHSA/Public Health Division Crisis Emergency Risk Communication Plan (CERC).

4.2 SCENARIOS

4.2.1 EARTHQUAKE

There are several fault zones in proximity to Napa County and it has been estimated in threat assessments that a moderate to severe seismic incident on any of them could result in extensive property damage (especially to older buildings), significant numbers of fatalities and injuries, damage to water and sewer systems, disruptions in communications, broken gas mains resulting in fires, and disruption of transportation routes.

Assumptions

Several assumptions can be made about earthquakes and any impact they may have on the healthcare infrastructure. These include:

- In sudden impact situations, like earthquake, the earliest that *outside* assistance can reach an impacted area is approximately 24 hours. This suggests that any area directly impacted by earthquake must be prepared to sustain its own healthcare services for at least 24 hours before being able to count on regional, state, or federal support.
- The principal demand for healthcare following a sudden impact event like an earthquake is for conditions that often could be managed on an ambulatory basis. The injuries and conditions for which there will be increased demand include:
    - Soft-tissue injuries or lacerations
    - Fractures
    - Eye conditions
    - Respiratory conditions (including exacerbation of pre-existing conditions)
    - Acute medical illnesses
    - Acute exacerbation of chronic conditions and diseases (e.g., CHF, COPD)
    - Psychological/ mental health
- The peak time for demand in surge capacity following such an event is 24 hours.
- Emergency Departments of local hospitals will be the primary Access Points for people seeking the kind of care required in this type of event.
- Should evacuation of any healthcare facility be required following an earthquake, it will probably need to occur in the first 24 hours following the incident.
- Earthquakes can have a generally disruptive impact on a community. This impact includes the potential for significant disruption of services, including: transportation, communication, power, shelter and sanitation.

Impact

The impact that an earthquake can have on the healthcare delivery system is dependent on the extent of the disruption generally occurring in a location as well as specific consequence experienced by healthcare facilities.

In order to properly assess the impact of an earthquake on the healthcare delivery system, the following factors must be taken into consideration:

- Damage to any healthcare facility. The extent of damage to existing facilities will be a key issue in determining the proper response to an earthquake. The following issues must be determined: Is there any damage to the facility that will require partial or total evacuation? Are there earthquake related injuries to patients or staff at any healthcare impacted that access to the facility is impaired or impossible?
- Damage to the communications infrastructure. Again, normal modes of communication may well be impacted by an earthquake. The ability of the Health Officer to respond appropriately to a surge situation is dependent on the two-way exchange of important information. Thus, it must be determined immediately the extent to which normal communications are effected and back-up communication systems must be put into operation.
- Damage to transportation channels. A significant risk associated with earthquake is a disruption in transportation. Staff may not be able to reach their usual place of employment. Pre-hospital care may not be able to deliver patients to acute care facilities. Patients may not be able to reach hospitals. Evacuation plans may be disrupted. And, the usual vendors of materials and supplies may not be able to reach the facilities in order to maintain needed supplies.

4.2.2 FLOOD

Napa County has experienced serious flooding in the past that has required activation of its Emergency Operations Plan. The historical experience has been that there is usually some warning—several hours to days—before flooding allowing for the implementation of evacuation plans, etc. There are, however, two dams in Napa county—the Hennessy Dam and the Rector Dam-- which, if breached, could cause significant flooding with little if any warning. The nature of the flooding will determine the most likely impact and most appropriate response.

Assumptions

The following assumptions about floods as they relate to healthcare delivery may be made:

- The Hydrological Service of the National Weather Service will provide watches, warning, and forecasts at least 24 hours prior to actual flooding. These coupled with detailed maps and historical data will allow exact prediction of the structures affected, percent of population affected, transportation impact, and other key planning factors associated with a rain-driven flood.
- In the case of weather related flooding, the most probable type of health issue will be related to the fact that a significant portion of the population may be displaced. This is apt to result in high need for ambulatory care—especially as

relates to exacerbations of chronic conditions. Many of these concerns may be related to patients being separated from their medications for such conditions.

- Flooding related to a sudden breach of the dams may result in injuries of a different nature and require more acute care response. These injuries could include near drowning events, fractures, soft tissue injuries, etc.
- Past experience would suggest that the risk of building damage to healthcare facilities in Napa County is not great in flood situations. However, the impact on transportation routes has been significant and can be anticipated to make it difficult for staff, patients, and Emergency Services to reach these facilities—particularly in the downtown Napa vicinity.

Impact

As with earthquake, the nature and extent of the impact of flooding will depend upon the direct impact on healthcare facilities. The following issues need to be assessed and evaluated in order to determine the extent of surge and the proper response:

- A rain-driven flood will result in internally displaced persons, non-surge levels of routine trauma, and a potentially prolonged need for shelter medicine.
- A dam-failure-based flood will add near drowning and hypothermia to the trauma-oriented earthquake scenario.
- The extent of damage to existing facilities. The impact of flooding on the usability of a building or facility may not be as directly ascertained or as evident as in earthquake. It must be determined if there is any flooding of the buildings themselves. Also, the availability of power and potable water need to be assessed.
- The extent of damage to transportation routes. This is a key element of the assessment of surge needs related to flooding. It needs to be determined what routes are passable to and from a facility. Can the facility be reached by Emergency Services and can patients be transported in or out of the facility? To what extent is staff able to reach a facility?
- Anticipated length of the crisis. Especially in situations in which flooding is caused by inclement weather, it may well be possible to anticipate the length of a surge crisis by accessing the weather report. This kind of information is essential in determining the type of surge response that is most appropriate.

4.2.3 MAN-MADE DISASTER

Man-made disasters include chemical, biological, radiological, nuclear, or explosive (bombing) attacks (CBRNE) of intentional (i.e., terrorist) origins or accidental etiology (e.g., industrial accident). Obviously, these are very different in nature, but for the sake of brevity are treated together here.

Assumptions

Clearly, the range of possible events that can be grouped in this category is huge and defies easy classification. However, certain assumptions can be made. Among these are:

- CBRNE-based events are likely to produce high number of the "worried well" as well as actual casualties and mortalities.
- Explosive incidents are likely to be more localized than other types of disasters—although it could involve several discrete locations, and would likely require the rapid mobilization of ambulances and would require other modes of transportation for less seriously injured persons. Although there are likely to be large numbers of severe injuries, the majority of patients will present in a manner that is not unlike an earthquake situation. Thus, there will be a high demand for treatment of soft tissue injuries, lacerations, burns, and exacerbations of chronic conditions. In short, the highest demand will be for Emergency Department care. Those that are severely injured are likely to need emergency surgery and Intensive Care.
- Any terrorist incident is also a law enforcement event, and appropriate coordination will be required. Even in a surge scenario, the scene of a CBRNE is also a crime scene, and patients may be involved in the collection of evidence.
- Any incident involving bioterrorism, radiological, or nuclear materials will involve multiple and diverse state and federal agencies.
- Bioterrorism and chemical incidents are likely to increase the need for mutual aid and for involvement of the state's Department of Public Health's Emergency Pharmaceutical Support Unit.

Impact

Of course, the impact of an event of this sort is completely dependent on the nature of the event, the size of the event, and the nature of the injuries. Given the above assumptions, the most likely impact would include:

- A significant need for ED services and/or field triage. It is likely that the ED closest to the event will be overwhelmed with injuries. This will require the diversion of less emergent or non-emergent patients to another resource. ED staff of local hospitals and/or paramedics may be called upon to provide field triage services.
- A significant need for surgical and ICU services. This may require the local hospital(s) to send some ICU patients to step-down units or to other sites of care. Also, this could require some alternate care site capable of meeting the surgical/ICU needs.
- If the event were to cause significant disruption to transportation channels, it could require surge capacity responses dealing with the inability of staff to reach places of employment or of patients to access hospitals.
- Potentially large opportunities for cohorted patient care (all patients with respiratory difficulties, or all patients with minor soft tissue injuries may be grouped).

4.2.4 WILDFIRE

Napa County has a significant wildfire history. The county has comprehensive plans for the management of wildfires and for the mitigation of risk. As is the case with all wildfires, the greatest risk lies in the interface between rural and suburban/urban interface. The greatest concern as regards medical surge and wildfire is the concern that a fire in wild land abutting a major healthcare facility would require evacuation of that facility.

Assumptions

Pertinent assumptions related to wildfire in Napa County include:

- A wildfire that would require evacuation of a healthcare facility may present with little warning and a short time for preparation.
- The duration of a wildfire event in Napa County requiring medical surge response is unlikely to be long.
- Wildfire may have impact on the respiratory health of people throughout the county, including areas not immediately threatened by the fire itself.
- Wildfire is likely to produce a significant number of “worried well” until the period of containment.

Impact

As with other scenarios, the impact of wildfire depends on many factors. In general, the most likely impact involves:

- The need for a short-term evacuation of patients from a large healthcare facility or from long term care facilities of various sizes.
- An increased need for short-term treatment of exacerbation of respiratory illnesses of both inpatients and outpatients.

4.2.5 PANDEMIC INFLUENZA

Pandemic influenza presents significantly different challenges than the other risks discussed in this plan. In contrast to the other scenarios, pandemic does not have a single or identifiable point of impact. Also, the impact of the pandemic is, necessarily, global—Napa County will be one of many communities trying to meet the medical surge associated with this crisis. National and State plans for dealing with pandemic influenza have been developed and will be operative. This plan attempts to look at the issues that are specific to planning for pandemic in the county. The HHSA Pandemic Influenza Response Plan provides details on managing a health response to pandemic influenza and other potential significant disease outbreaks.

Assumptions

Pertinent assumptions about Pandemic Influenza and medical surge in Napa County include:

- It is probable that Napa County will have some warning of the impending arrival of pandemic influenza in the County. Thus, local plans will likely be activated before the occurrence of cases of pandemic influenza in the county
- The emergence of pandemic influenza will be tracked closely by international organizations (e.g., WHO), federal government agencies (CDC), and the State of California. These agencies and the national press will be alerting local authorities and the local populace about the risks of influenza.
- Due to the fact that influenza is a serious respiratory illness, it is assumed that there will be a need for ventilators and medical supplies and capacities to support large numbers of seriously ill patients.
- It is assumed that large numbers of health care providers and other staff will be impacted by the illness—either ill themselves or caring for seriously ill family members.
- In contrast to other risks, there is little if any risk to the physical infrastructure. Buildings will remain intact and the transportation and communication channels should remain unaffected. Thus, the greatest impact on the system will come from staffing needs, supplies, and the need for space presented by large numbers of ill patients and need to cohort care.
- It is assumed that a pandemic influenza situation will be such that home care is encouraged and, unless absolutely necessary; many patients will be discouraged from seeking care at a healthcare facility so as to retard the spread of the illness in the community.
- Pandemic influenza may require the use of isolation and quarantine as tools to protect citizens from exposure to the virus.
- Due to the global nature of a pandemic, the ability to rely on outside assistance and resources will be limited as other communities will be similarly affected.

Impact

The impact of pandemic influenza will be enormous on all aspects of the healthcare delivery system:

- Staffing at all levels of healthcare delivery—outpatient clinics, long-term care facilities, and hospitals will be significantly impacted. Many employees, of all professional levels, will be unwilling or unable to come to work as scheduled. The usual sources of augmenting the workforce will be similarly impacted and will not be able to fully meet the needs.
- Cohorting of patients (i.e., grouping patients and caregivers known to be infected with influenza) in order to contain the infection will have to be implemented at most, if not all, healthcare facilities. This will require significant demand on space within an existing facility.

- Impact of pandemic influenza is likely to be so overwhelming, in terms of patients ill and decreased resources of staff that broad measures will need to be taken to decrease workload across healthcare facilities. This may include the discharge of patients early, cancellation of scheduled elective or non-emergency surgeries, increased reliance on home care nursing, altered standard of care for hospitalized patients (e.g., decrease in required paperwork and other charting), and other measures.

4.3 RESOURCE REQUESTS

In Napa County, the HHSA DOC Logistics Section Chief is designated by the MHOAC as the resource ordering point for medical and health resources. Medical and health resource requests are governed by the California Public Health and Medical Emergency Operations Manual (EOM). Prior to requesting resources from outside of the county, the HHSA DOC Section Chief should confirm the following (particularly if the request arises from the field or a partner within the county):

- Is the resource need immediate and significant (or anticipated to be so)?
- Has the supply of the requested resource been exhausted (or is exhaustion imminent)?
- Is the resource (or an acceptable alternative) available from an internal, corporate supply chain, other commercial vendors, or through existing agreements?
- Have relevant payment/reimbursement issues been addressed?

Resource requests should be filled out using the latest resource request form, and with the appropriate minimum data elements. Please download the latest version of the Resource Request: Medical and Health from the California Health Alert Network (CAHAN) in the document library section (CAHAN → Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM).

The forms are also available online in the Napa County HHSA network at G:\!!Disaster DOC (Department Operations Center) folder, and on the Web at www.bepreparedcalifornia.ca.gov.

Resource requests should contain the following minimum data elements:

- Situation description, ideally using a formal SIT REP (see Attachment K);
- Description of the requested mission;
- Description of the needed equipment, supplies, personnel, etc., and acceptable alternatives;
- Contact information and specific delivery location with a common map reference;
- Indication of needed logistical support or “wrap around services”, such as food and shelter for personnel, fuel for equipment, etc.; and,
- Indication of the urgency of the need.

Resource requests are submitted to both the Regional Disaster Medical and Health Coordinator (RDMHC) program and the Napa County Office of Emergency Services (or the EOC, if activated). Resource requests will be entered into RIMS/WebEOC at the Operational Area level. The MHOAC program will confirm receipt of the request and confirm that situation information is provided as well. Once the request is placed, the MHOAC program is responsible for communicating the receipt, status, and demobilization/release of resources. The MHOAC program will coordinate with the EOC to ensure that the resources status is tracked appropriately. A Liaison Officer may be named by the DOC to coordinate the resource request with the providing agency/organization, and to assist with demobilization.

Note that there are additional guidelines (and a separate resource request form) for requesting personnel. These are detailed in the EOM.

Resource requests may be cancelled after mobilization but before arrival/check-in. In such a case, the MHOAC program will immediately notify the RDMHC program, submit a formal cancellation of the resource request to the EOC, notify the resource of the cancellation order, and obtain an estimated time of return to their point of origin. If the EOC is not open, cancellation communication will be directed to Napa County Office of Emergency Services.

In the event of a region wide incident a Multi-Agency Coordination (MAC) Group may be convened to establish criteria for the distribution of scarce resources.

5. COMPREHENSIVE SURGE RESPONSE PROCESS

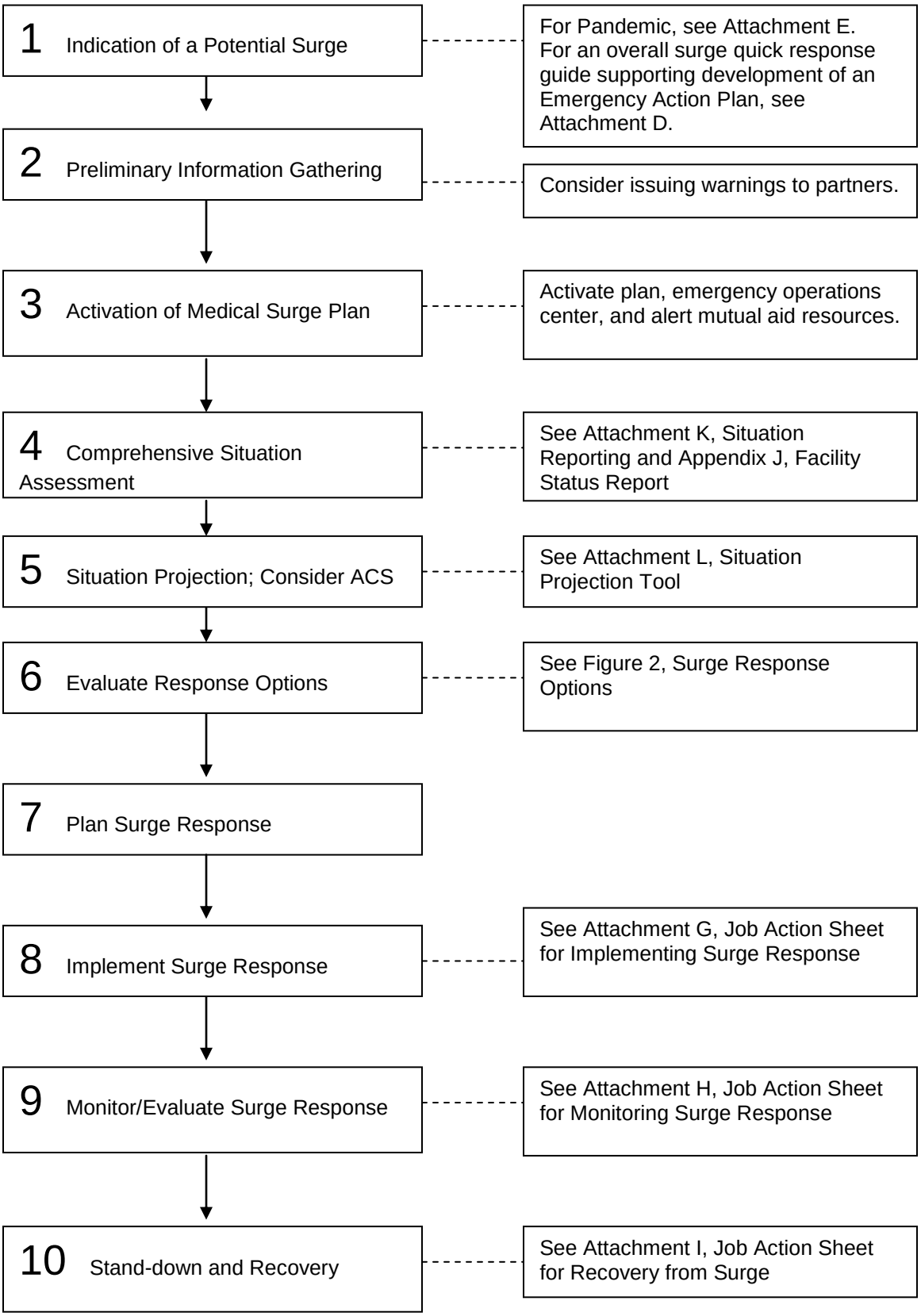
The response process described below is intended to be a description of a generic process for the assessment of and response to a medical surge scenario. Regardless of the scenario, this plan will serve as an approach to gathering pertinent information, assessing relevant factors, and choosing the option that best responds to the exigencies presented.

The graphic below (Figure 1) illustrates the steps in flow chart form. Each step is then described in more detail below.

A surge response for pandemic influenza is considered as a special case in Attachment E. Due to the likely lead time, duration, and staging of a pandemic, greater planning and a staged response are possible.

Revised November 2013

Figure 1: Comprehensive Surge Response Process



5.1 STEP 1 - INDICATION OF A SURGE PROBLEM

See Attachment D, Surge Quick Response Guide for a general, summary-level job aid supporting Emergency Action Plan development for overall surge response.

Information regarding situations that may present medical surge conditions can come to the attention of the HHSA DOC director, HHSA DOC staff, the MHOAC program, or public health staff in different ways; if the HHSA DOC is activated, information will flow to the Medical Branch Director in the HHSA DOC. Several of these are described below. In each case, when this information comes to the Health Officer, it will trigger the gathering of further information as described in subsequent sections.

Existing Partners/Relationships

- Healthcare facilities can become aware of surge situations, either through their own perceived needs or other conditions that signal surge conditions.
- Healthcare facilities may request resources of the Health Officer or HHSA DOC, thus indicating increased demand for services.
- In routine communications between HHSA officials and healthcare facilities, information may be shared that raises the index of suspicion that an event may be occurring requiring surge resources.

Local Law Enforcement

- The Health Officer or HHSA DOC staff may be alerted to surge problems by local law enforcement (sheriff, local police) consistent with existing emergency operations plans.
- Communication from local law enforcement regarding events that have or may have impacted local structures and/or transportation routes can signal the possibility of a surge situation, requiring further investigation.

External Sources (State/Federal)

- State and/or Federal authorities may communicate directly with the Medical Health Operational Area Coordinator (MHOAC), who is also the Health Officer, thus sharing information about disaster events and/or risks.
- The Health Officer may inquire directly of State and/or Federal officials about events and risks.

General Awareness

- Information may come to the Health Officer or HHSA staff in an informal manner, e.g., through news reports on broadcast media, word of mouth, e-mail notification, etc.
- Actual experience of an event, e.g., feeling an earthquake, can signal the Health Officer of the need for further investigation of an event.

Field Reports from EMS

- The Napa County EMS Agency, as the EMS provider in the county, may be the first indication of a surge problem. Such a problem would present as a multi-casualty incident, and would likely trigger activation of the agency's MCI management plan.

Note: Pandemic influenza represents an unique surge situation due to the ability to predict and track a pandemic (i.e., it is not a sudden event). See Appendix E, Pandemic Influenza Surge Response, as a condition-specific adjunct to this step-by-step process.

5.2 STEP 2 - PRELIMINARY INFORMATION GATHERING

Consider issuing a preliminary warning to health care partners and emergency medical services providers now. See Appendix C for list of contact information.

As noted above, information about events that may require medical surge response can come to the HHSA staff in different ways. Whenever such information is received, there are immediate issues that can be assessed that will help direct the planning and response process.

This initial information gathering is not meant to be comprehensive nor should it be the basis for decision making regarding the response plan. Rather, it represents the first "quick look" at the situation and will serve as an informal basis for understanding the event and the needs it presents, including the need for more formal information gathering.

This quick assessment may include the following:

- What is the nature of the event—i.e., earthquake, explosion, flood?
- Are there any known or anticipated sequence of the event that may pose continued risk—e.g., aftershock, further explosion, etc?
- Are there known events happening elsewhere in the State or nation that could impact locally?

- What is known of the immediate impact?
    - Are any structures known to be down?
    - Are there any known injuries?
    - Are there any known power outages?
- What is the known impact on transportation routes?
    - Are the access routes to/from major medical facilities intact?
    - In particular, is there any known issue or problem with Hwy 29?
    - Are there any known issues or problems with the routes in/out of the county?
    - Are there any known issues or problems with major routes (including bridges) in neighboring counties?
- Has the County activated its Emergency Operations Center? Has the HHSA DOC been activated?
- What is the status of the EMS agency, including available personnel, equipment, and ambulances?
- What is the quick look assessment of major medical facilities based on a polling of their status?
    - Are hospitals known to be damaged?
    - Is there an immediate need for evacuation of all or some of the facility?

As soon this preliminary information is gathered, an initial situation report (SIT REP) should be prepared and submitted by the MHOAC or the HHSA DOC Planning Section Chief. The Planning Section Chief of the DOC is designated by the MHOAC to prepare situation reports during unusual events and emergency system activations. The Planning Section chief will prepare a SIT REP within two hours of incident recognition and share that information with the RDMHC program, the California Department of Public Health and/or Emergency Medical Services Authority Duty Officer programs (or the Joint Emergency Operations Center, if activated), and local, regional, and state emergency management agencies as indicated.

See Attachment K for details and data elements for the SIT REP.

Updated SIT REPs should be prepared once during each operational period; in response to significant changes in status, prognosis, or actions taken; and in response to requests for updates from the region or state, as communicated by the RDMHC program. All SIT REPS will be maintained as part of the incident historical document file.

5.3 STEP 3 - ACTIVATION OF PLAN

The activation of the medical surge plan can be taken in steps as the assessment of the situation continues. Immediately, the following steps may be taken:

- Consider activation of the HHSA DOC. Further consideration of surge response will require significant resources.
- Notify the county Operations Area Emergency Operations Center (Op Area EOC).
- Alert major healthcare facilities and skilled nursing facilities of the event and of the intention to activate the surge plan.
    - Contact information for the major medical facilities and SNFs can be found in Attachment C, Emergency Contact Information.
- Consider activating provisions of the HHSA Mass Care and Shelter plan.
- Convene a meeting or teleconference with relevant authorities and health care partners for action planning and assessment.
- Assess impact/readiness of facilities considered for possible use as Alternate Care Sites and alert those sites.
    - Contact information for facilities that may be used as ACS can be found in Attachment C, Emergency Contact Information.
- Follow general steps as outlined in the Job Action Sheet (see Attachment D, Quick Response Guide).
- File an updated SIT REP (or initial, if not yet submitted. The SIT REP will include healthcare facility system status. Situation reporting will be handled by the HHSA DOC Planning Section Chief.
- Consider requesting mutual aid.
- Consider declaring a public health state of emergency. See Attachment B, Legal Authorities, for a summary of key authority.
- Consider requesting a declaration of state of emergency (non-public health, either at the county level or by the governor).
- Notify the County Counsel's office and the Sheriff if commandeering of supplies or buildings is likely.
- Cancel all leave within the Health and Human Services Agency.

5.4 STEP 4 - COMPREHENSIVE SITUATION ASSESSMENT

Gather specific information that is needed to inform the process of responding to the surge needs. Assessment is critical to initiating the appropriate surge response. Assessment will cover:

- The nature and magnitude of the incident,
- Casualty counts (immediate and projected), and
- Status of hospitals, emergency medical services, public health, and transportation.

See Attachment J, Facility Status Report, for the department's facility status reporting tool, and Attachment K for a comprehensive SIT REP instructions.

5.5 STEP 5 - SITUATION PROJECTION

By their very nature, disaster situations change frequently and quickly. It is to be expected that the situation found at the onset of a disaster will be significantly different several days in the future. Because of this changing nature and due to the impact and cost of certain surge responses, e.g., opening of an ACS, it is important that choices made reflect, as best as possible, accurate projections.

At the time of taking an initial Situation Status, the HHSA DOC Medical Branch Director, in conjunction with the HHSA DOC's Alternate Care Site Coordination Group Supervisor and the Plans Section Chief, will look ahead at least 72-96 hours and attempt to project status at that time.

In order to do this projection, the HHSA DOC staff may choose to use the Situation Projection Tool found in Attachment L.

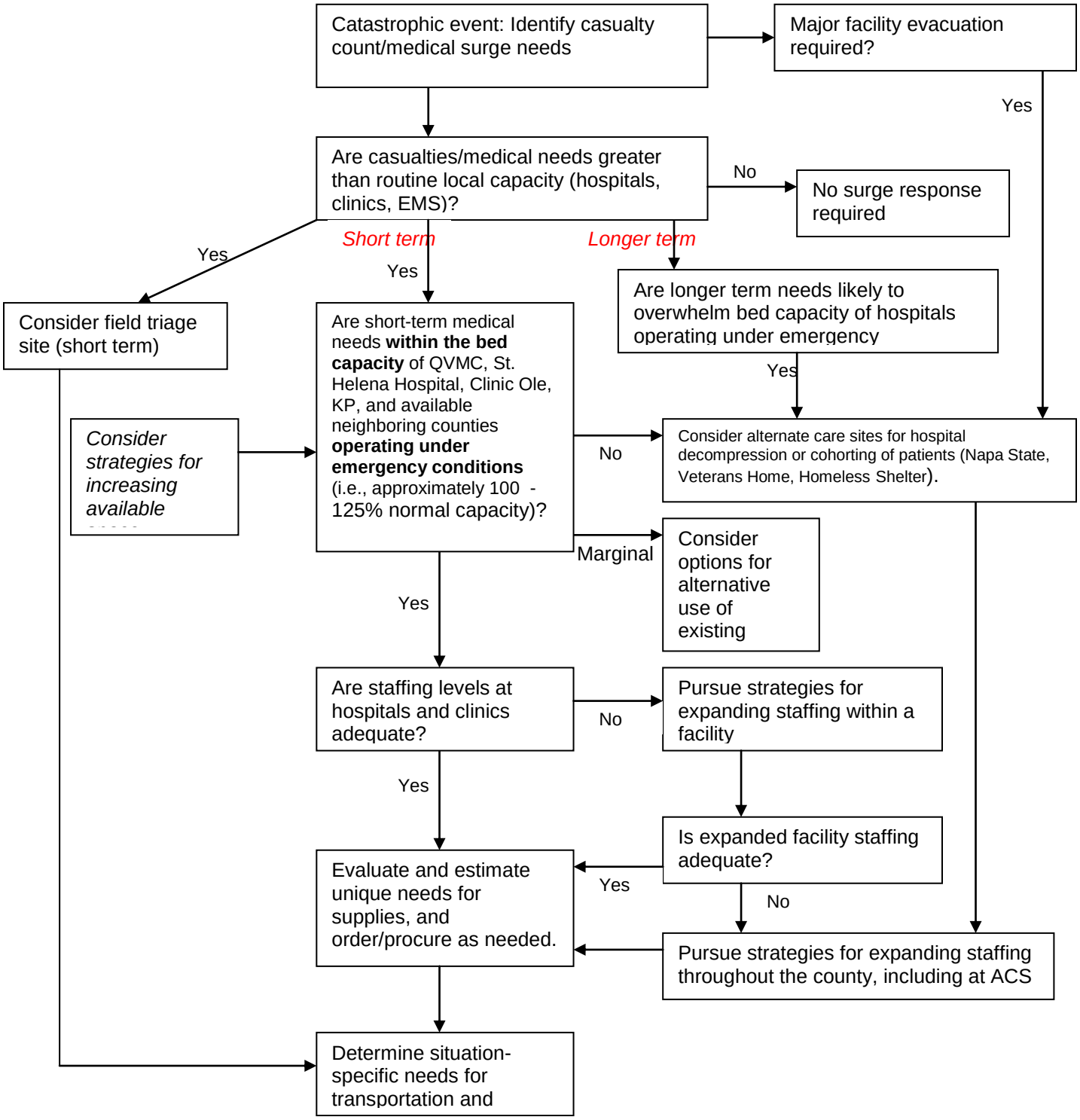
If considering opening an alternate care site, perform the situation projection (Attachment L). If not, skip this step.

5.6 STEP 6 - EVALUATE RESPONSE OPTIONS

Response to surge conditions require management and creative allocation of space, staffing, and supplies to meet the needs presented by the event. Each event will require unique responses. Figure 2, Surge Response Options, presents an algorithmic approach to evaluating options. These options are then detailed in the text that follows. Another way of considering this text is as a "cookbook" of options. As a job aid during an emergency, planners are urged to review the list of options as they consider strategies and tactics available for the crafting of a particular surge response.

One of the basic questions will be whether or not an alternate care site is required, and if so, what kind. ACS descriptions and their potential uses can be found in Attachment F, Detailed Alternate Care Site Information.

Figure 2 - Surge Response Options



Options for Increasing Available Space

- Strategies for increasing available space within facilities:
    - Rapid discharge of patients not yet admitted to a hospital. This can include all outpatients and Emergency Department patients who are able to continue care at home or in an alternative setting.
    - Rapid discharge of inpatients that can safely continue care at home or in another facility (consider facility capable of providing lower acuity care).
    - Cancellation of all non-emergent procedures. In particular, procedures and surgeries that are elective or can be safely postponed for a short period of time should be considered for cancellation.
    - Reduction in the use of technology that may be needed to meet surge capacity needs. Special attention should be paid to reducing the use of imaging, laboratory testing and other ancillary services.
    - Reducing the critical care population by transferring some critical care patients to other beds. Consideration may be given to placing some ventilator patients on monitored step-down units and using pulse oximetry with alarms in lieu of some cardiac monitoring.
    - Increasing the number of beds in non-critical care rooms. Institutions can consider the prudent increase of beds by converting single rooms to double and double rooms to triple.
    - Conversion of some rooms or wards to negative pressure or isolated from the ventilation system to allow for cohorting of infected patients in influenza and other infectious disease scenarios.
    - Conversion of non-patient care areas to use for less acute patients. For example, consideration can be given to placing cots, gurneys, or beds in a non-patient care area (e.g., gymnasium, multi-purpose room) for the provision of non-critical care.
    - Transfer of patients (if transportation available) to institutions outside of the county and/or affected area.
    - Increase the use of home care nursing facilities in order to facilitate early discharge and reduce the need for hospitalization of chronically ill patients.

- Strategies for Alternative Use of Existing Space
    - Consider use of existing outpatient facilities for the delivery of ambulatory care for “worried well” and displaced populations (e.g., satellite clinics of Clinic Ole, Kaiser Permanente outpatient facilities)
    - Consider use of Clinic Ole and/or Kaiser Permanente clinic space for short term use in care of inpatients from Queen of the Valley Medical Center (QVMC)

- Strategies for Increasing Space through use of Field Treatment Site/Alternate Care Sites
    - Several options are available for Alternate Care Sites (see Attachment F for overview and specific descriptions of available sites) including:
        - Ambulatory Care for displaced populations and worried well
        - Overflow for urgent care patients
        - Use of facilities for decompression of acute care facilities
        - Cohorting of patients in pandemic situation

Options for Increasing Staffing Capacity

- Strategies for Expanding Staff within a Facility
    - Call in lists of available personnel. Facilities will have call-in lists of all available personnel (employees and volunteers). It is recommended that these lists capture as much information as possible as to the availability and method of contact. In particular, the residence information of each person will be captured and sortable by zip-code in order to facilitate determining which personnel may be most impacted by disruptions in transportation channels.
    - Changes in scheduling. Facilities will have plans in place that allow for the changing of shift schedules to meet the needs presented by a medical surge event.
    - Changes in Staff Assignments. Facilities should allow for changes to assignments in order to increase available staff. Such changes should include shifting site assignments within the facility and changing patient/staff ratios. The use of administrative personnel to perform patient care duties should be considered

- Strategies for Expanding Staff throughout the County
    - Reallocation of personnel among healthcare facilities. The major healthcare providers in Napa County have entered into a Mutual Aid Agreement that ensures mutual support in emergency situations. That help will include the reallocation of staff. ePossible approaches here include:
        - Request mutual aid staff from less impacted facilities to supplement inpatient care at an acute care facility.
        - Request mutual aid staff from less impacted facilities to staff satellite clinics or other ACS to support ambulatory care efforts at those sites.
        - Strategic use of staff with particular skills or resources (e.g., allocation of staff with particular language skills to sites requiring them).
    - Increased/altered use of home care resources. In order to decrease the demand on ambulatory care facilities and acute care facilities, existing

home care resources may be utilized beyond current capacity. This may require a sharing of home care resources among facilities and an altered approach to some visits. The following may be considered:
    - Adding unscheduled visits to chronically ill patients in an effort to prevent unnecessary exacerbations.
- Access/activate Napa County Medical Volunteer Registry.
    - Registry can be used to call on registered nurses and physicians to supplement staffing at existing facilities, ambulatory care clinics, field treatment sites, and alternate care sites.
- Out of County Resources.
    - Other resources may be accessed through the MHOAC function for increased staffing capacity via SEMS channels, including:
        - California's Disaster Healthcare Volunteers (the Emergency System for Advanced Registration of Volunteer Health Professionals),
        - Resources from neighboring counties with whom Napa County has MOUs,
        - California Medical Assistance Teams (CalMATs), and
        - Disaster Medical Assistance Teams (DMATS).

<u>Options for Increasing Available Supplies</u>

- Each healthcare facility should have as part of its emergency plan, a cache of emergency supplies. These supplies should be coordinated with the HHSA DOC to ensure that at time of emergency, the Health Officer will know of available supplies that can be used at the individual facility or, if necessary, at other facilities, e.g., Alternate Care Sites.
- The county maintains a limited cache of supplies and stores it specifically for use at ACS or Field Treatment sites as necessary.
- Individual facilities and the county should seek MOUs with commercial supply companies for supply chain continuity.

<u>Options relating to Transportation</u>

Several options are available for both patient and non-patient (e.g., volunteer) transportation. Specific contact information for these resources is found in Attachment C.

- Routine Emergency Medical Response
    - American Medical Response
    - Angwin Volunteer Community Ambulance
- Transportation options owned by healthcare facilities:
    - California Veterans Home (two large buses—see Attachment F for details)

        - St. Helena Hospital (three buses with capacity for 35, 25, and 10 passengers—see Attachment F for details)
        - Napa State Hospital (four buses, four shuttles, one van with capacity for transportation of patients/staff)
- ParaTransit Resources:
    - Vine Go
        - Napa: 15 buses (one wheel chair and 10-14 ambulatory or 2-5 wheel chairs each)
        - American Canyon: two buses (10 ambulatory or 2 wheel chairs)
        - St. Helena: two buses (14 ambulatory or two wheel chairs)
        - Yountville: two buses (14 ambulatory or two wheel chairs)
        - Calistoga: one van (7 ambulatory pot top van with two wheel chairs), one Van (one wheel chair)
    - Vine Fleet
        - 25 buses:
            - three buses (39 standing passengers; 3-4 wheelchairs each)
            - four to six buses (40 seated passengers and 50 standing passengers, three to four wheelchairs each)
            - 14-16 buses (34 seated passengers and 46 standing passengers; three to four wheelchairs each)
    - Meadows of Napa Valley
        - Two buses:
            - one bus carries one wheelchair and up to eight ambulatory
            - one bus carries four wheelchairs and up to 20 ambulatory
        - one van (carries one wheelchair and four ambulatory)
- Alternative resources (i.e., non-healthcare related resources in the county):
    - Taxis
    - Wine Country Tour Buses

Options relating to Security

Any surge event will require increased attention to security issues at existing healthcare facilities as well as field treatment sites and ACS. The following options will be considered in planning and requested of the HHSA DOC as needed:

- Coordination with State and local law enforcement agencies
- MOU or contract with security agencies
- Formal or informal relationships with non-security agencies and organizations (e.g., community colleges, local high-school)

5.7 STEP 7- PLAN SURGE RESPONSE

The specific nature of an event and a review of the options presented in Step 6, will lead to a determination of the proper approach to a plan for surge. Those determinations need to be made and documented in an Emergency Action Plan (EAP). The following check list can guide completion of the EAP:

- Coordinate planning efforts with Acute Care Hospitals
- Communicate with involved healthcare partners (see Emergency Contact Information, Attachment C):
    - Convene meeting of involved partners for communication and distribution of plan
    - Determine plan for continued regular meetings of involved partners
    - Determine plan for regular communication with involved partners
- Utilizing efforts in Step 6, determine the following:
    - Specific level of evacuation needed for any health care facility
    - Location for receiving of evacuees
    - Site and concept of operations for any Field Treatment Site
        - Determine security requirements for FTS
        - Communicate with local authorities and/or any contracted security resources
    - Site and concept of operations for any Alternate Care Site
        - Determine security requirements for ACS
        - Communicate with local authorities and/or any contracted security resources
    - Type and number of additional staffing required
    - Plan(s) for obtaining staffing resources
        - Determine specific requests to be made of Napa County Medical Volunteer Registry
        - Determine which staffing requests will be made of any Mutual Aid Agreements (both within county and outside)
        - Determine what requests will be of outside resources (ESAR-VHP, CalMAT, etc.)
    - Additional medical supplies that will be needed and source of those supplies
    - Additional transportation resources will be required and source of those resources
        - Plans will include decisions reached on transportation of patients, staffing resources, and supplies
- Draft Emergency Action Plan for surge response including items determined above

5.8 STEP 8 - IMPLEMENT SURGE RESPONSE

Implementing the surge response will follow directly from the planning considerations outlined above. See Attachment G: Job Action Sheet for Implementing Surge Response. This is a general purpose checklist for any surge response.

Using the Standard Emergency Management System (SEMS), the planning and logistics branches of the HHSA DOC, and if needed, the Op Area EOC, will assist in implementing the surge response. Updated SIT REPs will be submitted each operational period.

5.9 STEP 9 - MONITOR/EVALUATE SURGE RESPONSE

Daily situation analysis to monitor the event which prompted the surge response, and to evaluate the response itself, will be conducted using HHSA DOC, Op Area EOC or public health-based resources. This analysis will also monitor for indications that the event is over, or that the surge response will be discontinued. Updated SIT REPs will be submitted each operational period.

See Attachment H, Job Action Sheet for Monitoring Surge Response, a general purpose checklist for evaluating the progress of the surge event.

5.10 STEP 10 - STAND-DOWN AND RECOVERY FROM SURGE RESPONSE

At some point, the surge response will no longer be needed. See Attachment I, Job Action Sheet for Recovery from Surge for a checklist of relevant actions. A final SIT REP will be completed at the appropriate time.

6. ATTACHMENT A: SURGE DEFINITIONS

What is Surge?

A. What it is:

The Agency for Healthcare Research and Quality (AHRQ) has defined surge capacity in this way:

> "Surge capacity is a healthcare system's ability to expand quickly beyond normal services to meet an increased demand for medical care in the event of bioterrorism or other large-scale public health emergencies."

Key elements of this definition that are noted and affirmed in this plan include the focus on the *healthcare system* and the recognition that surge refers to situations that have placed demand *beyond normal services.* This understanding is further supported by State of California emergency planners who have used "surge" to refer to: "an overwhelming increase in demands for medical care services arising out of a moderate to severe emergency."

Thus, the understanding of this plan is that it will be activated only in situations in which the ability of the county's healthcare system to provide appropriate care is threatened. It is also understood that some stresses occur in a healthcare system on a regular, daily basis. These stresses, while sometimes placing a temporary, extraordinary demand on a portion of the system, do not necessarily exceed the normal services that are provided within that system.

Specific situations that will trigger the activation of this plan are discussed above. In general, the Health Officer will monitor any situation that places significant stress on individual healthcare providers within the county and on the county's healthcare system in general. Then, consistent with the description in state surge planning documents, a surge event will be proclaimed when the Health Officer:

> "using professional judgment determines, subsequent to a significant event or circumstances, that the healthcare delivery system has been impacted, resulting in an excess of demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services. The local official uses the situation assessment information provided from the healthcare delivery system partners to determine overall local healthcare jurisdiction/operational area medical and health status."[i]

B. What it is not.

As is made clear in the above section, not all stress on a portion of the healthcare delivery system results in a surge condition. Indeed, even those events that may seriously stress a single portion of the system may be dealt with in the context of routine operations.

Thus, a situation could occur that places extraordinary stress on the Emergency Department of a local hospital—e.g., a multi-vehicle accident involving a large number of injuries. This even may cause the local hospital to take actions to decrease the impact of the event on their ability to provide care. Actions that the facility may take include internal shifting of personnel resources and a request to divert ambulances to other facilities.

While such a situation does not reach the level of a “surge” event, it demonstrates the progression to such a situation. The facility could (and should) inform local officials of the impact on their capacity to provide care. The Health Officer, taking into account this information and all other that may be coming to her, may determine that the overall capacity to provide care within the county is being jeopardized. At that point, the Health Officer may activate some or this entire plan.

7. ATTACHMENT B: LEGAL AUTHORITIES

- California Government Code, section 8550 et seq.
    - This section of statutes, the California Emergency Services Act, is the source of broad Health Officer Authority, in responding to a declared State emergency. This section allows the Health Officer to:
        - Carry out orders of the governor pursuant to this section, including, if necessary, commandeering of personal or real property.
        - Seek mutual aid in the case of a local declared emergency.

- California Health and Safety Code, Section 101000 et. seq:
    - This section of the California Statutes outlines the powers and duties of the local Health Officer. These provisions state that:
        - Each county Board of Supervisors shall appoint a health officer
        - That the Health Officer may, upon consent by ordinance or resolution, orders, regulations, and statutes related to public health within incorporated cities.
        - The Health Officer shall enforce all rules, orders, and statutes related to public health in unincorporated areas.
        - The Health Officer may, in response to particular threats or if granted specific authority by the Board of Supervisors, declare a local emergency. Such a declaration allows for other political subdivisions to provide mutual aid and may confer some immunity on persons providing care.

- California Health and Safety Code, Section 120100, et seq.
    - This section of Statutes provides the Health Officer with broad powers as relates to the spread or threat of spread of communicable disease. Among the authorities granted are:
        - Action to “take measures as may be necessary” to prevent spread of disease,
        - Authority to require isolation or quarantine,
        - Authority to take actions to enforce rules or orders from the Department of Health Services
        - Authority to require healthcare facilities to disclose inventories of critical supplies, equipment, drugs, vaccines and other products.
        - Authority to carry out directives of the Department of Health Services to provide places for isolation or quarantine.

- California Penal Code, Section 409.5.
    - This statute allows the Health Officer to order evacuation for the protection of public health and safety.

8. ATTACHMENT C: EMERGENCY CONTACT INFORMATION

Healthcare/Other Facility	Administrator on Duty
Queen of the Valley Medical Center	(707) 252-4411
St. Helena Hospital	(707) 963-3611
Napa State Hospital	(707) 253-5000
Veterans Home of California, Yountville	(707) 944-4500 (day) (707) 944-4848 (night)
Kaiser Permanente Medical Office Building Napa	(707) 258-2500 (8 a.m.-5 p.m.) (707) 258-4590
Community Health Clinic Ole	(707) 254-1780 (day) (707) 685- 1703 (evenings/nights—Executive Director)
Napa County Homeless Shelter	(707) 253-6103
Transportation Resources	**Contact Information**
Ambulances	
American Medical Response	(707) 501-5280 Lead supervisor (24x7 mobile number): (707) 260-9469
Angwin Volunteer Community Ambulance	(707) 965-2468
Buses	
California Veterans Home	(707) 944-4500 (day) (707) 944-4848 (night)
St. Helena Hospital	(707) 963-3611
Napa State Hospital	(707) 253-5000
Taxis	
Yellow Cab of Napa	(707) 226-3731
Valley Taxi	(707) 942-9009
Napa Valley Cab	(707) 257-6444
Northbay Taxi & Wheelchair	(707) 257-6200
Black Tie Taxi	(707) 259-1000
Wine Valley Taxi	(707) 251-9463
Napa Valley Limousine Services	(707) 258-0689
Tours D-Elegance	(707) 259-0400
ParaTransit	
Vine Go	(707) 259-8778

Main Number	(707) 251-2800 or 1-800-696-6443
Napa	(707) 252-2600
Up Valley	(707) 963-4222
American Canyon	(707) 556-8221
Vine Fleet	(707) 259-8635
Meadows of Napa Valley	(707) 257-5218
Other	
Napa Valley Wine Tours	(888) 881-3309
Wine Country Helicopters	(707) 226-8470
Dialysis Centers	
Napa Dialysis Center	(707) 253-8938
Napa Valley Community Dialysis	(707) 224-6533
Skilled Nursing Facilities	
A Hidden Knoll	(707) 258-1873
Adondi's Residential Care Home	(707) 648-7374
Adult Day Services of Napa Valley	(707) 258-9080
Aegis	(707) 251-1409
American Canyon Villa	(707) 648-7983
At UR Service Care Home	(707) 554-3574
BayBerry House	(707) 252-6733
Bethesda Family Home	(707) 252-8659
Browns Valley Care Home	(707) 255-7197
Buckelew Programs	(707) 253-2528
Calistoga Gardens	(707) 942-6253
Cathy's Care Home	(707) 224-9330
Celebrity Haven	(707) 257-6445
Celebrity Haven II	(707) 251-5722
Choctaw House	(707) 258-9348
Choctaw House North	(707) 265-8722
Christopher House	(707) 310-7089
Concordia Manor	(707) 255-7330
Country Inn Retirement Home	(707) 252-3392
Crestwood At the Napa Valley	(707) 965-2461
Efe Canyon Care	(707) 342-1161
Family Service of the Napa Valley	(707) 254-7310
Golden Age Retirement Homes #1	(707) 643-8858
Grand Chalet	(707) 643-4843
Griffin Family Care Home – Elliott	(707) 552-6346
Hearts that Matter Assisted Living	(707) 738-0413
Hill View Care Home	(707) 252-9791
La Homa Guest Home	(707) 252-7426

Linda Falls Guest Home	(707) 963-1848
Meadows Assisted Living	(707) 257-5214
Meadows Care Center	(707) 257-4990
Meadows of Napa Valley	(707) 257-5218
Napa Nursing Center	(707) 321-9704
One Step Beyond Care Home	(707) 552-8588
Piners Nursing Home	(707) 224-7925
Prim Rose	(707) 255-8594, 812-0243
Progress Foundation	(707) 255-9028
Progress Foundation (Bella House)	(707) 257-7755
Pueblo House	(707) 254-4917
Rose Garden Guest Home II	(707) 252-3411
Rosegarden Guest Home	(707) 252-3411
Rosehaven	(707) 963-3748
Rosemont Home	(707) 255-0644
Sacred Heart Care Home 2	(707) 246-4565
Sacred Heart Care Home 3	(707) 647-2260
Sacred Heart Care Home I	(707) 246-4565
Saint Helena Home Care	(707) 967-9549
Saratoga House	(707) 252-8914
Saunders Family Home	(707) 255-5871
Sierra Vista Care Center	(707) 255-6060
Sierra Vista Nursing & Rehab Center	(707) 255-6060
St. Helena Home Care Services	(707) 967-5605
St. Joseph Home Care of the Valley	(707) 257-4124
Stayman Estates – Arcadia	(707) 226-2897
Stayman Estates – Maher	(707) 226-1293
Stayman Estates – Pueblo	(707) 226-2557
Summerville at Villa Del Rey	(707) 252-3333
The Avenue	(707) 457-6964
The Berkshire	(707) 252-9037
The Cedars Care Home	(707) 942-9200
The Elegant Guest Home	(707) 257-7641
The Greenhills Care Home	(707) 558-8487
The Redwood Home	(707) 253-2921
Twin of Hearts Care Home II	(707) 301-7008
Veterans Home of California	(707) 944-4600
Via La Paz	(707) 644-1402
Vicky's Care Home	(707) 255-3213
Vine Village	(707) 255-4006
Vintage Chalet	(707) 963-8546
Virginia's	(707) 253-0150
Virginia's Resident Care Home 2	(707) 259-0652
Vogel Family Care Home	(707) 253-7916
Wine Country Senior's Villa	(707) 226-3055

9. ATTACHMENT D: SURGE QUICK RESPONSE GUIDE

This Job Action Sheet provides a high-level overview of surge response for the HHSA DOC staff and supports development of an appropriate Emergency Action Plan.

To the extent possible, these actions are listed as they should be carried out chronologically. However, some items will require simultaneous action and, therefore, should be delegated in order to allow for the quickest impact possible.

- Read the entire Action Check List
- Obtain briefing from authorities in County (and State if applicable) as to nature and extent of incident and its impact. Briefings should be obtained from:
    - Local police agencies including Napa County Sheriff
    - California Highway Patrol
- Obtain initial situation analysis from each of the following healthcare facilities/agencies (see Attachment C for contact information):
    - Queen of the Valley Medical Center
    - St. Helena Hospital
    - Napa State Hospital
    - California Veterans Home—Yountville
    - Community Clinic Ole
    - Kaiser Permanente Medical Office Building—Napa
    - Napa County Homeless Shelter--Napa
    - American Medical Response
    - Angwin Volunteer Community Ambulance
- Complete an initial (or updated) SIT REP as indicated in Attachment K.
- Obtain subsequent situation analyses at:
    - 8-12 hours after event
    - On regular basis after initial and subsequent determined by exigencies of event
- Based on above briefings and analyses, determine what, if any, legal action needs to be taken immediately:
    - Determine if Governor has issued proclamation of emergency
    - Determine if local proclamation is needed

- If needed, issue local Public Health Proclamation (See Napa County Health and Human Services Agency Department Operations Center Plan for discussion of seeking necessary declarations)

- Using above briefings and analyses—estimate numbers, types, and location of casualties from events
- Determine need for evacuation of any facility or portion of facility
- Determine which facilities are capable of receiving casualties or evacuees
- Determine need for and proper location for staging area(s) and/or field treatment facility
- Determine need for additional transportation resources
- If needed, contact available transportation resources and activate use of resources. (See Attachment C for contact information)
- Determine need for use of Alternate Care Site and determine which site is appropriate. (see Attachment F)
- Arrange for cleaning of unused or “shuttered” facilities to be used as ACS
- Activate ACS plan including, if needed, taking appropriate legal action to acquire ACS
- Contact ACS sites and inform of activation of ACS plan (i.e., activation according to MOU if appropriate)
- Develop an Emergency Action Plan for surge response

10. ATTACHMENT E: PANDEMIC INFLUENZA SURGE RESPONSE

Pandemic influenza (or any other prolonged communicable disease emergency or pandemic) represents a unique surge situation due to the timing and epidemiologically measurable aspects of the event. The following are specific planning considerations based on an influenza pandemic. Also refer to the HHSA Outbreak Response Plan for description of activating a response to an influenza pandemic.

Steps to take prior to emergence of pandemic

- Establish infrastructure that can be utilized for management of surge in case of pandemic. Specific steps to take include:
    - Establishment of Emergency Operations Center and HHSA DOC plans
        - Consider establishment of a Healthcare Leadership Coalition:
            - Made up of directors/leaders of:
                - Hospitals in County
                - Major Clinics in County
                - Long Term Care facility representatives.
                - Emergency Medical Response
                - Law Enforcement Authorities
            - Key roles:
                - Establishment of regular communication in order to recognize emergence of disease in county
                - Exchange of information regarding current capacities and needs
                - Establishment of communication methods (e-mail, messaging, telephone, etc)
                - Oversee drilling/testing of preparedness plans
    - Establishment of Public Health Point of Contact:
        - Reporting/monitoring of influenza like illnesses
        - Clarifying agreements with local hospitals
        - Clarifying agreements/MOU with potential ACS
        - Clarifying agreements/MOU with potential Casualty Treatment Areas (CTA)
    - Develop Policies for operations of CTA

- Plan staffing of CTA
- Plan supply of CTA
- Plan Transportation of patients to CTA
- Develop Policies for operations of ACS
- Plan Staffing for ACS
- Plan Supply for ACS
- Plan Transportation of Patients to ACS and to/from area hospitals
- Ensure existence of security plan for ACS:
    - Secure MOU with security agency
    - Secure MOU with local law enforcement agency

Steps to take during Pandemic Alert Period: (Global Cases/First Confirmed US Cases)

- Generally encourage increased capacity to care for patients at home:
    - Encourage all healthcare institutions/providers to ensure adequate supply of chronic care medications available to patients to encourage care at home.
    - Encourage all healthcare institutions/providers to ensure adequate supply of first aid supplies/bandages/antipyretic medications/ oral electrolyte solutions/ thermometers.
- Establish daily communication with Healthcare Leadership Coalition, if created
    - Consider planned daily teleconference
    - Consider use of regular “listserv” or other e-mail communications
- Activate HHSA DOC including HHSA Crisis Emergency Risk Communications Plan
- Encourage hospitals to prepare for decreased services:
    - Encourage scheduling of elective procedure within the next few weeks
    - Increase outpatient services for non-urgent services that can be provided in next few weeks:--e.g., employment physicals, annual exams, pre-natal checks)
        - Encourage staff increases for next few weeks
        - Encourage extended hours for next few weeks

        - Encourage communication to patients within systems to utilize these opportunities now. (Consider use of public service announcements to reach general public).
    - Consider creation of “anterooms” and areas within hospitals for cohorting of infectious patients
    - Consider creation of “primary care” vans to go into the community for offering primary care services
- Identify Alternate Care Sites (ACS) to be used in upcoming stages.
    - Transport county supply cache to site
    - Establish plan for staffing of ACS:
        - Activate Volunteer Registry
        - Contact all local facilities and identify those staffing opportunities
        - Access State resources (e.g., CalMAT, ESAR-VHP)
        - Establish Incident Command Structure for each of the ACS
    - Establish Security Plan for ACS:
        - Activate MOU with security services
    - Unpack and inventory cache supplies

Steps to Take in Pandemic Period (Increased and sustained transmission in US Population):

- Assess information about status of the pandemic:
    - Acquire updates from CDC and from State officials
    - Continue daily meetings of Healthcare Leadership Coalition to:
        - Assess local impact
        - Assess status of staffing and patient load at local hospitals
        - Anticipate needs for upcoming period (i.e., current needs and planning 2 weeks, 1 month out)
- Set up and utilize Alternate Care Sites (ACS):
    - Activate agreements with facilities for use as ACS:
        - Consider the following options:
            - Using the Veterans Home for triage at Lincoln Theater
            - Using Napa State Hospital – specifically the following resources for an ACS (including possible care for special needs populations):

        - B-Buildings
        - M-Buildings
        - McGrath School
      - Using Napa Homeless Shelter as an ACS (particularly for special needs populations)
      - Closing the Clinic Ole or Kaiser Permanente clinics to outpatient care and redirecting it for triage/staging
    - Instruct pre-hospital personnel to transport casualties to ACS
    - Staff the ACS
- Address staffing issues at local hospitals:
    - Encourage hospitals to utilize methods to alleviate staffing pressures such as:
      - Engaging patient families to provide basic care (e.g., feeding/bathing)
      - Activating local, hospital based, volunteer programs to assist with basic patient care, assisting nursing staff with transportation, communications, acquisition of supplies, etc
      - Asking retired nursing personnel to return to work on volunteer basis—those with current licenses can pass medications, take vital signs, etc
      - Using respiratory therapists to do only higher acuity care—e.g., management of ventilators and having nursing personnel provide other respiratory services
      - Consider altering standard for documentation of patient care to allow nursing and other professional staff to do more patient care
      - Consider expanding capacity through schedule alteration—e.g., increasing shift length, changing staffing ratios
      - Encourage all staff to adhere rigidly to PPE precautions so as to decrease risk of becoming ill
- Address space issues at local hospitals:
    - Encourage facilities to activate plans for cohorting of infectious patients
    - Use designated operating room and procedure room space for additional ventilated patient care
    - Encourage hospitals to make timely requests of Public Health for assistance in decompression of facility by use of ACS:
      - This should be content of daily communication between HHSA Public Health Division and each hospital.

        - Prior to determination of need for decompression, sites for decompression will be notified. Optimum decompression sites for acute care receiving hospitals are the Veterans Home (third floor of Holderman), Napa State Hospital, Clinic Ole, and the Homeless Shelter.

- Address staffing issues at ACS:
    - Activate the County's Disaster Healthcare Volunteers registry
    - Contact all healthcare facilities in County

11. ATTACHMENT F: DETAILED ALTERNATE CARE SITE INFORMATION

CONFIDENTIAL – FOR INTERNAL USE ONLY

12. ATTACHMENT G: JOB ACTION SHEET FOR IMPLEMENTING SURGE RESPONSE

This job aid assumes surge response planning for a specific incident is completed and is intended to guide emergency action plan (EAP) development for implementing the specific surge response.

This EAP is to be completed by the appropriate HHSA DOC staff.

- Ensure that the HHSA DOC (and if needed, Op Area EOC) are opened
- Determine and communicate the concept of operations/concept of care: what levels of care will be provided, in what settings, and by whom, to relevant partners and staff. (See HHSA Crisis Emergency Risk Communication Plan)
- Develop an emergency action plan spanning all elements of surge response, including:
    - Declaration of public health emergency
    - Requests for mutual aid
    - Communication with partners
    - Concept of operations for specific use of specific facilities:
        - What kinds of patients will be sent to which facilities
        - Identify types of patients based on case definition or triage scoring
    - Address any transportation issues
    - Establish a comprehensive public information strategy
    - Determine if specific just-in-time training will be required
- Submit SIT REPs per the California Public Health and Medical Emergency Operations Manual once per operational period
- Determine the need for, and implement, modified treatment protocols, altered clinical care standards, palliative care guidelines, or other care provisions. Convene a Clinical Care Committee as needed
- Implement all appropriate ancillary plans, including general public health and county emergency response, Strategic National Stockpile, mental health, and security plans. Refer to HHSA Emergency Operations Plans
- Centrally coordinate patient transportation issues

- Request state-level declaration of emergency (public health and governor's office) as needed for suspension of such rules as nurse-patient ratios, commandeering powers, etc
- Open any ACS to be used (regardless of field triage, decompression, or other purpose):
    - Communicate with facility managers at ACS
    - Establish incident command system at ACS using HICS and fill all positions
    - Request update on the ACS's readiness to accept surge patients, or projected time when they will be able to accept surge patients
    - Ensure that the following ACS issues have been addressed:
        - Signage in English and Spanish as appropriate directing patients to correct location
        - Clear patient ingress and egress (entrances and exits)
        - Security for site and personnel
        - Transportation routes determined and communicated
        - Staffing of ACS for first 48 hours, using 12-hour shifts (i.e., first 4 shifts)
        - Power, water, and sanitation (toilets) in working order and with reserve supplies for at least first 48 hours
        - Rules and policies for ACS operation
- Establish communication and coordination within hospitals, clinics, public health staff, and emergency medical services:
    - Convene regular teleconferences during implementation phase
    - Ensure clarity regarding concept of operations for surge response (what kinds of patients are going where and how they are getting there)
    - Address risk communication (refer to CERC Plan, Attachment 2 to Napa County HHSA Annex H Emergency Operation Plan) to county's population to decrease "worried well" and to direct patients as needed
    - Hospital managers have prepared overflow capacity
    - Order local hospitals to utilize overflow capacity measures
- Coordinate with County Coroner for overflow measures and morgue arrangements at ACS
- Coordinate with (as appropriate) the FBI, CDC, U.S. Bureau of Alcohol, Tobacco, and Firearms, and Explosives, and the California Department of Public Health if the event is a bioterrorism, nuclear, radiological, or other weapon of mass destruction-oriented event

13. ATTACHMENT H: JOB ACTION SHEET FOR MONITORING SURGE RESPONSE

This job aid assumes surge response is underway, and is intended to guide emergency action plan development for daily monitoring of the specific surge response.

This EAP is to be completed by the appropriate HHSA DOC staff.

- Request/obtain the following information on a daily basis:
    - Bed capacity at all facilities (including ACS)
    - Casualty counts by triage tag color/status (untreated patients)
    - Patients waiting to be seen/treated
    - Mortality rate
    - Relevant epidemiological data if a communicable disease incident.
- Ensure daily communications between public health, health care partners, and EMS partners
- Determine if ACS are meeting needs, based on daily casualty counts and census:
    - Determine if any ACS are still required
- Determine the limiting factor(s) pertinent to surge operations, both at hospitals and alternate care sites (staffing, beds, or specific supplies)
- Project surge response needs for the next 24 hours
- Submit SIT REPs once per operational period
- Monitor declarations of emergency for their continued relevancy. Renew or terminate as needed
- Monitor physical and mental health of yourself and your staff
- Monitor patient transportation for needs, efficacy, and safety
- If modified treatment protocols, altered clinical care standards, palliative care guidelines, or other care provisions are in effect, review the efficacy and appropriateness of those guidelines. Modify and disseminate as needed. Utilize a clinical care committee as needed.
- Continue liaison with mutual aid sources and revisit mutual aid requests
- Monitor logistics and supply chains
- Monitor scare supplies and personnel, and re-allocate as needed (e.g., pharmaceuticals, ventilators, burn nurses, etc)
- Determine if the surge response is still required

- Begin developing an exit strategy to close the ACS

14. ATTACHMENT I: JOB ACTION SHEET FOR RECOVERY FROM SURGE

This job aid assumes surge response planning for a specific incident is completed and is intended to guide emergency action plan development for recovery-phase operations.

This EAP is to be completed by the appropriate HHSA DOC staff.

- Systematically ensure that all elements of the surge response are returned to normal.
    - If the surge response gives way to an interim, non-normal health care situation (e.g., building repair to a hospital following an earthquake), ensure a smooth transition.
- Close any alternate care sites:
    - Discharge or transfer patients
    - Demobilize staff
    - Arrange for decontamination, clean-up, and resupply of the ACS
- Arrange for resupply of all caches, equipment stores, etc
- Determine the needs for critical incident stress debriefings
- Participate in after action report development

15. ATTACHMENT J: FACILITY STATUS REPORT

FACILITY STATUS REPORT

Date: _____Facility/Provider: _____

Facility operational? No _____ Yes _____ % Open _____

Damages to Facility:

_____
___

_____
___

PATIENT CENSUS:

Number of Ambulatory: _____ Non-Ambulatory: _____ patients at your facility.

Accepting Patients? NO____ YES ____ Estimated Capacity _____

Bed Availability: (Numbers) ICU _____ Other monitored _____ Other

EMSystem Updated? NO____ YES ___
FREQUENCY_____

Staffing Status:

_____
___

_____
___

_____
___

YOUR CONTACT INFORMATION:

Contact: _____ Contact:
_____

Phone: _____ Phone:
_____

Fax: _____ Fax:
_____

OUR CONTACT INFORMATION:

Contact: _____

Phone: _____ Fax: _____

16. ATTACHMENT K: SITUATION REPORT

An electronic version of the Medical and Health Situation Report is available for download from the California Health Alert Network (CAHAN) document library. In CAHAN, go to Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM → Electronic SIT REP. The SIT REP can also be found online in the Napa County HHSA network at G:\!!Disaster DOC (Department Operations Center) folder, and on the Web at www.bepreparedcalifornia.ca.gov.

The SIT REP minimum data elements are:

- Report type (initial, update, final);
- Report status (advisory or alert);
- Report creation date/time;
- Incident information (operational area, mutual aid region, incident name/date/time/location, population affected, public health and medical incident level);
- Report creator (including contact information);
- Current condition of the public health and medical system;
- Prognosis (unchanged, improving, worsening);
- Descriptions of:
    - the current situation,
    - current priorities,
    - critical issues and actions taken,
    - activities,
    - emergency proclamations/declarations,
    - health advisories/orders; and
- Primary public health and medical contact person/information.

During a surge event, the SIT REP should also include details of the status of general acute care hospitals, skilled nursing facilities/long-term care facilities, and other facilities. Details include the number of facilities in each category fully functional, partially functional, not functional, and not reporting.

Situation reporting should be accompanied by HAvBED polling of all acute care facilities.

Updated SIT REPs will be prepared once during each operational period; in response to significant changes in status, prognosis, or actions taken; and in response to requests for updates from the region or state, as communicated by

the RDMHC program. All SIT REPS will be maintained as part of the incident historical document file.

17. ATTACHMENT L: SITUATION PROJECTION TOOL

Rationale

Projecting the likely situation to a point 3 – 7 days in the future helps determine if the ACS or general surge response will be needed at that point in time. If indications and trends suggest that the major need of the post-disaster operational area is not acute care hospital beds, or similar ACS-oriented resources, then ACS usage is probably not warranted.

Instructions

The projection should be performed for both the immediately affected areas and any neighboring mutual aid areas, and should be made for a specific point in time.

1. Indicate the following reference information:

County: Napa	
City or Location:	Planner:
Current Date:	Current Time:
Projection Date:	Projection Time:

2. Document *all* assumptions used in making the projection.

3. Determine the number of casualties by triage category:

Casualty Count	
Category	Current number
Green	
Yellow	
Red	
Black	

4. Determine the official weather prediction for the projection date/time:

Weather prediction		
	Operational area	Neighboring mutual aid areas
Daytime highs		
Nighttime lows		
Winds		
Precipitation		
Specific alerts or warnings		
Comments		

Will weather impose additional health care challenges, either by itself, or in combination with infrastructure damage, displaced persons, etc.? Y / N

5. Complete the following table, assessing both the operational area and adjacent mutual aid areas:

A. Note that the metric or unit of analysis is different for different rows.
B. Use the tool to identify broad functional levels. When less than adequate, indicate likely limiting factors and top problems. Remember to document assumptions.
C. Use the tool to identify situation trends as you project them to be in 3 – 7 days. When worsening or static (no change), indicate likely limiting factors and top problems. Remember to document assumptions.

Area of Assessment	Count or Metric	Unit of analysis	Functional Level				Situation Trend			Limiting Factors & Top Problems (ranked)	Comments
			Non-functional	Marginal	Adequate	Fully Functional	Worsening	No Change	Improving		
Casualties											
Green											
Yellow											
Red											
Black											
Morgue operations											
Hospitals – total available beds											
Med/surg (ward) beds in op area											
Critical care beds											
ED beds											
OR suites											
Peds beds											
Isolation beds											
ACS Capacity											
Outpatient treatment capacity (visits/day)											
Overnight patient care											
Triage sites											
Other											
Medical transportation											

Area of Assessment	Count or Metric	Unit of analysis	Functional Level				Situation Trend			Limiting Factors & Top Problems (ranked)	Comments
			Non-functional	Marginal	Adequate	Fully Functional	Worsening	No Change	Improving		
Public and environmental health											
Shelters											
Social services											
Morgues											
Ambulatory care clinics											
Water											
Food											
Sanitation											
Electrical											

18. ATTACHMENT M: MEDICAL FIELD OPERATIONS COORDINATOR JOB ACTION SHEET

MEDICAL FIELD OPERATIONS COORDINATOR

MISSION: Provide coordination between field EMS incident command and the HHSA DOC.

REPORT TO: Medical Branch Director

RESPONSIBILITIES: Assist the Medical Branch Director by ensuring maximum coordination and support between the HHSA DOC and field emergency medical services incident command organizations during multi-casualty multi-group and multi-branch responses.

WORK LOCATION: Either the DOC or field incident command posts, dependent on event. This position supports on-scene incident response, and is activated when the surge plan is activated, or during a mass casualty incident multi-casualty multi-group or multi-branch responses, per the Napa County Mass Casualty Incident Plan (MCIP).

√	**MEDICAL FIELD OPERATIONS COORDINATOR CHECKLIST**
	Receive appointment and obtain briefing from the Operations Section Chief. Read the checklist. Maintain activity log.
	Upon deployment to the incident location(s), check in to the incident command post and obtain a briefing on the extent of the incident from the incident commander (IC).
	Assess incident situation, incident facts, probabilities, priorities, limitations, constraints, and objectives.
	Maintain contact with the Medical Branch Director and the IC.
	Ensure situation reporting and resource requests from the field incident command system to the DOC is accomplished effectively and efficiently each operational period and more frequently as indicated by incident circumstances. Ensure the IC and Medical Branch Director are appropriately aware of how the MCI/field response relates to any broader county surge response.
	Keep the IC and Medical Branch Director informed on issues dealing with assisting agencies, cooperating agencies, stakeholders, and situation status.
	Provide assistance and information to field incident command Section Chiefs as required.
	Maintain documentation of response costs, including equipment; overtime labor hours, and mileage.
	At a shift change, provide a detailed status report and all written materials to replacement staff.
	Maintain documentation of response costs, including equipment; overtime labor hours, and mileage.
	Provide the Documentation Unit with all logs and documentation that has been generated in the DOC/EOC. Submit all forms and documentation used during the event.
	Attend the DOC/EOC operations critique and prepare an after-action report with recommendations for your DOC/EOC position.