Redwood Coast Healthcare Coalition Governance Document 2018

I. Introduction

A. Overview

The Redwood Coast Healthcare Coalition is comprised of Humboldt and Del Norte Counties. It covers an area of 5,282 square miles and an estimated population of 164,337 people.

The area is rural in nature with large parts of the population living close to the coastal towns with smaller parts of the population living in areas that often become isolated during winter storms as well as other risks such as earthquake, flood, landslide, windstorm, and wildland fires.

B. Overview of Healthcare System

Both Humboldt and Del Norte County have one public health department that serves both the unincorporated areas and all of the cities within each county border. North Coast Emergency Medical Services serves both counties as the Local Emergency Medical Services Agency (LEMSA).

The LHDs work with healthcare and other partners to prepare to respond to healthcare and medically vulnerable population needs during a disaster. This includes:

Facility	Humboldt	Del Norte
Acute Care Hospital	4 – 1 level 3 trauma 1 level 4 trauma	1
Skilled Nursing Facility	4	1
Dialysis Center	2	1
Veteran Outpatient Clinic	1	0

Other medical facilities include numerous clinics as well as ambulatory surgery centers, home health, and home care providers. Other partners include Emergency Medical Service (EMS) providers, American Red Cross, and county offices of Emergency Management.

Each county has designated a Medical and Health Operational Area Coordinator (MHOAC) and in that role, the MHOAC works with the local health department to ensure the development of medical and health disaster plans that address preparedness, response, recovery, and mitigation functions for the medical community. During local emergencies/events, the MHOAC is designated to provide for the organization, mobilization, coordination, and direction of medical and health services, both public and private.

C. Medical and Health Operational Area Coordinator Duties

The disaster responsibilities and requirements of the Medical and Health Operational Area Coordinator (MHOAC) are contained in the California Health and Safety Code 1797.153 which states: "The medical and health disaster plan shall include preparedness, response, recovery, and mitigation functions in accordance with the State Emergency Plan, as established under

Sections 8559 and 8560 of the Government Code, and, at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:

1. Assessment of immediate medical needs
2. Coordination of disaster medical and health resources
3. Coordination of patient distribution and medical evaluations
4. Coordination with inpatient and emergency care providers
5. Coordination of out-of-hospital medical care providers
6. Coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services
7. Coordination of providers of non-fire based pre-hospital emergency medical services
8. Coordination of the establishment of temporary field treatment sites
9. Health surveillance and epidemiological analyses of community health status
10. Assurance of food safety
11. Management of exposure to hazardous agents
12. Provision or coordination of mental health services
13. Provision of medical and health public information protective action recommendations
14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous waste materials
17. Investigation and control of communicable diseases

D. Redwood Coast Healthcare Coalition

With the merging of the two county's coalitions, the primary goal is to work collaboratively on planning an efficient response during a disaster. The Coalition includes representatives from healthcare partners, including but not limited to Local Health Departments, Hospitals, Community Clinics, Long Term Care Facilities, Dialysis Center, Ambulatory Surgical Center, Home Health Agencies, Hospice, EMS Providers, and American Red Cross.

E. Purpose

The Redwood Coast Healthcare Coalition is a network of healthcare organizations, government agencies, and other providers working together to strengthen emergency preparedness, response, and recovery. This Governance Document identifies the stakeholders, provides a preliminary delineation of roles and responsibilities and defines the purpose of the group.

F. Goals

To ensure that the healthcare community strives for an organized response during a local disaster. The Coalition will work collaboratively to meet the following goals:

- All healthcare agencies and facilities develop and exercise effective disaster plans.

- Ability to accurately determine the status of the healthcare system and the safetyand location of patients and clients.
- Integration and coordination of disaster response operations across the healthcare system to meet the needs of the public during a disaster.
- Adequate and collaborative medical surge operations to care for victims of a mass casualty and/or large scale event.

II. Areas of Focus

A. Planning

The Coalition will focus on planning efforts to provide the best care for the public during a disaster, through collaboration between healthcare and community partners. Planning focus should be evaluated yearly and include, but not limited to, the following:

- Conduct specific workgroups to address how different types of providers (skilled nursing, dialysis, outpatient, home health, hospitals) will care for their patients during and after a disaster or emergency.
- Coordinate plans to assure health services are available during and after a disaster, and to increase the capacity of the healthcare system to respond to potential increased demand.

B. Training

Focus will be to provide emergency preparedness training and educational opportunities for pre-hospital, hospital, and outpatient healthcare personnel that will respond to a public health emergency during a disaster.

C. Exercises and Drills

Coalition members are encouraged to participate in exercises and drills to test disaster plans, coordination of resources, and communication systems on an annual basis.

III. Redwood Coast Healthcare Coalition Structure

The Coalition is comprised of the members of the Operational Area Committees and works collaboratively with all partners and city and county emergency personnel to ensure that medical and health preparedness, response, recovery, and mitigation activities are carried out.

A. Essential Partner Membership

- Hospitals
- County Public Health Departments
- EMS Agency
- County Offices of Emergency Services/Management

B. Additional Partnership/Membership

- Skilled Nursing Facilities
- Community Clinics
- Home Health Care Agencies
- American Red Cross
- Dialysis Providers
- Outpatient Surgical Centers
- Local Schools
- County Mental Health Departments
- County Social Services Departments
- Law Enforcement Agencies
- Fire Agencies
- Local Ambulance Providers
- HAM Radio Operators
- Additional partners as determined by the partnership/coalition

The Coalition is open to all organizations and individuals that provide or support health care services in Humboldt County and Del Norte County. These organizations and health care stakeholders must agree to work collaboratively on health care emergency preparedness and response activities.

Member organizations will assign one (1) representative and one (1) alternate, who will represent and speak on behalf of the organization. If an individual representing an organization withdraws from participation, a new representative should be appointed within ninety (90) days.

C. Leadership

The Coalition governance structure is jointly administered by a designee(s) from Humboldt County Department of Health and Human Services – Public Health and Del Norte County Department of Health and Human Services – Public Health.

D. Operational Area Committees

The operational area committees provide organizational and emergency management expertise in their respective operational areas and have the following duties:

- Review, provide input, and approve the plan for the annual statewide medical and health disaster exercise.
- Develop, review, and propose improvement for healthcare response plans, policies, and guidelines.
- Assess the level of healthcare preparedness in their respective operational area.

- Make recommendations for additional healthcare preparedness response and recovery trainings and activities.

The Operational Area Committees are comprised of members who represent hospitals and other healthcare organizations and agencies that are integral in a medical response to emergencies within their respective operational areas.

Representatives from other disciplines and/or community based organizations will be asked to attend the operational area committee meetings as needed. The Operational Area Committees will meet at least quarterly.

E. Executive Committee

The Executive Committee is comprised of designee(s) from the Humboldt County Department of Health and Human Services – Public Health as well as the County Health Officer, Del Norte County Department of Health and Human Services – Public Health as well as the County Health Officer. The Executive Committee provides guidance to Operational Area Committee recommendations and Coalition Activities. The Executive Committee will meet at least twice in a calendar year.

IV. Healthcare Funding and Staffing

The primary funding for healthcare coalition activities comes through the US Department of Health and Human Services, Assistant Secretary for Prevention and Responses Hospital Preparedness Program (ASPR-HPP). The HPP grant is awarded to local communities to develop collaborative system-wide health and medical disaster response capabilities. Each County's Public Health Department - Public Health Emergency Preparedness (PHEP) Program accepts HPP funds and takes responsibility for grant work planning and fiscal requirements. As the Fiscal Agent for HPP funds, each Public Health Department's decisions on their HPP issues are given deference, but the Public Health Departments will seek agreement on decisions for HPP funds from the healthcare coalition under this Governance structure.

Humboldt County HPP Coordinator provides primary staff support for healthcare coalition activities with the PHEP Coordinator providing back up support. A half-time Senior Medical Office Assistant also supports healthcare coalition activities as needed/appropriate.

Del Norte County Office of Emergency Services provides primary staff support for healthcare coalition activities including PHEP activities.

Primary funding for healthcare coalition activities comes from HPP funding. Additional financial and staffing also provides support as provided by participating healthcare organizations.

Each County retains local responsibility for HPP grant administration and will act as their own Fiscal Agent for HPP funds.

V. Redwood Coast Healthcare Coalition Participation

The Coalition has various avenues and opportunities for healthcare organizations to participate in preparedness activities, test their capabilities and share best practices.

- Quarterly Operational Area Meetings
- Trainings
- Exercises

VI. Coalition Members Roles and Responsibilities

A. Operational Area Meetings

Operational area meetings are held quarterly and are convened by each County's Public Health Emergency Preparedness and Hospital Preparedness Program Coordinator(s). Public Health staff will draft agendas and coordinate meeting times and location. Suggestions for agenda items, resource needs or meeting locations will be directed to staff.

Information on planning is also distributed to all partners via email and includes minutes from meetings, resources, requests for participation in exercises, etc.

B. Training, Exercises, and Drill Participation

Each year, Public Health Departments and coalition partners conduct tabletop exercises, drills, and full-scale exercises with all partners, including EMS, law, and fire, to develop and test emergency response plans and provide training such as:

- Public Health Emergency Preparedness and Hospital Preparedness Coordinator(s) or designee are the leads in planning the County's participation in the annual Statewide Medical and Health Exercise. The planning involves meetings, training, planning conferences and a table top exercise. Coordination activities in Del Norte County are done by Office of Emergency Services with Public Health staff participation.
- The participation/collaboration of all healthcare coalition participants is required for members that receive preparedness funding and is highly encouraged for all other coalition partners.
- The exercises support hospitals, long-term care facilities, and clinics in meeting accrediting bodies' emergency management requirements, as well as other licensing bodies and/or regulatory requirements related to emergency management.

C. Preparedness Plans and Emergency Supply Caches

All Redwood Coast Healthcare Coalitions partners are encouraged to develop and maintain facility/agency specific preparedness plans. Focus of these plans is how to protect their clients/patients and continue to provide services following an event/emergency to the population they serve on a daily basis.

Caches of equipment and supplies are maintained by the County's Public Health Departments at locations throughout the individual operational areas. In addition, hospitals have specific

caches. Each coalition partner routinely checks/maintains caches on an on-going basis to ensure a level of continuous readiness. Deploying caches for disaster response is tested during the annual statewide drill or other exercises.

VII. Roles and Responsibilities in a Disaster Response

A. County Public Health Department

During a response to an event/emergency, the County Health Department or LEMSA will not direct the internal activities of any healthcare organization, but will assess the status of affected healthcare, EMS agencies, and long-term care providers. This assessment may result in requests for assistance such as evacuation of patients or residents, sheltering of patients or residents, or resources to successfully shelter in place or provide medical care.

All requests from healthcare facilities will be forwarded to the MHOAC who will work with the County Health Department's agencies to assure the safety and well-being of the community in a coordinated and effective manner.

These activities are conducted through the activation of the Public Health Department Operations Center (DOC) or the Operational Area Emergency Operations Center (EOC). Coalition members are trained in the process to communicate with the DOC or EOC and the forms to use to document status or make resource requests.

B. Operational Guidelines

The County Health Departments will designate a MHOAC in their respective operational areas. During a disaster response, the MHOAC reports on status of healthcare, EMS, public health, long term care and other functions to the region and the California Department of Public Health. During a disaster, the County Health Department/MHOAC will:

- Conduct an assessment poll of hospital and long-term care facilities using selected forms of each Operational Area to determine impact on each facility and their ability to continue operations, and the expected number of victims they could receive.
- Send messages via California Health Alert Network (CAHAN), phone, fax, and email to request a status update from all potentially affected healthcare facilities/agencies and long term care facilities to assure all are aware of the event.
- Provide information to healthcare partners such as evacuation warnings/orders, the medical and health implications, the level of activation of the DOC, and contact information for report status/requesting resources.
- Determine which facilities/agencies can provide assistance to the affected agencies, populations, or facilities.
- Determine and request transport, such as ambulances or buses to evacuate long-term care facilities or other affected individuals or facilities/patients with medical or other need for specialized transport.

- Set up and operate in coordination with partners any necessary disaster field operations such as medical evacuations, field treatment sites, or medical shelters.

C. Information Sharing and Reporting during a Disaster

During a disaster, the County Public Health Department DOC staff will request information from healthcare, long term care facilities, and agencies regarding their status and the status of their clients. The MHOAC will provide this information to regional and state agencies. The County Public Health Department uses this information to determine the ability of the healthcare system to function after a disaster and the need to provide shelters for displaced persons or long term care residents or other field operations.

D. Resource Request Ordering in a Disaster

Medical resources needed during a disaster that cannot be obtained through vendors can be requested from the MHOAC.

If resources are needed from outside the operational area, the MHOAC will make requests via the Regional Disaster Medical Health Operational Area personnel in compliance with the procedures outlined in the California Department of Public Health and Medical Emergency Operations Manual.

VIII. Role of Hospitals

The primary goal for hospitals is to maintain operations and increase capacity and potentially capability. This is done in order to preserve the life and safety of existing patients, victims of the event/emergency, and ensure appropriate healthcare delivery to the community.

During a response to an event/emergency, hospitals will activate their surge plans to create additional capacity within their facility. Typically, they will activate their Hospital Command Center and work collaboratively with the LEMSA to accept and treat persons that are ill or injured as a result of the event/emergency.

A. Communication /Information Sharing

Following an event/emergency, each county's hospital(s) will respond to status report requests from each County Public Health Department/MHOAC. These reports will be tailored to the specific event, the number and category (immediate, delayed, and minor) of victims each hospital has the capacity to receive, the number and types of inpatient beds that are available in each hospital (Hospital Bed Availability), and any impact to the hospitals infrastructure depending on the event.

B. Disaster Resources

If a hospital identifies resource needs that cannot be filled through normal day-to-day processes, they should utilize their own disaster caches. If the need still exists, they can contact

the MHOAC for medical resources and their city/county EOC for non-medical resources (i.e., potable water, portable lighting).

IX. Roles of Clinics/Outpatient Providers

A. Operational Guidelines

The primary goal for clinics/outpatient providers following an event/emergency is to maintain operations and continue to provide for their current patients. If needed during a disaster, clinics/ outpatient providers may be asked to expand operations. This includes extending hours of operation to accept the lower acuity patient to relieve stress on acute care hospitals or provide for patients whose providers are not able to function.

Clinics/outpatient providers are an integral part of the patient treatment options during a disaster. Patients will present where they typically receive care and may not be aware that all services are not available at all medical facilities. Clinics/outpatient providers and hospitals will work together to ensure that patients are treated or triaged to the most appropriate service provider. Clinics/outpatient providers may find they are not able to transfer all of the patients they normally transfer to hospitals during an event/emergency and may need to provide the best care possible until such a transfer is available.

B. Communication/Information Sharing

Following an event/emergency, clinics/outpatient providers will be asked for their status by the local Public Health Department DOC or MHOAC. Clinics/outpatient providers should make an immediate report if they are unable to operate or have urgent resource requests.

The clinic/outpatient provider should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the local Public Health Department or MHOAC. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phones, runners, pre-established reporting locations, or any other means.

C. Disaster Resources

If a clinic identifies resource needs that cannot be filled through their normal day-to-day processes, they should utilize their own disaster caches. If a medical resource need still exists, they can contact the MHOAC with a resource request using the resource request form. Their city/county EOC should be contacted for non-medical resources (i.e., potable water, portable lighting).

X. Role of Skilled Nursing and Long Term Care Facilities

A. Operational Guidelines

The primary goal for skilled nursing and other long term care (LTC) facilities following an event/emergency is to maintain operations and continue to provide care to their residents. When an emergency event impacts or is threatening to impact a skilled nursing facility (SNF),

the Local Public Health Department/MHOAC should be notified. The Local Public Health Department or MHOAC will communicate and determine the status of the SNF and advise on any potential action in relationship to the event, receive SNF reports on plans to safeguard their residents, and resource requests. Facilities may also have an obligation to report any occurrence that threatens the welfare, safety, or health of patients/residents to the appropriate licensing authority.

Based on the event/emergency, if residents must be evacuated they should:

- Consider moving the residents to other skilled nursing facilities (H&S 1336.3(b))
- Review if placement of resident with family is an option
- Evacuate resident to a public shelter location providing staff to provide care and assistance to their residents at the shelter site.

If evacuation of the skilled nursing/LTC facility is warranted, the expectation is that the facilities have identified their relocation site ahead of time and evacuate residents according to an established and practiced evacuation plan. If needed, MHOAC will assist with the identification of available SNF/LTC beds for displaced residents and transportation resources.

During a disaster, the impacted or receiving facilities may need to house patients in alternative areas or in numbers exceeding their licensed capacity. California Department of Public Health Licensing and Certification may grant healthcare facilities temporary permission to exceed their licensed bed capacity and/or to house residents in areas that have not previously been approved for patient care in a justified emergency. (CCR T22 section 72607(a)(b), section 76609(a)(b), section 76936(a)(b), section 73609(a) & (c)).

To obtain permission for SNF's to exceed licensed capacity, contact the L&C district office administrator or their designee as soon as possible when the threat of evacuation is identified. Once L&C determines that the residents' health and safety needs can be reasonably met at the receiving facility, permission will be granted. If the emergency occurs outside of business hours, contact the OES Warning Center and ask for the CDPH Duty Officer who will put you in touch with L&C staff.

B. Communication/Information Sharing

Following an event/emergency, SNF/LTC providers will be asked for their status by the local health department DOC or MHOAC. Providers should make an immediate report if they are unable to operate or have urgent resource requests.

Providers should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the local health department or MHOAC. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phones, runners, pre-established reporting locations, or any other available means.

C. Disaster Resources

If a SNF/LTC facility identifies resource needs that cannot be filled through their normal day-to-day processes, they should utilize their own disaster caches. If a medical need still exists, they should then contact the MHOAC with a resource request using the resource request form. Their city/county EOC should be contacted for non-medical resources (i.e., potable water, lighting).

XI. Role of Dialysis Centers

A. Operational Guidelines

The primary goal for dialysis centers following an event/emergency is to maintain operations and continue to provide dialysis treatments to its clients and support other dialysis centers that are impacted by the event/emergency by providing services to their clients.

Following an event/emergency, dialysis providers will be asked for their status by the local health department DOC or MHOAC. Dialysis providers should make an immediate report if they are unable to fully operate or have urgent resource requests.

An assessment of electrical and water utility availability and quality is necessary to determine the need for assistance. When an emergency event impacts or is threatening to impact a dialysis center, the MHOAC should be notified.

B. Communication/Information Sharing

Dialysis providers should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the local health department or MHOAC. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phones, runners, pre-established reporting locations, or any other available means.

C. Disaster Resources

If a dialysis facility identifies resource needs that cannot be filled through their normal day-to-day processes, they should utilize their own disaster caches. If a medical need still exists, they can then contact the MHOAC with a resource request using the resource request form. Their city/county EOC should be contacted for non-medical resources (i.e., potable water, portable lighting).

XII. Role of Home Health and Home Care Agencies

A. Operational Guidelines

The primary goal for home health/home care agencies following an event/emergency is to maintain operations and continue to provide care to their residents. When an emergency

event impacts or is threatening to impact a client's residence, the agency should prepare the resident to shelter in place or to evacuate. If there are clients who are in harm's way and cannot be assisted by the agency, call 911 or contact the local health department or LEMSA as per established county/operational area policy.

Evacuation destinations should be planned in advance. In addition, general population shelters operated by the American Red Cross may be available during disasters.

B. Communication/Information Sharing

Following an event/emergency, home health and home care agencies may be asked for their status by the local health department or MHOAC. Providers should make an immediate report if they are unable to operate.

Agencies may also have an obligation to report any occurrence that threatens welfare, safety, or health of patients/residents to the appropriate licensing agency.

Home health/home care providers should be prepared for communication failure during a disaster and have plans for alternate methods of communication with staff and the local health department or MHOAC. These methods of communication should be drilled with staff every year. This includes using telephones (landlines/cellular), hand held portable radios, satellite phones, runners, pre-established reporting locations, or any other available means.

XIII. Role of Emergency Medical Services Provider Agencies

A. Operational Guidelines

The primary goal for Emergency Medical Services Provider Agencies following an event/emergency is to maintain 9-1-1 response capabilities. In mass casualty events, Emergency Medical Services Providers will work closely with LEMSA and following the established policies will triage and sort victims, provide pre-hospital treatment and transportation to the identified destination (usually acute care hospitals) for definitive medical care.

XIV. Roles and Responsibilities in Recovery from Disaster

A. Recovery Plans

Once the immediate response is underway, recovery planning must also be addressed. Recovery activities for the Emergency Medical Services Agency will be focused on financial recovery and documentation to support reimbursement for the services provided in support of the medical response. Appropriate Incident Command System (ICS) forms should be utilized to document the event to enhance the potential to receive/recover funding from the Federal Emergency Management Agency (FEMA).

Recovery will also focus on resuming the day-to-day functions of the Emergency Medical Services Agency, as during the initial response the Agency resources (staff) will be focused on coordinating the medical response through staffing of the DOC and EOC.

B. After-Action Reports

Once the situation is stable, a lessons learned critique process should be conducted at affected facilities. If the event required Emergency Management Involvement, the EMS Agency would be the coordinating agency for the critique process. Each facility should have guidelines in place to conduct an internal critique process.

XV. Essential Partner Members in Recovering from Disaster

Once the immediate response is underway, recovery planning must also be addressed. Recovery activities at health care facilities will be focused on financial recovery and documentation to support reimbursement for the services provided in support of the medical response. Appropriate ICS forms should be utilized to document the event to enhance the potential to recover funding from FEMA.

Recovery will also focus on resuming the day-to-day functions of the healthcare facility.

A. Short-Term Recovery

This process takes place at the end of the event and returns the facility to pre-event status as soon as feasible regarding staffing, supplies and equipment, communications, EMS services, facility use, medical records, standards of care, and finance.

B. Intermediate to Long-Term Recovery

This process will assure that all of the above services are back to normal. Monitoring of staff, patients, residents, and volunteers will take place over a period of time to watch for signs of stress, illness, or needed intervention.

XVI. Healthcare Continuity Planning

All healthcare facilities should have an approved continuity plan. If not, healthcare facilities should have begun the process of developing a draft continuity plan. Operational area committees and coalition members will share templates and best practices for continuity of operations plans (COOP).

[Signatures on Following Page]

Humboldt County/Del Norte County

Redwood Coast Healthcare Coalition

Signature Page

To assure collaborative planning and efficient response during a disaster, the Redwood Coast Healthcare Coalition, a coalition with defined structure, including formal membership of partners, hereby agree:

DEL NORTE COUNTY

Organization Name

will participate as an official member of the Redwood Coast Healthcare Coalition.

By signing below, I acknowledge that I have read the Redwood Coast Healthcare Coalition Governance Document and that our organization agrees to participate in the coalition according to the terms outlined in said document.

Organization Representative	Office of Emergency Services Manager Title	1/25/19 Date
Organization Representative	Health Officer Title	1/28/2019 Date

Humboldt County/Del Norte County

Redwood Coast Healthcare Coalition

Signature Page

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	Public Health Director	
Organization Representative	Title	Date

	Health Officer	
Organization Representative	Title	Date