



Welcome to the Really Ready! Newsletter

“It usually takes me two or three days to prepare an impromptu speech.” – Mark Twain

Your source for disaster preparedness updates and training opportunities for long-term care providers in California.
Brought to you by the [CA Association of Health Facilities' Disaster Preparedness Program \(CAHF-DPP\)](#).



LOS ANGELES COUNTY EVENTS

-[May 9 Business Continuity Planning](#)

CAHF EVENTS

-March 10 Stanislaus NHICS
-[March 21-22 Spring Advocacy](#)
-May 2023 Santa Clara NHICS
-[August 2023 IP Conference](#)

SACRAMENTO COUNTY EVENTS

-Feb 16 Sacramento County Healthcare Coalition (SCHCC)

It's Time to Update Your Hazard Vulnerability Assessment!

New year, new hazards – what were the top dangers your facility faced in 2022? Something to consider bumping up higher on your priority list is the new category of “Emerging Infectious Disease (EID),” which the Centers for Medicare & Medicaid Services (CMS) expanded in March 2021 QSO.

With the continuation of the Public Safety Power Shutoff (PSPS) programs by the state’s largest utility providers, it is essential to prepare ahead for loss of power. This hazard is often concurrent with the threat of wildfire, and will cause loss of HVAC for most long-term care facilities. While originally, the PSPS triggers for a shutoff included high heat advisories, 2019 saw power shutoffs during cold spells which resulted in facilities struggling to keep their residents warm.

Be prepared to address cooling your facility during a PSPS event and heating overnight if the PSPS takes place during the colder months. If you would like to know whether California’s “new normal” of extreme, prolonged wildfire hazard could personally affect your facility or your family, check the website of your electricity provider below:

- **SoCal Edison log-in for notifications**
- **PG&E alerts (are open to be viewed by anyone)**
- **PG&E log-in for notifications**
- **SDG&E log-in for notifications**
- **LA Department of Water and Power (LADWP) log-in**

EID encompasses everything from the resurgence of illnesses such as mumps, measles and rubella to COVID-19 SARS-CoV2). It is important to remember that despite any hysteria or panic that may ensue from an outbreak of one of these illnesses, the core capabilities of handwashing, personal protective equipment (PPE), increasing outdoor air, and regular staff trainings will reinforce your infection control/prevention program and mitigate some of

the risk a long-term care facility may face. Consider adding a procedure for obtaining any available travel history or current symptoms for new admissions, and expect a surveyor to ask your direct-care staff about procedures for infection control and prevention.

Another hazard that should always be near the top of your list is, of course, the “Missing Resident,” which is specifically listed in the 2016 CMS emergency Preparedness Rule. Recently, CAHF-DPP revised our Missing Resident policy and procedure (P&P) and made some slight changes to clarify staff duties during an elopement event. The updated P&P can be found on our Missing Resident [webpage](#).

In 2020 we saw several facilities afflicted with prolonged IT outages and ransomware incidents that locked staff members out of their emails for multiple weeks. If you do not already have a P&P for cybersecurity, or basic training for staff on how to recognize phishing emails, consider checking out the Health and Human Service Department’s easy to follow **guidelines** and accompanying checklist for restricting access to sensitive information. If you want to train your staff on how to recognize phishing emails, consider utilizing this free **game** from PhishingBox which will test your staff’s ability to recognize potential threats.

Lastly, once you have updated your Hazard Vulnerability Assessment (HVA), be sure to obtain your county’s HVA as well. The E-tag 0006, “Annual Updates to the HVA,” describes two parts of the HVA, not only assessing your facility, but also gathering information about your region’s hazards as well. The best way to fully meet this E-tag is to email your county’s healthcare coalition coordinator and attend your county’s HVA meeting, which usually takes place between January-April. Don’t delay in reserving a seat with your County’s coordinator to participate in this crucial coalition meeting.

[Resources:](#)

- Determine your closest natural hazards by address at <https://myhazards.caloes.ca.gov/>
- AHCA HVA Worksheet – Complete HVA designed for LTC
- Healthcare Coalition (HCC) Contacts – Submit completed HVA to your HCC

If you have any questions about these materials or the other hazards discussed here, or need help contacting your county's coalition coordinator, please reply to this newsletter or email jbelden@cahf.org or mstory@cahf.org.

Oroville: Looking Back

Flooding is nothing new in California. However, revisiting lessons learned during the Oroville dam failure can help prepare you if faced with a facility evacuation.

Lessons Learned: the Oroville Dam Evacuation

In February of 2017, Northern California just barely missed a catastrophic event that would have affected providers across the state. The Oroville Dam's emergency spillways crumbled during winter storms, and endangered nearly 200,000 people while exposing the inadequacies in the emergency operations of affected long-term-care facilities. The Oroville Dam incident caught many by surprise because the evacuation orders differed from county to county, and even city to city. In particular, for facility administrators, the event began on a weekend when most were at home separated from emergency records and documents.

With transport and bed availability severely impacted, members of CAHF-DPP's Sacramento Area SNF Mutual Aid Program (SAS-MAP) came together to aid facilities desperately seeking help. Along the way, the following challenges were addressed:

1. Notification of Evacuation

Lesson Learned: There was not a universal alert system used among facilities or agencies. Facilities should contact their county's public health department to find out if there is a countywide automatic emergency notification system in place, such as HavBed, CAHAN, EMSystems, ReddiNet, or a similar platform. This eliminates hours of calling to place patients and competing with other impacted facilities for the same beds.

Where an automated alert system is unavailable, mutual aid networks among administrators and their county's Medical Health Operational Area Coordinator (the MHOAC, pronounced "mohawk,") can work together to place patients locally, or plug into neighboring county coalitions.

2. Transferring Medical Records

Lesson Learned: Chaos caused by the evacuation caused many patients to be transferred without their prescriptions, health records, diet orders or even wheelchairs. Some facilities found that when staff tried to print out e-records, not all of the needed documents were included or there were discrepancies between e-record software systems when transferring. Many facilities successfully printed out necessary documents and safety-pinned them to each resident.

Practice assembling transfer packets and identifying which records will need to be transcribed into a different form to save precious hours during an incident.

For some E-HR software systems, the setup by which records can be printed is done in the very beginning, during installation. Contact your E-HR provider to find out how to ensure that transfer packets contain all of the information needed for another provider to do an emergency intake and maintain continuity of care.

3. Mutual Aid Networks

Lesson Learned: The Oroville Dam evacuation area covered Sutter, Yuba and Butte counties. Normally set up to assist each other as the CAL-OES Operational Area Three, the entire region had to look elsewhere to place long-term care residents and patients. Other counties’ MHOACs coordinated to control transport resources and regulate the bed polling/transferring process. For example, in Sacramento County, providers were calling each other to place patients while the MHOAC was also trying to count beds and place people. Have a formalized network or incident command to eliminate overlapping efforts by county personnel and long-term care providers. In the future, providers should work closely with their county MHOAC when seeking emergency patient transfers during an evacuation.

The impact on medical billing is still being determined from the Oroville Dam incident. To qualify for reimbursement from CMS for transfer costs and services, during an officially declared evacuation the patient must be moved from a pre-approved location to a pre-approved destination. Not working with the county MHOAC can have dire consequences not only for your vulnerable residents but for your reimbursement efforts as well. Working with your healthcare coalition is the first and most important step to an integrated response to disasters from facilities. Don’t wait to form these crucial relationships until an emergency happens – reach out to your local MHOAC and county healthcare coalition by contacting your county’s public health department.

Quickinars

In partnership with Health Services Advisory Group (HSAG), CAHF will offer a condensed, 45 min high-yield webinar series. Offered every third Wednesday of the month it will address current

Emergency Preparedness topics followed by Q&A (3-3:45 PST, see planned agenda below). To join, please subscribe [here](#).

- EPP Webinar: 1. Hazard Vulnerability Assessment
- EPP Webinar: 2. Incident Command System
- EPP Webinar: 3. QSO-21-15-ALL and the EIDs Self-Assessment Tool
- EPP Webinar: 4. Transportation: Know Thy Neighbors
- EPP Webinar: 5. Business Continuity Planning and Supply Chain Management
- EPP Webinar: 6. Care Coordination and Surge
- EPP Webinar: 7. Engaging Your Staff—Being Prepared at Home
- EPP Webinar: 8. Table-Top Exercises: Planning and the After-Action Report
- EPP Webinar: 9. Top Ten ETag Deficiencies

If you have any questions or suggestions, please do not hesitate to [contact](#) us!

Our Department



Jason Belden, Director of Emergency Preparedness & Physical Plant Services

Previously, CAHF’s OSHPD and Fire/Life Safety Officer, Jason Belden brings 20+ years of emergency management experience from California fire services to the Disaster Preparedness Program. Jason has been with CAHF since 2013.
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DeAnn Walters, Director of Clinical Affairs & Quality Improvement

As an administrator in long-term care for nearly two decades in California, DeAnn Walters has seen disasters affect the best intentioned organizations. Knowing that we can never be prepared enough for the realities of a disaster, she oversees the exceptional Disaster Preparedness Program team, that is committed to protecting residents and supporting providers to be Really Ready!
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Mary Story, M.D. Disaster Preparedness Program Coordinator

is the DPP program’s newest member, joining CAHF in October 2021. She holds a degree in medicine and brings several years of experience in public health and the pharmaceutical and medical device industries.
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