



AGENDA

HEALTHCARE PREPAREDNESS PLANNING PARTNERSHIP (HP3 Coalition)

September 4, 2019

1300 - 1600

**ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92408**

Purpose: Information Sharing
Meeting Facilitator: Brian Lugo
Time Keeper: Amber Anaya
Record Keeper: Amber Anaya

AGENDA ITEM		PERSON(S)	DISCUSSION/ACTION
I.	CALL TO ORDER	Brian Lugo	
II.	APPROVAL OF MINUTES	Brian Lugo	Action
III.	DISCUSSION/ACTION ITEMS		
	A. Best Practices 1. Center for Medicare and Medicaid Services Survey 2. Accreditation Surveys 3. Events and Drills	All	Discussion
	B. HP3 Preparedness Plan Revisions	Ron Holk	Action
	C. HPP Inventory Update	Gerry Gardner	Information
	D. HP3 Coalition Task Force Update	Mary Lamoureux	Information
	E. Public Health Update	Ashley Flores	Information
IV.	PRESENTATION		Information
	A. ReddiNet Role in Healthcare Facilities	Soraya Peters	Information
V.	HPP		
	A. HPP Update	Ron Holk	Information
	B. Statewide Medical Health Exercise	Ron Holk	Information
	C. Evacuation and Relocation Survey	Ron Holk	Information
VI.	ROUND TABLE/ANNOUNCEMENTS		
VII.	NEXT MEETING DATE: November 6, 2019		
VIII.	ADJOURNMENT		



MINUTES

HEALTHCARE PREPAREDNESS PLANNING PARTNERSHIP (HP3 Coalition)

**July 3, 2019
1300**

AGENDA ITEM	DISCUSSION/ACTION	RESPONSIBLE PERSON(S)
I. CALL TO ORDER		Brian Lugo
II.	<p>The May 1, 2019, minutes were approved.</p> <p>Motion to approve. MSC: Joy Peters/Adam Selayandia APPROVED</p> <p>Ayes: Stephanie Adachi, Ashley Altmeyer, Juanta AmayaCaprano, Cambria Boyer, Ron Chieffo, Marianne Dela Rosa, Steve Early, Patty Eickholt, Sam Fausto, Larry Finlay, Mark Garcia, Carol Gonzalez, Laronte Groom, Joshua Im, Martin Jarzombek, Mary Lamoureux, Renee Limus, Brian Lugo, Joanne Merrill, Jason Moyer, Ehren Ngo, Melissa Olmos, Argee Osen, Mary Massey, Vanessa Morales, Charlotte Peterson, Christine Petrovick, Matt Posity, Tony Provezano, Jacob Schlottman, Adam Selayandia, Scott Smith, Ruth Vega, Mary Washington, Richard Zieter</p>	Brian Lugo
III. DISCUSSION/ACTION		
A. Best Practices <ul style="list-style-type: none"> 1. Center for Medicare and Medicaid 2. Accreditation Surveys 3. Events and Drills 	Information sharing.	All
B. HP3 Preparedness Plan Revisions	Revisions to the HP3 Preparedness Plan were discussed and will be sent to the HP3 members for review.	Ron Holk
C. Coalition Surge Test Results	Results from the Coalition Surge Test were shared with the HP3 members. Participating hospitals shared their lessons learned.	Amber Anaya

MINUTES - HEALTHCARE PREPAREDNESS PLANNING PARTNERSHIP

July 3, 2019

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	D. Public Health Update	Vanessa Morales provided an update of the current Public Health.	Vanessa Morales
IV.	PRESENTATION		
	A. MHOAC Role in a Hospital Evacuation	Tom Lynch provided an overview of the role of the MHOAC in disasters and hospital evacuations.	Tom Lynch
V.	HPP		
	A. HPP Update	<ul style="list-style-type: none"> • The HPP fiscal year ended. • ICEMA is currently working on the new work plan and budget. 	Ron Holk
VI.	ROUND TABLE/ANNOUNCEMENTS		All
VII.	NEXT MEETING DATE	September 4, 2019	
VIII.	ADJOURNMENT	Meeting adjourned at 1500.	



LOMA LINDA UNIVERSITY
MEDICAL CENTER



St. Bernardine
Medical Center.
A Dignity Health Member



Chino Valley
Medical Center



Desert Valley Hospital
Desert Valley Medical Group



Victor Valley Global Medical Center



Montclair Hospital
Medical Center





Healthcare Preparedness Planning Partnership
Of San Bernardino County

Coalition Preparedness Plan
and Bylaws

2017 - 2022

Approved by HP³ [DATE]

Healthcare Preparedness Planning Partnership (HP³) Preparedness Plan

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1. Introduction

California disasters often have public health and medical impact. Many organizations, both public and private, contribute to a healthcare system that must be prepared to respond to the public health and medical consequences of disasters successfully. The response requires that all organizations involved understand and use common operating procedures to achieve stated goals. The intent of this plan is to provide a tool that assists in the effective and efficient response to a wide variety of emergencies and disasters.

1.1 Purpose

The healthcare preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. The intent of this plan is to optimize the coordination of healthcare system emergency preparedness planning, response, mitigation and recovery activities within the County of San Bernardino through sharing of information and best practices, established training and drills, improvement and coordination among all stakeholders in the public health and medical system.

1.2 Background

Emergency Medical Services (EMS) is a coordinated system that ensures quality patient care by administering an effective medical care system that provides emergency medical care outside hospitals, clinics and long care facilities. The primary focus of EMS is to respond to the scene of serious illness or injury, provide initial medical care and transport to facilities where other trained medical professionals are able to provide definitive care. The EMS system is available every day and for all kinds of emergencies that require emergent medical care and transport. Inland Counties Emergency Medical Agency (ICEMA) administers and regulates the EMS system in San Bernardino, Inyo and Mono Counties as authorized by California Health and Safety Code, Division 2.5, Section 1797.200. In collaboration with the local public health department, ICEMA is responsible to develop local medical and health disaster plans and coordinate medical and health response to disasters (natural and man-made).

San Bernardino, Inyo, and Mono Counties represent approximately twenty (20) percent of the total land mass of California with over 33,000 square miles. It is a geographically diverse region containing the highest point (Mt Whitney) and the lowest point (Death Valley) in the continental United States. San Bernardino County, alone, is larger than the nine smallest states and is the largest county in the United States. The resident population is over three (3) million people and countless additional who traverse the area for recreation and locations beyond.

1.3 Scope

The ~~Healthcare-HP³ Response-Preparedness Plan, along with the HP³ Response plan,~~ is an annex to the Medical Health Operational Area Program Manual and Memorandum of Understanding (MOU). It supports the San Bernardino County Emergency Operations Plan (EOP) and further defines the role and responsibilities of the Healthcare Preparedness

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Planning Partnership (HP³) in the planning, response, mitigation and recovery from the medical and health consequences of disasters. The duration of this plan coincides with the requirements noted in the *2017-2022 Healthcare Preparedness and Response Capabilities (ASPR, November 2016)* and will be reviewed annually and updated as necessary.

1.4 Administrative Support

ICEMA is responsible to develop this plan as a requirement of the Hospital Preparedness Plan (HPP) in collaboration with HP³ stakeholders. Core and general HP³ members are responsible to approve the initial plan and conduct reviews based on drills or real-world events to test it and define strategies to address potential gaps annually. The annual review is conducted at the last meeting of the HP³ (usually held in May) or at any other time required as a function of identified gaps or changes in identified vulnerabilities.

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2 Coalition Overview

2.1 Coalition Role and Purpose

The San Bernardino County Healthcare Preparedness Planning Partnership (HP³) is a voluntary multidisciplinary, multi-agency coalition created to address issues and challenges that affect healthcare delivery in disasters. Coalition activities designed to support this effort are included as an addendum to this plan and ensure readiness, response coordination, continuity of healthcare delivery and medical surge. The primary functions of HP³ are:

- Promote quality in the delivery of disaster patient/victim care services.
- Assess the level of healthcare preparedness, identifying gaps and ~~making~~ make recommendations on activities to improve response capabilities.
- Support the needs of healthcare organizations and ~~improving~~ improve overall healthcare response capabilities to meet community needs.
- Develop and implement ~~effective-emergency preparedness~~ practices including planning, education, and ~~evaluation-evaluationas they relate to emergency preparedness~~.
- Promote interaction and collaboration across all sectors of the healthcare community to ensure a coordinated and effective response to disasters- and other crises.
- Provide recommendations on County policies and procedures for medical and health related issues.

2.2 Coalition Boundaries

The coalition covers all healthcare providers with facilities within the boundaries of San Bernardino County. Over 300 hospitals, long-term care facilities, primary care clinics, specialty care clinics and home health agencies and hospice provide medical care within the county. ICEMA hosts a Level I adult and pediatric trauma center and a burn center serving patients in San Bernardino and Riverside Counties. Additionally, ICEMA shares resources for STEMI and stroke patients with Riverside County. The HP³ shares resources with other neighboring regions through the MHOAC program and the California Mutual Aid System and coordinates medical and non-medical resources through the San Bernardino County Office of Emergency Services.

2.3 Coalition Members

The HP³ Coalition membership consists of representatives from any healthcare facility or association that represents the patient care continuum, government agencies and non-governmental organizations (NGOs) active in disasters, EMS first responder and transport providers, law enforcement, and other organizations and individuals that play a key role in public health and healthcare emergency and disaster management. This includes, but is not limited to, public and private medical healthcare service providers, emergency preparedness agencies, and other entities with responsibility for the provision of healthcare or healthcare support during disasters or other emergencies. HP³ includes representatives from the Regional Disaster Medical Health Coordinator (RDMHC/S), San Bernardino

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County Department of Public Health, Office of Emergency Services and Sheriff's departments. Coalition members have agreed to work collaboratively to coordinate prevention, mitigation, preparedness, response and recovery activities.

2.3.1 Membership - Core Members (See Appendix 5.5)

- General Acute Care Hospitals
- San Bernardino County of Emergency Services OES
- Inland Counties Emergency Medical Agency (ICEMA)
- San Bernardino County Department of Public Health - Preparedness and Response (PRP)
- San Bernardino County Department of Behavioral Health
- EMS First Responder and Transport Agencies.

~~General Acute Care Hospitals (GACH) and other facilities with a current ICEMA Memorandum of Understanding, San Bernardino County Office of Emergency Services (OES), Inland Counties Emergency Medical Agency (ICEMA), San Bernardino County Department of Public Health (PRP), and EMS first responder and transport agencies. See Appendix 5.5~~

2.3.2 General Membership - Other HP³ Coalition Members

- Community Health Centers
- Ambulatory Surgical Centers (ASCs)
- Hospice Agencies
- Psychiatric Residential Treatment Facilities (PRTFs)
- All Inclusive Care for the Elderly (PACE)
- Transplant Centers
- Dialysis Centers
- Long-Term Care (LTC) Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies (HHAs)
- Comprehensive Outpatient Rehabilitation Facilities (COPRFs)
- Critical Access Hospitals (CAHs)
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers (CMHCs)
- Organ Procurement Organizations (PPOs))
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- End-Stage Renal Disease (ESRD) Facilities
- Non-Governmental Organizations active in disasters (NGO)
- Local Chapters of Healthcare Professional Organizations
- Local Public Safety (Law Enforcement)
- Schools/Universities
- County and local Emergency Communication Service (Amateur Radio)

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~~General membership is open to Behavioral and Environmental Health, Dialysis Centers, Home Health Agencies, Local Chapters of Healthcare Professional Organizations, Non-Governmental Organizations active in disasters (NGO), Outpatient Healthcare Delivery, Community Care Centers, Long Term Care/Skilled Nursing Facilities, Specialty Patient Referral Centers, Support Services Providers, Local Public Safety (law Enforcement), Schools/Universities, County and local Emergency Communication Service (Amateur Radio) or others that are active in healthcare preparedness.~~

2.4 Organizational Structure/Governance

The coalition is ~~administered~~coordinated by Inland Counties Emergency Medical Agency and includes s an advisory and executive committee. See Bylaws.

2.4.1 Advisory Committee

The advisory committee consists of all **Core Members** and others appointed by ICEMA or the advisory committee. The advisory committee provides organizational and emergency management expertise and has the following duties:

- Provide guidance and direction to prioritize yearly calendar of training and exercise activities
- Assist in the development of strategic plans and operational objectives; establish planning priorities to improve healthcare system preparedness
- Provide direction in establishing HPP participation levels to meet HPP grant Scope of Work (SOW) deliverables (Core members and HPP grant recipients with ICEMA MOU)
- Review, provide input and approve the plan for the annual Statewide Medical/Health Exercise
- Provide input on healthcare disaster response plans, procedures and guidelines.
- Provide input on Hazard Vulnerability throughout San Bernardino County
- Assess the level of healthcare preparedness within San Bernardino County
- Make recommendations for additional healthcare preparedness, response and recovery trainings and activities
- Appoint a chair and co-chair by vote who shall preside over HP³ coalition meetings
- Voting is a simple majority of those present.

2.4.2 Executive Committee

The ICEMA ~~System Advisory Committee (SAC)~~Medical Advisory Committee (MAC) functions as the coalition Executive Committee and provides advice and oversight of coalition activities. The Executive Committee is comprised of subject matter experts representing ~~public safety, Office of Emergency Services,~~ Fire/1st responders, public and private emergency transport, general acute care hospitals, ~~education providers~~specialty care centers, -and public safety answering points (PSAP). Their role is to provide guidance to the ICMEA ~~EMS Administrator~~Medical Director on matters pertaining to the operational-clinical aspects of the Emergency Medical Services in the ICEMA region.

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2.4.3 Role of Leadership within Member Organizations

ICEMA receives an annual commitment from the leadership of core members as part of the Hospital Preparedness Program. This includes participation of organization personnel, letters of support and memoranda of understanding/contracts with participants. Healthcare executives from member organizations are engaged in their facility's response plans and provide input, acknowledgement and approval regarding HCC strategic and operational planning directly and through participation of representatives to the Executive Committee.

2.5 Risk and Threat Assessment

HP³ collects annual hazard vulnerability analysis from membership representing identified and/or potential hazards from each core member facility and as needed from general membership organizations. Response and mitigation of risks are maintained through the disaster and emergency plans listed below.

- San Bernardino County Emergency Operations Plan (EOP)
- ICEMA Field Treatment Site Plan
- San Bernardino County Medical and Health Operational Area Coordinator Program
- ICEMA Communications Plan
- ChemPack Deployment Plan
- Medical Response to Mass Casualty Plan
- Mass Facility Plan

2.6 Gap Analysis

HP³ members identify gaps in preparedness and response plans by conducting periodic drills, updating regional hazard vulnerability analysis and comparing plans and available resources against the identified risks. The resulting gaps may include a lack of plans or procedures, availability of resources (supplies and personnel) or other resources required to respond to and mitigate the medical/health consequences of a crisis. HP³ prioritizes identified gaps and updates plans as required based on a consensus of strategies designed to meet HP³ objectives (described in sections 3 and 5.3) and activities (described in Section 5.4).

2.7 Compliance Requirements/ Legal Authorities

HP³ meets the requirements of the local Hospital Preparedness Program (HPP) and the Office of the Assistant Secretary for Preparedness and Response (ASPR). HPP is administered by the California Department of Public Health (CDPH) as the grant administrators and ICEMA as the local HPP entity.

Under ICEMA, ~~the SAC-MAC~~ functions as the HP³ Executive Committee to oversee HP³ activities and provide guidance to the ICEMA EMS ~~Administrator-Medical Director~~ on matters pertaining to the operation and coordination of HP³ members throughout the ICEMA Region during emergency and disaster preparedness, response and recovery. The ICEMA Medical Director works with the ICEMA EMS Administrator and the Public Health Officer who serve as the Medical Health Operational Area Coordinator (MHOAC)

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in support of Emergency Support Function-8 (ESF-8) Public Health and Medical Services Annex.

The HP³ members, in collaboration with ICEMA and Public Health assess and identify regulatory requirements pertaining to disaster preparedness, response and recovery. These include but are not limited to:

- Federal, state or local statutory, regulatory, or national accreditation requirements that impact emergency medical care
- The process and information required to request necessary waivers and suspension of regulations
- Support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities
- Maintain awareness of standing contracts and process for resource support during emergencies.

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3. Coalition Objectives

~~The purpose of the eCoalition objectives are to~~ guide the work of the Healthcare Preparedness Planning Partnership ~~over the next five (5) years and are revised as necessary~~. HP³ asserts that there is shared authority and responsibility for the healthcare delivery system's readiness, response and recovery that rests with all healthcare providers including private organizations, government agencies, Public Health and ICEMA. The capabilities as outlined in the 2017-2022 *Healthcare Preparedness and Response Capabilities* document are adopted as part of this plan to guide the activities of the coalition and assist members in development and exercise of their own individual preparedness and response plans. These goals and activities represent the collaborative and collective work of the HP³ membership and are equally applicable to all healthcare institutions and agencies.

1. *Foundation for Healthcare and Medical Readiness*

Healthcare organizations establish an operational healthcare preparedness planning partnership to address issues and challenges that affect healthcare delivery in disaster, identify hazards and risks, prioritized and address gaps through planning, training, exercising and managing resources.

2. *Healthcare and Medical Response Coordination*

Healthcare organizations plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

3. *Continuity of Healthcare Service Delivery*

Healthcare organizations provide uninterrupted medical care to all populations using well-trained, well-educated and well-equipped providers during an emergency and return to normal or improved operations as quickly afterword as possible.

4. *Medical Surge*

Healthcare organizations provide timely and efficient patient care even when the demand for healthcare services exceeds normally available resources or ability. HP³, through the MHOAC coordinates information and available resources members to sustain surge response.

3.1 *Maintenance and Sustainability*

Maintenance and sustainability of the HP³ is ensured through Executive Committee oversight. The Executive Committee annually reviews the HP³ long and short-term objectives contained in the HP³ preparedness and HPP work plans. ICEMA actively promotes the values of healthcare and medical readiness through HP³ members by engaging in preparedness planning, participating in events and drills and maintaining inventories of disaster and emergency supplies at local facilities.

3.2 *Engagement of Partners and Stakeholders*

ICEMA hosts meetings of the HP³ on the first Wednesday of each odd month (January, March, May, July, September and November. Notification of meetings, agendas, and

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ancillary documents are sent to HP³ members prior to and following each meeting. ICEMA maintains a mailing list of core and general members as well as perspective members and others required to notify ICEMA as part of the CMS Final Rule. One full time ICEMA staff member serves as the HP³ Coordinator.

ICEMA also maintains a close relationship with the local health department. San Bernardino County Department of Public Health Response and Preparedness Program administers the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Public Health Department is active in supporting activities that address pharmaceutical distribution, pandemic diseases surveillance, and Government Authorized Alternate Care Sites.

3.2.1 Healthcare Executives

ICEMA maintains Memorandum of Understanding (MOU) with HP³ Core Members who are recipients of HPP funded equipment and resources and maintains contact through annual renewals and deliverable discussions. HP³ includes core member's administrative personnel in meeting notifications, agendas, minutes of coalition meetings and other information on a regular basis. HP³ encourages hospital executives to engage all facility and organization types, clinical departments and non-clinical support services.

~~The ICEMA System Advisory Committee (SAC) that functions as the coalition Executive Committee includes representative from the Hospital Association of Southern California as well as specialty care and receiving hospitals.~~

3.2.2 Clinicians

Clinicians are an integral part of the preparedness process and actively participate in activities designed to test preparedness plans and response. Clinicians provide subject matter expertise to ensure realistic training and exercises and provide training for assessing and treating various types of illness and injuries experienced during mass casualty events and disasters. Clinicians are actively engaged in strategic and operational planning, contribute to other ICEMA committees and advisory boards, and participate in training and education sessions. The ICEMA Medical Director serves as the HPP Clinical Advisor.

3.2.3 Community Leaders

HP³ supports and encourages member participation in community events and other venues designed to promote community preparedness, and recovery. Many members are actively engaged in personal and community preparedness as well as Community Emergency Response Team (CERT) and other related volunteer programs. EMS providers regularly work to provide volunteer training, CPR and community based active shooter training for community members. Community leaders are encouraged to participate in all HP³ meetings, trainings and events.

3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs
Access and functional needs (AFN) refers to individuals who are or have:

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- Physical, developmental or intellectual disabilities
- Chronic conditions or injuries
- Live in institutionalized settings
- Limited English proficiency
- Older adults
- Children
- Low income, homeless and/or transportation disadvantaged
- Pregnant women

HP³ supports the inclusion of individuals with access and functional needs in preparedness planning and recognizes that these individuals may require additional assistance before, during and after an emergency. HP³ will make every effort to consider the needs of the general population, children of all ages, individuals with disabilities and others with access and functional needs, immigrants, individuals with limited English proficiency and diverse racial and ethnic populations.

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4. Work Plan

4.1 Roles and Responsibilities

This Healthcare Coalition Preparedness Plan is a collaborative effort that represents the collective work of all members of the Healthcare Preparedness Planning Partnership. The plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. The plan optimizes the coordination of healthcare system emergency preparedness planning, response, mitigation and recovery activities within the County of San Bernardino through:

- Sharing of information and best practices.
- Established training and drills.
- Improvement and coordination in preparedness among all participants.

HP³ members may appoint task forces, sub-committees and workgroups designed to:

- Enhance response plans, policies and procedures.
- Develop and promote educational presentations.
- Research supply and equipment needs.
- Plan, conduct and evaluate drills and exercises to disasters and emergencies.

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5. Appendices

5.1 Hazard Vulnerability Analysis

ICEMA receives Hazard Vulnerability Analysis (HVA) from hospitals and other healthcare facilities annually as part of the requirements for participation in HPP. HP³ collaboratively works to finalize a coalition HVA each year by June 30, which represents all healthcare facilities throughout San Bernardino County.

The following represents the collective analysis for all healthcare facilities that participate in HP³ for the 2017-18-19 fiscal year.

TOP 10 Hazards and Vulnerabilities	RANK
Mass Casualty Incident Patient Surge	<u>1</u>
Power Outage Earthquake	<u>2</u>
Inclement Weather **Mass Casualty Incident (Mass Gathering)	<u>3</u>
Seasonal Influenza Seasonal Influenza	<u>4</u>
Patient Surge Workplace Violence / Threat	<u>5</u>
IT System Outage Communication / Telephony Failure	<u>6</u>
Trauma Drought	<u>7</u>
Bomb Threat Hazmat Incident	<u>8</u>
Evacuation HVAC Failure	<u>9</u>
Drought **Power Outage	<u>10</u>
Workplace Violence / Threat Temperature Extremes	<u>11</u>
Weapon Civil Unrest	<u>12</u>
Communication/Phone Failure Explosion	<u>13</u>
Earthquake > 6.1 **Gas / Emissions Leak	<u>14</u>
Hazmat Incident Trauma	<u>15</u>
HVAC Failure Active Shooter	<u>16</u>
Temperature Extremes Epidemic	<u>17</u>
Civil Unrest Flood	<u>18</u>
Explosion Hurricane (Severe Wind)	<u>19</u>
Gas / Emissions Leak Inclement Weather	<u>20</u>
Active Shooter Acts-of-Intent	<u>21</u>
Infectious Disease Outbreak Fire	<u>22</u>
Epidemic Hazmat Incident with Mass Casualties	<u>23</u>
Flood **IT System Outage	<u>24</u>
Hurricane	<u>25</u>
** SB County Hazard Prioritization Other Utility Failure	<u>25</u>

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5.2 Commitment to Participate

HP³ members agree to participate in HP³ activities according to the bylaws as appropriate

- Attend and actively participate in meetings, identify gaps in medical/health preparedness plans and recommend solutions.
- Share best practices and network among peers.
- Meet regulatory and accreditation requirements.
- Participate in emergency preparedness surveys, exercises and training.
- Store and maintain HPP purchased supplies and equipment, utilizing them in compliance with the HPP grant provisions and MOUs.

5.3 Capability and Objectives

5.3.1 Readiness - Build strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising and managing resources.

1.1 Establish and Operationalize a Healthcare Coalition

1.2 Identify Risk and Needs

1.3 Develop a Healthcare Coalition Preparedness Plan

1.4 Train and Prepare the Healthcare and Medical Workforce

1.5 Ensure Preparedness is Sustainable

5.3.2 Healthcare and Medical Response Coordination - Plan, collaborate, share and analyze information, manage and share resources and coordinate strategies to deliver medical care to all populations during emergency and unplanned events.

2.1 Develop and Coordinate Healthcare Organization and Healthcare Coalition Response Plans

2.2 Utilize Information Sharing Procedures

2.3 Coordinate response strategy, resources and communication

5.3.3 Continuity of Healthcare Service Delivery - Uninterrupted optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure.

3.1 Identify Essential Functions for Healthcare Delivery

3.2 Plan for Continuity of Operations

3.3 Continue Administrative and Finance Functions

3.4 Develop Strategies to Protect Healthcare Information Systems and Networks

3.5 Protect Responders' Safety

3.6 Plan for and Coordinate Healthcare Evacuation and Relocation

3.7 Coordinate Healthcare Delivery System Recovery

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5.3.4 Medical Surge - Deliver timely and efficient care to patients even when the demand for healthcare services exceeds available resources.

4.1 Plan for Medical Surge

4.2 Respond to a Medical Surge

5.4 Operational Goals - Activities

To meet the capabilities and objectives stated in 5.3 above, HP³ members adopt the following operational goals:

5.4.1 Foundation for Healthcare and Medical Readiness

- Participate in establishing an operational healthcare preparedness planning partnership (HP³) coalition by July 2017 (1.1)
- Identify risks and needs within its organization and communities by completing a hazardous vulnerability analysis by March 31, 2018. (1.2)
- Contribute to developing and approving a collaborative healthcare preparedness plan by April 1, 2018. (1.3)
- Train the healthcare and medical workforce by contributing to the statewide training and exercise schedule annually until June 30, 2022.(1.4)
- Identify and plan training events for HP³ meetings. Using the information presented, educate their own staff on disaster topics by June 30, 2022. (1.4)
- Ensure preparedness and sustainability by promoting the value of healthcare and medical readiness by inviting and engaging fellow clinicians, executives, and community leaders to join the healthcare preparedness planning partnership coalition. (1.5)

5.4.2 Coordinate Healthcare and Medical Response

- Collaborate in developing a Healthcare Coalition Response Plan by June 30, 2019. (2.1)
- Utilize redundant information sharing procedures and communication systems by testing communication's quarterly. (2.2)
- Coordinate response strategies, resources and communications in the event of an emergency according to the incident action plan. (2.3)
- In collaboration with HP³, decide what information is shared with the public in the event of an emergency. Public information officer (PIO) training will be provided by the coalition to those designated to act in that capacity by June 30, 2020. (2.3)

5.4.3 Continuity of Healthcare Service Delivery

- Identify key healthcare functions by developing a continuity of operations plan (COOP) and contributing to the healthcare coalition COOP by June 30, 2020. (3.1/3.2)
- Examine its supply chain vulnerabilities and submit the information to the coalition to use this information to coordinate effectively within the region. (3.3)

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- Explore and develop strategies to protect healthcare information systems and networks by June 30, 2021. (3.4)
- Collaboratively develop processes to protect responder's safety including equipment, training, and provide necessary incident based resources by June 30, 2021. (3.5)
- Plan and coordinate healthcare evacuation and relocation in the event of a disaster or internal event. Test plan using the coalition surge test. (3.6)
- Coordinate healthcare delivery system recovery. Collaboratively assess emergency related impacts after every annual test. (3.7)

5.4.4 Medical Surge

- Share best practices from facilities medical surge plans and incorporate into a shared *information and resources emergency operations plan*. Test plan annually by completing the coalition surge test or other approved exercise. (4.1)
- Identify and share gaps in organization's surge plan by completing the coalition surge test at least once by June 30, 2018. (4.2)
- Incorporate medical surge into the HP³ response plan referencing facility surge plans. Focus strategies on regional capacity, patient tracking, and patient distribution by June 30, 2019. (4.3)
- Develop an alternative care system. The coalition, in collaboration with other healthcare organizations will utilize nontraditional setting and modalities for patient care and add to the coalition response plan by June 30, 2019. (4.4)
- Incorporate vulnerable populations including receiving, stabilizing, and managing pediatric, adults with disabilities in facility response plans. Each HP³ member should be prepared to receive, stabilize, and manage pediatric, chemical or radiation exposed, burn, trauma, behavioral health, infectious disease patients. (4.5)
- Promote training and exercises that prepare organizations for burn, radiation exposure, trauma, behavioral health, infectious disease patients annually during statewide drills. (4.5)

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5.5 Core Membership Members

Arrowhead Regional Medical Center
Barstow Community Hospital
Bear Valley Community Health District Hospital
Chino Valley Medical Center
Colorado River Medical Center
Community Hospital of San Bernardino
Desert Valley Hospital
Hi-Desert Medical Center
Kaiser - Fontana
Kaiser - Ontario
Loma Linda University Medical Center
Loma Linda University Children's Hospital
Montclair Hospital Medical Center
Mountains Community Hospital
Redlands Community Hospital
San Antonio Regional Hospital
St. Bernardine Medical Center
St. Mary Medical Center
Victor Valley Global health Center
Kindred - Ontario
Kindred - Rancho Cucamonga
Patton State Hospital
Robert H. Ballard Rehab Hospital
Totally Kids
San Bernardino County Sheriff Medical Reserve Corps

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5.6 BYLAWS

5.6.1 Mission Statement

Strengthen and enhance the public health and healthcare system emergency preparedness planning and response activities within the County of San Bernardino; provide structure and guidance to healthcare facility to sustain and enhance medical/health emergency response during emergencies and disasters through collaboration, cooperation and sharing of information and best practices.

5.6.2 Background

Inland Counties Emergency Medical Services (ICEMA) regulates the Emergency Medical Services (EMS) system in San Bernardino, Inyo and Mono Counties. These counties represent approximately 20 percent of the total land mass of California and encompass over 33,000 square miles. It is a geographically diverse region containing the highest point (Mt. Whitney) and the lowest point (Death Valley) in the continental United States (U.S.). San Bernardino County, alone is the largest county in the U.S. and home to the 12th largest population of all the 3,068 counties in the country. Twenty (20) hospitals provide emergency medical care to a resident population of over three million residents and countless travelers that traverse the area for recreation and locations beyond.

ICEMA plays a leadership role in disaster response and collaborates with other strategic partners throughout the region in disaster management (mitigation, planning, response and recovery). Earthquakes, floods, wildland fires and numerous other natural and manmade disasters occur frequently in the region. Should a disaster occur, the number of patients could easily exceed the resources of any one medical facility, resulting in the need for a coordinated response that includes the potential for sharing resources throughout the county, region or state. This response relies heavily on a partnership between healthcare providers and other organizations that work together before, during and after an emergency.

The U.S. Department of Health and Human Services (HSS), Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to and recovering from the adverse health effects of emergencies and disasters. This is accomplished, in part, by strengthening the health and emergency response system through ASPR's Hospital Preparedness Program (HPP). ASPR provides grant funding through HPP for healthcare delivery system readiness that is intended to improve patient outcomes, minimize the need for federal and state resources during emergencies and enable rapid recovery. A capability required under the HPP grant is a sustained Healthcare Coalition (HCC) that consists of private and public agencies and facilities involved in some aspect of healthcare. This capability is met through the Healthcare Preparedness Planning Partnership (HP³). ICEMA administers the HPP grant and sponsors the HP³ in San Bernardino County.

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5.6.3 Purpose

The San Bernardino County HP³ is a voluntary multidisciplinary, multi-agency coalition created to strengthen healthcare emergency preparedness, response and recovery. The coalition works together to ensure:

- **Readiness** - Build strong relationships, identify hazards and risks and prioritize and address gaps through planning, training, exercising and managing resources.
- **Healthcare and Medical Response Coordination** - Plan, collaborate, share and analyze information, manage and share resources and coordinate strategies to deliver medical care to all populations during emergency and unplanned events.
- **Continuity of Healthcare Service Delivery** - Uninterrupted optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure.
- **Medical Surge** - Deliver timely and efficient care to patients even when the demand for healthcare services exceeds available resources.

Benefits to HP³ members include:

- Meeting regulatory and accreditation requirements.
- Enhancing purchasing power (e.g., bulk purchasing agreements).
- Accessing clinical and non-clinical expertise.
- Networking among peers.
- Sharing leading practices.
- Developing interdependent relationships.
- Reducing risk.
- Addressing other community needs, including meeting requirements for tax exemption through community benefit.

5.6.4 HP³ Coalition Membership Structure

The HP³ Coalition membership consists of representatives from any healthcare facility or association that represents the patient care continuum, government agencies and non-governmental organizations (NGOs) active in disasters, EMS first responder and transport providers, law enforcement, and other organizations and individuals that play a key role in public health and healthcare emergency and disaster management. This includes, but is not limited to, public and private medical healthcare service providers, emergency preparedness agencies, and other entities with responsibility for the provision of healthcare or healthcare support during disasters or other emergencies.

- **Membership - Core Members**
General Acute Care Hospitals (GACH) and other facilities with a current ICEMA Memorandum of Understanding (MOU), San Bernardino County Office of Emergency Services (OES), ICEMA, San Bernardino County Department of Public Health - Preparedness and Response (PRP), and EMS first responder and transport provider.

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- **General Membership - Other HP³ Coalition Members**

General membership is open to the following:

- Behavioral and Environmental Health
- Dialysis Centers
- Home Health Agencies
- Local Chapters of Healthcare Professional Organizations
- NGOs active in disasters
- Outpatient Healthcare Delivery
- Community Care Centers
- Long Term Care/Skilled Nursing Facilities
- Specialty Patient Referral Centers
- Support Services Providers
- Local Public Safety (law enforcement)
- Schools/Universities
- County and local Emergency Communication Service (Amateur Radio)
- Others that are active in healthcare preparedness

5.6.5 Coalition Governance Structure

The coalition governance structure is ~~administered~~coordinated by ICEMA and includes an advisory and executive committee.

Advisory Committee

The advisory committee consists of all Core Members and others appointed by ICEMA or the advisory committee. The advisory committee provides organizational and emergency management expertise and has the following duties:

- Provide guidance and direction to prioritize yearly calendar of training and exercise activities.
- Assist in the development of strategic plans and operational objectives; establish planning priorities to improve healthcare system preparedness.
- Provide direction in establishing HPP participation levels to meet HPP grant Scope of Work (SOW) deliverables (Core members and HPP grant recipients with an ICEMA MOU).
- Review, provide input and approve the plan for the annual Statewide Medical/Health Exercise.
- Provide input on healthcare disaster response plans, procedures and guidelines.
- Provide input on Hazard Vulnerability throughout San Bernardino County.
- Assess the level of healthcare preparedness within San Bernardino County.
- Make recommendations for additional healthcare preparedness, response and recovery trainings and activities.

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- Appoint a chair and co-chair who shall preside over HP³ coalition meetings.
- Voting is a simple majority of those present.

Executive Committee

The ICEMA ~~System Advisory Committee (SAC)~~Medical Advisory Committee (MAC) functions as the coalition Executive Committee and provides advice and oversight of coalition activities ~~and provides advice and oversight of coalition activities.~~—The Executive Committee is comprised of subject matter experts representing ~~public safety, OES, Fire first-1st~~ responders, public and private emergency transport providers, ~~GACHs~~general acute care hospitals, specialty care centers, and , education providers and public safety answering points. ~~Their role is to provide guidance to the ICEMA EMS Administrator on matters pertaining to the operational aspects of EMS in the ICEMA region. The ICEMA Medical Director serves as the HP³ Clinical Advisor.~~

Examples of SAC responsibilities include:

- ~~— Policies including operations during multiple casualty incidents (MCIs), disasters and mass gatherings.~~
- ~~— Dispatch including Emergency Medical Dispatch (EMD), helicopter utilization, MCI, and transportation.~~
- ~~— Communications, including medical and operational frequency allocation, and ReddiNet.~~
- ~~— Data collection, including health information exchange, data flow and data system operation.~~
- ~~— Medical facility and provider preparedness and disaster continuity.~~
- ~~— Public information and education.~~
- ~~— ICEMA mobile response equipment and standards for resource utilization.~~
- ~~— EMS system policies.~~
- ~~— Equipment, inspections, and restock policies.~~

~~The HPP Coordinator provides periodic and annual updates of the HPP grant.~~

~~The HP³ Chair serves as the HP³ representative to SAC and provides reports of HP³ Coalition activities.~~

5.6.6 Roles and Responsibilities

ICEMA as the HPP Entity/HP³ Sponsor

- Prepare and coordinate meeting agendas, send announcements, and prepare coalition minutes.
- Develop, review and provide recommendations for healthcare disaster response plans, procedures and guidelines.
- Administer the HPP grant and report on funding availability and work plan progress.
- Inventory HPP supplies and equipment and provide reports as required.

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- Support coalition partners and assist with emergency plan development, updating and integration.
- Coordinate training and exercises.

HP³ Coalition Members (Core and Other) see HP³ Response Plan for member responsibilities

- Attend and actively participate in meetings, identify gaps in medical/health preparedness plans and recommend solutions.
- Share leading practices and network among peers.
- Meet regulatory and accreditation requirements.
- Participate in emergency preparedness surveys, exercises and training.
- Store and maintain HPP purchased supplies and equipment, utilizing them in compliance with the HPP grant provisions and MOUs.

5.6.7 HP³ Chair and Co-Chair

The Advisory Committee shall appoint a chair and co-chair who shall preside over HP³ coalition meetings. The chair and co-chair are appointed during the May meeting and shall serve for a one-year period beginning the first meeting in July of each subsequent year for maximum of two (2) concurrent terms. The Advisory Committee may appoint any active core or general member.

5.6.8 Bylaw Approval and Review

Bylaws and amendments to the bylaws must be approved by a majority vote of those members (Core and General Members) present at a HP³ Coalition meeting, and become effective immediately.

Bylaws will be reviewed bi-annually or as needed to comply with HPP grant requirements, ICEMA policies, and/or federal, state, or local regulations. Electronic copies of the bylaws will be sent for review 30 days before the HP³ Coalition meeting in which the bylaws are listed for action on the agenda. Coalition members shall ratify the adoption of the bylaws via a majority vote of those present. The vote will be recorded by the HPP Coalition Coordinator and maintained by the Local HPP Entity as specified in the local funding agreement with CDPH-EPO.