OCHCA EMERGENCY OPERATIONS PLAN (EOP): ANNEX

Orange County Health Care Agency (OCHCA)

Medical Surge Plan Annex

COVID-19/Flu Surge

Last Revised: January 2021

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Disclaimer Notice

This plan cannot anticipate all possible emergency events or situations, and therefore should not be used without competent review, training, and exercising of the plan by qualified emergency management professionals to test, revise, and/or validate its contents. Conditions may develop in actual operations where standard methods will not suffice. Users of this plan should always use the foundation of the Incident Command System (ICS) and Standardized Emergency Management System (SEMS), combined with their experience and knowledge, to overcome situations or conditions this manual cannot anticipate. Users of this plan assume all liability arising from such use.

The Orange County Health Care Agency (OCHCA) Medical Surge Plan sits as an Annex to the OCHCA Emergency Operations Plan (EOP).

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Record of Changes

Date of Change	Revision Made	Approved By
01/2021	Original Release	

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Section 1: Plan Purpose, Scope, and Assumptions

Introduction

The OCHCA Medical Surge Plan Annex: COVID-19/Flu Surge is a supporting document to the OCHCA EOP.

This plan was written in consultation with staff from OCHCA as well as members of the Health Care Coalition of Orange County (HCCOC) patient care stakeholders that provide services within Orange County (County). Providers are actively continuing planning efforts to respond to COVID-19. Flu and medical surge plans are also established and may be in place across the County. This plan was developed to coordinate expectations and accountability during a combined flu and COVID-19 incident at the county level. Information was developed by surveying and discussing expectations with stakeholders and providers within the County directly. Expectations for each stakeholder and provider type are identified in the plan's appendices (attached). While it is expected that providers will align with expectations identified within the plan, activation of the plan is a last resort for HCCOC members and will only happen upon provider request (after they have exhausted the ability to meet surge needs through internal efforts). To that effect, providers and stakeholders should at a minimum make a best effort to align with the plan and expectations based on the impact and severity of the incident at their location.

The Medical Surge Plan Annex: COVID-19/Flu Surge (COVID-19/Flu Surge Plan) provides the foundation to mobilize medical/health resources in response to a medical surge event that exceeds the day-to-day capacity of the Orange County Public Health and Medical System. The Orange County Public Health and Medical System, including all its partners and support agencies, collaborates under this plan to prepare for, respond to, mitigate, and recover from patient surges from COVID-19 and flu that will significantly challenge that system.

Purpose of the COVID-19/Flu Surge Plan

The OCHCA COVID-19/Flu Surge Plan provides procedural guidance and recommendations to maximize response capabilities with existing health care partners and stakeholders in response to a medical surge event. As an annex to the Orange County Medical Surge Plan, this plan builds on the activation process and roles/responsibilities identified in that plan.

This plan:

- Is based on and compliments the Orange County Medical Surge Plan
- Outlines assumptions and anticipated impacts to the County and HCCOC health care facilities from a combined COIVD-19 and flu event.
- Lays out basic expectations for cooperation and a coordinated county-level response when the plan is activated.
- Addresses the anticipated health system impacts due to co-infections from flu and COVID-19.
- Establishes planning and mitigation metrics for escalating and de-escalating the COVID-19 pandemic.

Plan Priorities

The COVID-19/Flu Surge Plan is intended to assist stakeholders in managing a disaster that creates a surge of patients locally within their own facility/organization and within all of Orange County. Priorities include, but are not limited to the following:

- Assisting health care services within the County with understanding the expectations for supporting their scope of services and services for their partner providers during a COVID-19/flu surge event.
- Facilitating proactive communication and planning among providers to determine how best to partner with each other to provide the greatest amount of care during a COVID-19/flu surge event.
- Maintain continuity of operations within healthcare infrastructure in Orange County

These priorities may be modified when required by strategic, procedural, and/or tactical issues faced in the response to an emergency.

Scope

This Plan applies to all healthcare entities within the County, as well as health and preparedness/response personnel from Orange County EMS (OCEMS) and other applicable staff from OCHCA. Members of the HCCOC that serve inpatient populations and other care locations that may see COVID-19 cases are referenced specifically with responsibilities. However, other healthcare providers within Orange County are encouraged to align with this Plan to better align efforts across the county.

This Plan was developed with direct input from the following groups.

- Behavioral Health Providers
- Dialysis
- Federally Qualified Health Centers (FQHCs)

- Hospitals
- Pediatric healthcare providers (independent facilities and providers within larger networks)
- Skilled Nursing Facilities (SNFs)
- OCEMS

Considerations were taken for the following groups, but additional input is needed to further clarify roles, responsibilities, and expectations.

- Urgent Care Facilities
- Behavioral Health Centers/Providers
- Federally Qualified Health Centers

Plan Activation

This plan may be activated as a result of any medical surge event requiring coordination and/or resources from the HCCOC. As identified in sections three (3) and four (4) of this Plan, leading and lagging indicators (i.e., indicators that will allow one to predict an event and indicators that provide evidence an event is already taking place) should be used to anticipate potential patient surges that can impact facility operations. Individual facilities are encouraged but not required to notify the county of their own surge plan activations. Further, facilities should exhaust their ability to operate independently before relying on external partners, contacting HCCOC support only after other support options have been exhausted.

This county-level Plan can be activated by the two (2) positions below, following the activation metrics and protocols identified in the OCHCA Medical Surge plan:

- Medical/Health Operational Area Coordinator (MHOAC) or designee
- OC EMS Duty Officer or designee

Aspects of this plan, up to and including multi-facility coordination can be implemented by facilities without formal activation of this plan. Healthcare facilities operating within the coalition are encouraged to make use of the resources and communications at their disposal.

Plan Assumptions

The following are the current assumptions guiding this Plan:

- The Orange County Medical Surge Plan is activated.
- COVID-19 and Flu will have potential impacts to the entire population of Orange County.
- 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, the need to cohort care, and physical distancing.

Supporting Plans and Agreements

The following plans may be referenced during the prevention, preparedness, response, and recovery phases of an incident:

- OCHCA EOP
- OCHCA Medical Surge Plan

Section 2: Stakeholder Roles

The purpose of this section is to provide an overview of key identified roles within the response to a medical surge event in Orange County.

Orange County Health Care Agency (OCHCA)

OCHCA will be responsible for the following:

- Engage participation from public and private entities as well as healthcare service entities.
- OCHCA representatives, working with local health officers, build on existing surge plans and convene key stakeholders, including local hospitals, to develop Surge Plans.
- When the plan is activated, coordinate communications with healthcare system partners and operational commitments, such as patient distribution and tracking, and determine levels for unmet need of medical resources.
- Provide the alerting/notification mechanisms individuals will use to update the county, including the frequency of notification/reporting.

Healthcare Entities

Healthcare entities will be responsible for communication and coordination with healthcare system partners, patient management, and determining levels of unmet need for medical resources. Identified healthcare entities within the Orange County Public Health and Medical System all have shared responsibilities, including the following:

- Collaborate and plan with appropriate healthcare entities, community, civic, governmental, and private organizations; develop MOU/MOAs where possible.
- Be familiar with the County's Medical Surge Plan and the health and medical components.
- Participate in training and ongoing plan validation efforts for this plan.
- Participate in community/regional planning process.
- Engage with and participate in The Health Care Coalition of Orange County (HCCOC) initiatives.

Care facilities also have specific responsibilities and expectations with regards to this plan. These expectations and associated checklists are found as appendices to this plan. Healthcare provider stakeholders also have the following responsibilities:

- Hospitals
  - Engage in planning and programming with the HCCOC.
  - Develop internal plans that will maximize utilization of different care environments such as in-enterprise Urgent Care Centers, Behavioral Health locations, and pediatric units.
  - Ensure that Infectious Disease Physicians are providing support to both inpatient and outpatient facilities associated with their organizations.
  - If applicable, participate in planning coordination and response activities as a Disaster Resource Center (DRCs
  - Review and update any existing surge plans and revise them to reflect escalation pathways and responsibilities outlined in this plan.
- SNFs
  - Engage in planning and programming with the HCCOC/DRC.
  - Participate in the Skilled Nursing Facilities/Long-Term Care (LTC) COVID-19 coordination calls.
  - Overlay the community health/FQHC's with county systems that may interact at the local level to distribute patients and supplies.
  - Review and update any existing surge plans and revise them to reflect escalation pathways and responsibilities outlined in this plan.
- Dialysis Centers
  - Engage in planning and programming with the HCCOC/DRC.
  - Engage with any county planning initiatives that are Dialysis center or care-focused.
  - Develop continuity of care planning in the event that facility operations are impacted and dialysis cannot be provided for the patient(s)
- Pediatrics
  - Engage in planning and programming with the HCCOC/DRC.
  - Engage with any county planning initiatives that are pediatrics-focused.
  - Engage in pediatric-focused planning to coordinate keeping family units together where appropriate.
- Community Health/FQHC
  - Engage in planning and programming with the HCCOC/DRC.
  - Engage with any county planning initiatives that focus on FQHC support and coordination.

- Behavioral Health
  - Engage in planning and programming with the HCCOC/DRC.
  - Engage with any county planning initiatives that focus on Behavioral Health support and coordination.

Section 3: Planning Scenarios

COVID-19

Coronavirus disease 2019 (COVID-19) is a disease caused by a novel coronavirus. It is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Consistent with the Centers for Disease Control and Prevention (CDC) guidelines, the virus that causes COVID-19 is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

Transmission typically occurs when people are within close contact of each other (six [6] feet or closer) for fifteen (15) minutes. The fifteen(15)-minute timetable for close contact is cumulative over the course of twenty-four (24) hours, so a person may be infected through multiple small exposures; it may not necessary be just one extended exposure.

It spreads through respiratory droplets or small particles, such as those in aerosols, produced when an infected person coughs, sneezes, sings, talks, or breathes.

- These particles can be inhaled into the nose, mouth, airways, and lungs and cause infection. This is thought to be the main way the virus spreads.
- Droplets can also land on surfaces and objects and be transferred by touch. A person may get COVID-19 by touching the surface or object that has the virus on it and then touching their own mouth, nose, or eyes. Spread from touching surfaces is not thought to be the main way the virus spreads.

There is growing evidence that droplets and airborne particles can remain suspended in the air and be breathed in by others, and travel distances beyond six (6) feet (for example, during choir practice, in restaurants, or in fitness classes). In general, indoor environments without good ventilation increase this risk.

Assumptions

Pertinent assumptions related to COVID-19 in the County include the following:

- Not all residents will follow preventative guidance for COVID-19 such as wearing masks and physical distancing.
- As more is learned about COVID-19, guidance for prevention or response may change.
- The severity of illnesses across the County – COVID-19 has varying levels of severity on the infected population. If there are large numbers of infected with serious complications, it may further place a strain on the capacity of intensive care units (ICUs).

- Availability of ventilators and other resources normally used to provide life-saving interventions related to respiratory illnesses may become difficult to obtain.
- COVID-19 requires the use of isolation and quarantine as tools to protect citizens from exposure to the virus.
- Due to the fact that COVID-19 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.
- 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.
- If the County is at a less-restrictive risk level and allows businesses to further re-open, people from neighboring counties at a more-restrictive posture may travel to the County.

Impact

The impact of COVID-19 in the County depends on many factors. In general, the most likely impact involves:

- Decreased availability of life-saving resources within medical care facilities throughout HCCOC at large.
- Decreased availability of beds and spaces for providing care within medical care facilities throughout HCCOC at large.
- Increased Personal Protective Equipment (PPE) and facility equipment necessary for providing a safe working environment for staff within medical facilities.
- Increased requests for medical testing and treatment from members of the Orange County community.
- An increased need to provide higher levels of care outside hospital settings.
- Increased demand for behavioral health resources due to mental health needs related to a global pandemic occurring at the local level and care for those who have suffered a personal loss related to the pandemic.

Influenza (Flu)

Consistent with the CDC guidelines, influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two (2) main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year.

Transmission typically occurs when people are within close contact of each other. It is generally accepted that flu viruses spread when an infected person coughs, sneezes, sings, talks, or breathes. Droplets are made during these activities, which can land in the mouths or noses of people or be inhaled. Transmission may also take place when a person touches or interacts with a surface that has flu virus on it followed by touching their own mouth, nose, or eyes.

While flu viruses are detected year-round, they are most common during the fall and winter according to the CDC. The exact timing and duration of flu seasons can vary, but influenza activity often begins to increase in October. Most of the time, flu activity peaks between December and February, although activity can last as late as May. This time period is considered to be “Flu Season.”

Assumptions

Pertinent assumptions related to flu in the County include the following:

- The overall health impact of a flu season can vary year-to-year.
- While the flu vaccine is available each year, it does not eliminate the flu.
- Not everyone will be able to access the flu vaccine annually.
- Due to the fact that influenza can be 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.

Impact

The impact of flu in the County depends on many factors. In general, the most likely impact involves the following:

- Flu typically causes an increase of care requests, leading to surge events at primary care locations, including emergency departments, long-term care locations, and urgent care facilities.

Combined COVID-19 and Flu

Complicating responses for respiratory illnesses for COVID-19 and flu is that they may symptomatically present in very similar fashions. As a result, barring testing, it may be difficult to distinguish between the flu and COVID-19, which seems to spread more easily than the flu, and causes more serious illnesses in some people. COVID-19 can also take longer before people show symptoms and people can be contagious for longer. Another important difference is there is a vaccine to protect against flu. There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

When the ongoing COVID-19 pandemic is combined with a seasonal increase in flu prevalence, there is an increased likelihood that patient surges and operational complications experienced on an annual basis will be exacerbated. This is inclusive not only of the increased caseload on care providers but combines the likely expectations OCHCA has planned on for pandemic incidents (listed in the medical surge plan), as well as the previous COVID-19 and flu sections in this plan.

In California, flu surveillance data is reported weekly. As can be seen in the Figure 1 below, these peaks of influenza-like illnesses (ILI) can be predicted with relative accuracy. In the 2020-2021 season, and while COVID-19 continues to impact the community, it is anticipated that the peaks of patient visits with influenza-like illnesses will be significantly higher.

Influenza and Other Respiratory Viruses Weekly Report
Highlights (Week 42: October 11, 2020 – October 17, 2020)

Source:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Week2020-2142_FINALReport.pdf

Further, it is possible Page to be infected with both flu and COVID-19. Once this co-infection has occurred, impacts to immunity from one virus may make people more susceptible to severe reactions to other illnesses. Co-infection can be mitigated through getting the annual flu vaccine.

Assumptions

Pertinent assumptions about a combined COVID-19 and flu event in the County include:

- 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. Components within physical infrastructure spaces may be temporarily closed if an unanticipated exposure incident occurs but

returning the space to full functionality should occur relatively quickly following appropriate cleaning and disinfection procedures.

- It is assumed that the national demand for PPE needed to safety treat patients with COVID-19 will peak during the flu season. While PPE and disinfection supply production, stockpiling, and resource allocation have improved since the start of the COVID-19 pandemic, it is reasonable to assume that further supply shortages will occur with a significant increase in demand.

Impact

The impact of a combined COVID-19 and flu event will be enormous on all aspects of the healthcare delivery system. Impacts are consistent with the pandemic flu scenario identified in the OCHCA Medical Surge Plan:

- Staffing shortages at all levels of healthcare delivery.
- Cohorting of patients (i.e., grouping patients and caregivers known to be infected with influenza) in order to contain the infection.
- Impact of COVID-19 combined with flu 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, or cancellation of scheduled elective or non-emergency surgeries.
- Increased reliance on home care nursing, crisis standards of care for hospitalized patients (e.g., decrease in required paperwork and other charting), and other measures

Section 4: Planning and Mitigation

COVID-19 Planning

California State has identified metrics for escalating and de-escalating during the COVID-19 pandemic. While these are geared primarily towards the re-opening of services, functions, and businesses within a community, the metrics identified also work for gauging the spread of COVID-19 within the community.

These metrics are outlined as the "Blueprint for a Safer Economy" risk levels (Figure 1) by the state of California Department of Public Health (CDPH). These metrics break out the spread of COVID-19 into four (4) categories, ranging from "widespread" to "minimum." There is also the potential for a fifth category when there is a full return to normalcy within the County and the State of California.

These are relevant to healthcare response activities as they can be predictors for potential surges in COVID-19 activity. It is anticipated that during flu season, the County and the surrounding communities may see variation and additional caveats within the county risk levels. As aspects of the community re-open and restrictions are loosened in accordance with county risk levels, it is anticipated that there may be spikes in COVID-19 activity. As a front-line service for battling COVID-19, healthcare providers should expect to see increased COVID-19 healthcare needs in the weeks following an adjustment to a less-restrictive risk level. It is notable that the community at large may not see a significant rise of COVID-19 within the community. However, impacts to at-risk populations, severity of illnesses, or a concentrated increase of less-severe COVID-19 cases all have the potential to impact the healthcare community within Orange County.

Figure 2:

Picture taken on 10/25/20 from California State Guidance "Blueprint for a Safer Economy"
https://covid19.ca.gov/safer-economy/

The County predominantly follows state-level risk assessments for managing the re-opening of the community. However, in anticipation of unique county needs, OCHCA is providing additional guidance and COVID-19 resources to maintain COVID-19 within the community. This information can be found on the COVID-19 website of the OCHCA. This includes information for county residents on how to get tested, guidance for businesses, and individual and family guidance.

Within the community at large, there are additional mitigation activities that are in place to minimize the spread of COVID-19. This includes, but is not limited to: mask wearing, physical distancing, reduced occupancy limits, modified means of providing services (outdoor dining, curbside pickup, etc.), contact tracing, and restricting congregant activities. Within the healthcare community, additional actions are being taken to minimize spread throughout facilities. In hospitals, patients are being cohorted by COVID-19 status, patients are receiving mandatory COVID-19 tests upon admission, and visitation across inpatient healthcare organizations has been limited.

Flu Tracking

As identified in Figure 1 (in Section 3), flu is tracked at the national, state, and county level. OCHCA engages in flu surveillance and posts this information publicly on their website. This data is used to manage ongoing planning priorities and planning for future iterations of the flu. Unfortunately, this information is also retroactive in nature, and can be best used as a lagging indicator of caseloads and stresses on the health delivery system within Orange County. At the county-level, OCHCA may choose to additionally monitor the flu surveillance data for communities surrounding the County to better anticipate potential increases in flu.

It should be noted that the providers for state-based surveillance reports is pulled from jurisdictions, Kaiser Permanente, and participating sentinel providers and laboratories. As such, the information from the state is best used for identifying trends.

These surveillance programs are standing initiatives that are in place through the flu season each year.

Broadly, seasonal flu is not subject to major mitigation actions that restrict normal activities. The flu vaccine that is made available annually is the strongest and primary mitigation tactic in place.

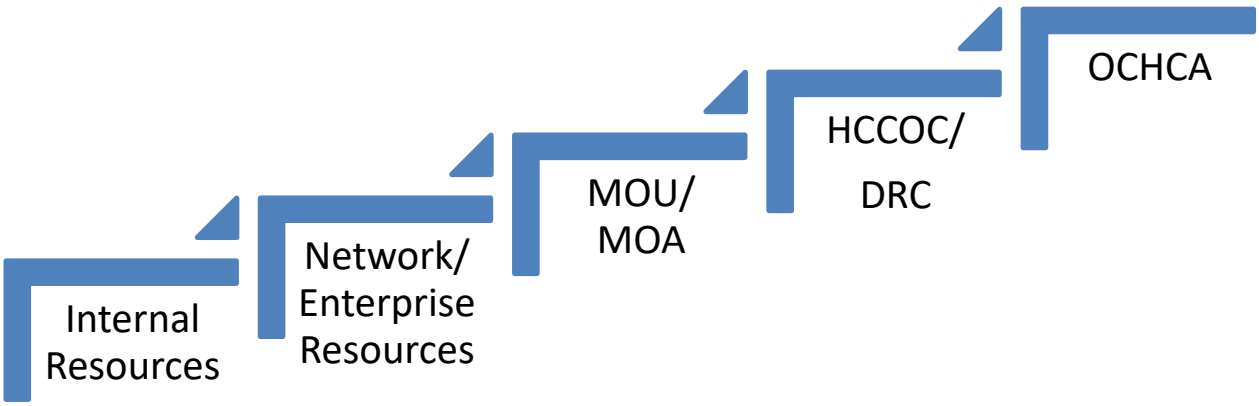
Section 5: Incident Response

Incident Recognition and Escalation

This plan was written in response to a known incident that is currently taking place. However, COVID-19 and flu are experienced in waves, and this plan may need to operate accordingly as waves of COVID-19 and/or flu are recognized within the Orange County. Using the planning information located in sections 3 and 4 of this plan, precursors or even lagging indicators to waves such as a change in the operating restrictions within the County or an increase in visits related to flu-like symptoms are cause to consider surge-based activities.

Healthcare entities within the County are expected to rely on OCHCA support only when other options have been exhausted. In this manner, the response to COVID-19 and flu incidents is de-centralized. When planning for this incident, healthcare facilities should plan to rely on their own facilities and surge planning resources first, followed by enterprise-level resources, MOU/MOAs, the DRCs if activated through the HCCOC, and then finally the broader county response infrastructure with OCHCA. The County does not need to activate the Medical Surge or COVID-19/Flu Surge plans when individual provider Surge Plans or MOUs are activated. This step-up escalation process is drawn out in figure 3.

Figure 3



Healthcare providers should consider addressing incident response on an ongoing basis that will allow them to stay up-to-date on the most recent findings for COVID-19 identification, prevention, and treatment. Actions to support this response are captured in the general response activities for preparing for combined incident of COVID-19 and season flu surge.

Pre-Incident

This plan is not automatically in effect when flu season begins; activation is driven by active surge events within the County. This may take place at different paces between each of the different provider types, though activation of this plan will apply to all County providers. Since the plan implementation will be broadly applied, it is important that all provider types best prepare themselves for working across healthcare provider organizations. This includes preparing and formalizing agreements between organizations and making connections.

As noted above, pre-incident planning should be addressed on an ongoing basis to allow healthcare providers to remain current on the evolving methodology for preventing and treating COVID-19. Despite the ongoing threat of COVID-19, new information and best practices should continue to be revisited and organizational plans updated as necessary to create a more efficient and effective response across the county.

Further, this plan should be revisited and revised with updates on recommended COVID-19 safety and mitigation measures or other best practices around epidemic or pandemic respiratory illnesses in addition to regular updates in anticipation of future flu seasons. Changes in safety practices, recommended PPE, or clinical considerations could change pandemic planning and response strategies that would necessitate a re-evaluation of existing partnerships.

In preparation for the anticipated 2020 COVID-19/flu surge, expectations have been set across all provider types that participate in the HCCOC (appendices attached at end of document). These lists of expectations should also be reviewed and updated on an annual basis to ensure the County remains prepared for future epidemics or pandemics that will coincide with the annual flu season.

In many cases, facilities have already developed seasonal or pandemic influenza plans, as well as plans or supporting documents specific to COVID-19. In addition to these plans and the pre-incident planning priorities identified above, each healthcare provider within the County should take the following actions in anticipation of the annual flu season or at intervals that will allow them to be prepared to participate in this plan activation:

- Validate any MOUs or MOAs that require coordination on an annual basis.
- Review stakeholder expectations listed in appendices A-G.
- Review Surge Plan annually, or as conditions change.
- Develop, exercise, and periodically revise pandemic surge plans with internal and external stakeholders, including transfer partners.
- Develop robust surveillance systems in collaboration with stakeholders, and other relevant sectors.
- Promote beneficial behaviors in individuals for self-protection. Plan for use of pharmaceuticals and vaccines.
- Complete communications planning and initiate communications activities to communicate real and potential risks.

During the Incident

Once this plan has been activated, it is paramount that the healthcare provider organizations covered by this plan engage with other stakeholders in good faith. While it is expected that not all providers will be able to support patient transfers and equipment sharing, it is expected that provider organizations will work with other providers, DRCs, and the HCCOC to decompress facilities experiencing surge events stemming from COVID-19 and flu. General guidance and expectations can be found in Appendices A-G and is organized by provider type. The intent of the plan is not to force providers to commit services or resources outside of normal operation parameters, but rather to establish consistent expectations with the understanding that facilities will work in good faith to meet those expectations and ensure a continuity of operations.

To better understand the current situation when this plan is activated, OCEMS may elect to utilize HAvBED surveys via the ReddiNet platform. This platform will provide a guideline for the level of incident severity and capacity across facilities. Information submitted will not be independently verified but will be used as an important metric for guiding incident response.

When this plan is activated, facilities should take action on the following:

- Direct and coordinate rapid pandemic containment activities to limit or delay the spread of infection.
- Activate contingency plans or work with your DRC or external partners.
- Promote and communicate recommended interventions to prevent and reduce population and individual risk.
- Continue providing updates to general public and all stakeholders on the state of the pandemic and measures to mitigate risk.
- Actively monitor and assess the evolving pandemic and its impacts and mitigation measures.
- Plan and coordinate for additional resources and capacities during possible future waves as appropriate.

Strategies to Mitigate Surge for High Acuity Patients

As patients presenting with flu-like symptoms increases across Orange County, it will be of paramount importance to maintain critical patient care resources for the most severely ill. As high acuity patients will most likely be treated by hospitals, strategies should be put in place to prioritize those patients for hospital care and develop treatment strategies to provide care for lower acuity patients outside of an in-patient hospital setting. The metrics for determining high acuity patients are not regulated by the county and are at the discretion of the individual facilities. Further, ICU, Medical/Surgical, and Negative Pressure/Isolation beds are not called out separately in these strategies because it is anticipated that by the time this plan is activated by HCCOC, all available, staffed beds will be used to accommodate patients. The primary and strategy across Orange County will be the redistribution of patients and resources to best match patients to appropriate care and create space in hospitals to treat the moderately and severely ill. Below, some of these strategies are outlined for facilities. Facilities are encouraged to use these strategies to provide the most efficient care for patients in Orange County, as well as the most efficient resource utilization within the county.

All patients who require acute care should be sent to a hospital. Further, to maintain aligned with the Emergency Medical Treatment and Labor Act (EMTALA), anyone who is being transported by emergency medical services or arrives at a hospital must be assessed by the hospital staff prior to any further movement or redistribution of that patient.

Cohorting of Patients

If facilities are treating patients with COVID-19, they should place all COVID-19-positive patients in the same unit(s) separated from patients with other illnesses. This process of housing patients with the same illness together, also known as “cohorting,” will limit the potential for spread of COVID-19 to other patients within the facility.

Discharge Strategies

For patients in the hospital that are not moderately or severely ill who can be discharged, consider early discharge to free-up staffed beds and resources that can be directed to COVID-19 patients and those who are moderately or severely and require hospitalization. Discharges may not only be to home, but to SNFs/Long-Term Care (LTC) facilities, and other locations that can provide care at a lower acuity level where patients can be monitored on an ongoing basis.

Pre-Hospital Triage

Prior to sending patients to the hospital, all facilities should consider the best place for care to occur. Based on the level of care needed and the originating location, alternate care options may include keeping the patient at the current care location or redirecting to outpatient care such as at an Urgent Care Center. If patients are considered moderately or severely ill (high acuity), then they should be directed or transferred to a hospital.

Alternate Treatment Locations and Providers

To offset in-hospital care, previously proposed strategies include the referral of patients to outpatient care settings or alternate types of care (such as keeping patients in-house if not already in a hospital setting). In addition to, or in coordination with, these strategies, facilities may also elect to redistribute staff to support these non-hospital care settings as medical staff credentialing and emergency credentialing allows. For organizations with varied care facilities such as Urgent Care Centers and Community Health Centers, consider redistributing staff to bolster non-hospital care resources for lower acuity patients. This will allow hospitals to better focus on moderately to severely ill patients.

Non-COVID-19 Patients, Including Specialty Patients

During the COVID-19 pandemic, the community will continue to experience medical emergencies. Patients who are experiencing medical emergencies coming into a healthcare facility should be tested for COVID-19/flu as facility policy dictates, but it should not be allowed to delay urgent or immediate care as determined by the patient’s care needs. Specialty patients, such as trauma, cardiac, or stroke patients should continue to be triaged and prioritized in accordance with the facility care policies to provide life-saving

care. Until ruled out, all patients should be handled with appropriate COVID-19 precautions. Non-COVID-19 patients should be separated from COVID-19 patients to prevent additional infection.

Once patients have been stabilized and require low acuity care, medical providers should consider the best care for the patient, including whether it would be appropriate to transfer the patient to another care location in accordance with AFL 20-48.2, Transfers to Low Acuity Alternate Care Sites During Coronavirus Disease 2019 (COVID-19) Pandemic. In a hospital setting, low acuity transfers may also take place to make space for high acuity patients.

Deactivation/Demobilization

In accordance with the OCHCA Medical Surge Plan, the MHOAC Emergency Response Manager and/or the EMS DOC Director has the authority to demobilize medical surge response operations. Individual healthcare provider organizations within Orange County may not see significant changes in their day-to-day operations as a result of this plan deactivation but are subject to the demobilization authority of the County and are expected to maintain alignment with the plan until the demobilization order is given.

Upon deactivation of this plan and subsequent deactivation of the County Medical Surge Plan, facilities should take the opportunity to re-stock as appropriate in advance of potential future waves, and review lessons learned and share experiences with the staff, stakeholders, and the community as appropriate.

Recovery

Once response operations have ended, all entities within the Public Health and Medical System will need to conduct recovery operations. Operations and responsibilities for recovery will generally follow the OCHCA medical surge plan. However, recovery should be considered in longer terms; even if this plan is deactivated and demobilized medical surge events may continue due to COVID-19 or other illness (as opposed to the dual incident of COVID-19 and flu season-based patient surge).

Post-recovery actions such as writing an After-Action Report (AAR) may take place at the conclusion of the County Medical Surge plan rather than de-activation of this plan.

Section 6: Training and Plan Validation

Training

OCHCA staff and HCCOC members throughout the County will be trained on the elements this plan toward the beginning of flu season on an annual basis as long as COVID-19 is considered a community threat. Healthcare facilities that are not members of HCCOC are also encouraged to participate. This same group will also be trained when the plan is changed in a manner that alters expectations of stakeholders.

Plan Validation

As facilities are dealing with the ongoing COVID-19 pandemic while entering the flu season, there will not be an independent plan validation through an exercise. However, in the 2020-2021 season facilities are encouraged to revisit MOUs and patient care partnerships to validate their expectations for working together. This plan should otherwise be reviewed on an annual basis or immediately following the conclusion of the flu season and the cessation of COVID-19 as a community threat.

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Appendix A: Hospitals Expectations

Orange County COVID-19/Flu Surge Plan
Appendix A: Hospitals Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Hospitals with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, followed by leveraging existing relationships with other providers prior to reaching out to the County.

CDPH is actively publishing All Facilities Letters (AFLs). These AFLs provide important updates to guidance and expectations for Hospitals and other care providers. Where there is conflicting guidance between a Hospital AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Notify County and partner facilities and agencies of Surge Plan activation.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

To receive notification of County activation and ongoing requests, expect messaging via e-mail and/or ReddiNet.

- Be prepared to provide capacity information organized by demographic and clinical information

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities of plan activation and seek assistance with patient surge needs
- ☐ Notify County upon activation of facility Surge Plan
- ☐ Notify the EMS Duty Officer to request County COVID-19/Flu Surge Plan activation prior to exhausting other options
- ☐ Be prepared to provide capacity information organized by demographic information (for example: gender, age, COVID-19+, primary complaint)
- ☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients Onsite/Mitigating Strategies

To consider prior to patient transport/transfer

Expectations

Strategies should be considered prior to patient movement to maintain standards of care and continuity of operations. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed and should be considered concurrently.

These strategies should also be considered as patient safety and continuity of care is easier to manage onsite rather than subject patients to the uncertain environments that occur when moving them.

Note that the severity of patient illnesses will continue to vary over the course of care. It will be necessary to continually identify intra and inter-facility locations where the patient will receive the most appropriate care for the severity of illness. This may result in sending or receiving patients that had previously received care at the hospital. This would not be considered repatriation; it would be a transfer to support the patient need.

The primary aim of these strategies is to protect the integrity of the hospital system. Additional information on the strategies below and additional resources can also be found on the Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) website.

Checklist

Strategies to consider are listed below (no specific order):

- ☐ Cohort patients
- ☐ Discharge or transfer lower acuity patients/ facility decompression
- ☐ Increase staffing
- ☐ Increase bed capacity
- ☐ Non-traditional care locations
- ☐ Waivers
- ☐ Consider Triage by Resource Allocation for IN-patient (TRAIN)

- ☐ Consider modifying criteria or revising protocols to expand clinical criteria for sending or discharging patients, such as to SNFs
- ☐ Augment clinical staff in non-traditional care areas with alternate support such as using Emergency Medical Technicians (EMTs) for patient monitoring in staging areas if Emergency Department is backed up
- ☐ Expand telehealth service offerings
- ☐ Identify the appropriate level and location of care for patients, including returning the patient to a previous care location based on improvement or decompensation
- ☐ ***Post-transfer*** if still managing surge events; consider crisis care strategies as required

Patient Transfer Information

Expectations

Patients with COVID-19 may be subject to a different set of expectations and are covered in a separate portion of this document.

Patient Transfer:

- Give any patient a combined COVID-19/Influenza test as required
- **Lower Acuity Patients:** Transfers will be sent to Skilled Nursing Facility (SNF), lower level of care at subacute facilities, or discharged home, if necessary
- **High Acuity Patients:** Transfers of high acuity patients outside of hospitals is not recommended unless there are specific non-COVID-19 clinical care needs that the facility cannot support
- As a last resort when requested and coordinated by the County, activate and follow transfer procedures consistent with the state's Patient Movement Plan and associated patient movement request resources.

Patient Tracking:

- Patient tracking is done in alignment with facility procedures
- Report is made between providers; reports are typically between providers of the same level
- Case management teams will coordinate transfer
- Transportation of patient is completed through emergency medical transport and/or non-911 ambulance support as appropriate (alternate transportation means for low acuity patients may be necessary)

Checklist

- ☐ Give any patient a combined COVID-19/Influenza test as required
- ☐ Identify and prepare lower acuity patients for sending to appropriate care facilities (at discretion of medical providers)
- ☐ Notifications between sending/receiving facility (see sections below)
- ☐ Request emergency medical transport and/or non-911 ambulance support

Sending Patients

Before sending any patients out of the facility, be sure there is a process in place to notify family members of any patient moves.

Expectations

This is inclusive of similar types of care facilities and other types or providers.

When decompressing patients to any type of care facility, this is the order of preference that will be used for determining where to send patients.

1. Clinical adequacy to meeting patient need
2. Existing MOU/MOA
3. Personal relationships/patient family requests

When sending resources to receiving centers, note the following:

- There are no standard equipment list hospitals will be required to provide patients when sending to other facilities
- Only equipment sent will be specific to patient need
- Medication sent with patients is based on receiving facility, medication availability, and insurance coverage
- An isolated care location at receiving location must be identified and available

  ***Note**: not all non-hospital facilities have the capacity to accept COVID-19 positive patients.*

Special COVID-19 considerations include:

- Priority for symptomatic patients would be to isolate internally and have MD direct care
- Ensuring COVID-19 patients are stabilized prior to sending

Checklist

- ☐ Notify receiving facility of any positive COVID-19 diagnoses
- ☐ Make clinical report/transfer information between medical providers
- ☐ Gather information and resources to send with patient. This may include, but is not limited to:
  - ☐ Medical records/Care Summary/Face Sheet
  - ☐ Medication, as necessary to support transfer
  - ☐ Medical equipment, as necessary and vital to patient care
  - ☐ Personal belongings (clothes, ambulatory devices, comfort items)
  - ☐ Advance directives
  - ☐ Legal documents
- ☐ Notify family of move
- ☐ When moving a COVID-19 patient:
  - ☐ Patients must have a mask

- ☐ Staff must be equipped with Personal Protective Equipment (PPE) when receiving patient
- ☐ An isolated care location is identified and available

Receiving Patients

Expectations

This is inclusive of similar types of care facilities and other types or providers.

Patient disposition expectations when receiving patients includes:

- **Walk-ins and 911**: Information may not be readily available, but standard intake procedures should be followed, including collection of medical history and primary complaint
- **All Patients:** medical record, current diagnosis/COVID-19 status, plan of care and reason for the transfer, and patients' level of functional independence
- **Coming from Another Treatment Center:** medical record, current diagnosis/COVID-19 status, plan of care and reason for the transfer

COVID-19 Special Accommodations:

- To receive a COVID-19 positive transfer patient there must be bed capacity, room in the proper patient cohorting area and all clinical information must be provided
- Follow standard precautions protocols
- All received patients must generally be quarantined upon receipt unless the patient has a confirmed negative COVID-19 test from the sending facility
- Any patients arriving via walk-in or 911 will be provided treatment, and quarantine/infection control measures will be followed per facility protocol

COVID-19/Flu Screening Policy:

- Generally, all staff and patients will be tested or screened upon entry per facility/local/state policy
- Visitors are at the discretion of the facility
- A negative test is not required prior to patient receipt unless requested during report or other transfer discussion
- Patients will be quarantined unless patient has a confirmed negative COVID-19 test from sending facility

Checklist

- ☐ For walk-in and 911 patients, follow standard intake procedures
- ☐ To accept receipt of a transfer patient, the receiving center must, at a minimum, have the following information:
  - ☐ Communication with the sending facility
  - ☐ A full complement of the patient's clinical documentation, including COVID-19 status
  - ☐ Acceptance of report

- ☐ Adequate resources and equipment to properly care for the patient
- ☐ Follow quarantine and other infection control measures for all received patients, including walk-in and 911 patients per facility protocol, unless confirmed negative COVID-19 test from the sending facility (or completed at the hospital)
- ☐ Screen all staff and patients upon entry

Equipment/Resource Sharing

Expectations

Note: *This section does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care.*

Equipment tracking process:

- Equipment is not expected to be shared unless vital to patient care during transport and equipment is not otherwise available to ensure safe transport
- If equipment is transferred with patient, it is tracked by the BioMed team

Checklist

- ☐ If any equipment leaves the facility, track the following information
  - ☐ Date
  - ☐ Type of equipment
  - ☐ Make
  - ☐ Model
  - ☐ Serial Number
  - ☐ Patient assigned to equipment
  - ☐ Sending facility
  - ☐ Receiving facility

Supplies

Expectations

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Health system corporate purchasing groups/internal supply redistribution
2. Stockpile development
3. Local contracts with vendors
4. MOUs/MOAs with coalition partners or other facilities
5. Reliance on County as last resort

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

- ☐ Resources needed for care provision include, but is not limited to:
  - ☐ PPE
    - ☐ Gowns
    - ☐ Gloves
    - ☐ Eye protection
    - ☐ Masks
  - ☐ Lab access to process testing
  - ☐ COVID-19/Flu testing kits
  - ☐ Cleaning and disinfectant supplies
  - ☐ Clinical resources
  - ☐ Therapeutics

Collaboration

Expectations

Work with partner hospitals and other patient care partners to meet patient care and facility needs.

Checklist

- ☐ Join recurring coalition communications and planning calls.
- ☐ Redistribution of patients that aligns with most appropriate care (children to pediatric centers, etc.).

Repatriation

This action may take place after the County plan has been deactivated, so facilities will need to develop their own plans for this process.

Expectations

Repatriation of patients should be prioritized for situations where both the facility and patient are ready to be re-introduced to their original care location to resume long-term care. Note that this is different than transfers of patients to meet real-time clinical needs. That is addressed by strategies for patient management.

If support is needed for repatriation, facilities should continue to work with their stakeholder and community partners to facilitate the process. Facilities are encouraged but not required to work with the County and provide regular situational updates.

Repatriation efforts and planning should include activities listed in the “Checklist” section below.

Checklist

- ☐ Confirm that facility is adequately prepared to repatriate patients
- ☐ Notify other care locations where patients were sent that facility is ready to initiate repatriation
- ☐ Notify care location of any known patients that need to be repatriated
  - ☐ Confirm patients at facility are ready to be repatriated
- ☐ Track patient belongings (especially ambulatory devices such as walkers and wheelchairs)
- ☐ Family notification for location and tracking of patients

Appendix B: Skilled Nursing Facilities Expectations

Orange County COVID-19/Flu Surge Plan
Appendix B: Skilled Nursing Facilities Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Skilled Nursing Facilities (SNF) and Long-Term Care Facilities (LTCF) with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, following by leveraging existing relationships with other providers prior to reaching out to the County

Per the All Facilities Letter (AFL), SNFs should be prepared to provide care safely without putting existing residents at risk during the COVID-19 Pandemic. These letters should be referenced for the most recent guidance for dealing with the COVID-19 Pandemic. Where there is conflicting guidance between the SNF AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Notify County and partner facilities and agencies of Surge Plan activation.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

To receive notification of County activation and ongoing requests, expect messaging via e-mail and/or ReddiNet.

- Be prepared to provide capacity information organized by red/yellow/green zones via e-mail, ReddiNet, and/or SitStat

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities of plan activation and seek assistance with patient surge needs
- ☐ Notify County upon activation of facility Surge Plan
- ☐ Notify the EMS Duty Officer to request county COVID-19/flu surge plan activation prior to exhausting other options
- ☐ Be prepared to provide capacity information organized by red/yellow/green zones
- ☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients Onsite/Mitigating Strategies

To consider prior to patient transport/transfer

Expectations

Strategies should be considered prior to patient movement to maintain standards of care and continuity of operations. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed, and should be considered concurrently, not only individually or sequentially.

These strategies should also be considered as patient safety and continuity of care is easier to manage onsite rather than subject them to the uncertain environments that occur when moving patients.

Checklist

Strategies to consider are listed below (no specific order):

- ☐ Cohort patients
- ☐ Discharge low acuity patients
- ☐ Increase staffing
- ☐ Increase bed capacity
- ☐ Non-traditional care locations
- ☐ Waivers
- ☐ Revise protocols to expand clinical criteria for maintaining, sending, and receiving patients
- ☐ ***Post-transfer*** if still managing surge events, consider crisis standards of care as required

Patient Transfer Information

Expectations

Patients with COVID-19 may be subject to a different set of expectations and are covered in a separate portion of this document.

Patient Transfer:

- Any patient experiencing symptoms should receive combined COVID-19/Influenza test
- **Lower Acuity Patients:** Transfers will be sent to other SNFs or non-traditional care locations/lower levels of support. Hospitals will be used at MD discretion as needed
- **High Acuity Patients:** Transfers will be sent to acute care facilities/hospitals

Patient Tracking:

- Patient tracking is done in alignment with facility procedures
- Report is made between providers; reports are typically between providers of the same level
- Transportation of patient is completed through emergency medical transport and/or non-911 ambulance support as appropriate (alternate transportation means for low acuity patients may be necessary)

Checklist

- ☐ Give any patient experiencing symptoms a combined COVID-19/Influenza test
- ☐ Prioritize high acuity patients for sending to hospitals (at discretion of medical providers)
- ☐ Identify and prepare lower acuity patients for sending to appropriate care facilities (at discretion of medical providers)
- ☐ Notifications between sending/receiving facility (see sections below)
- ☐ Request emergency medical transport and/or non-911 ambulance support

Sending Patients

Before sending any patients out of the facility, be sure there is a process in place to notify family members of any patient moves.

Expectations

This is inclusive of similar types of care facilities and other types or providers.

When decompressing patients to any type of care facility, this is the order of preference that will be used for determining where to send patients.

1. Clinical adequacy to meeting patient need
2. Existing MOU/MOA
3. Personal relationships/patient family requests

When sending resources to receiving centers, note the following:

- There is no standard equipment list SNFs will be required to provide patients when sending to other facilities
- Only equipment sent will be specific to patient need
- Medication sent with patients is based on receiving facility, medication availability, and insurance coverage
- An isolated care location at receiving location must be identified and available

Special COVID-19 considerations include:

- Priority for symptomatic patients would be to isolate internally and have MD direct care to most appropriate facility

Checklist

☐ Notify transportation provider and receiving facility of any positive COVID-19 or influenza diagnoses
☐ Make clinical report/transfer information between medical providers
☐ Gather information and resources to send with patient. This may include, but is not limited to:

- ☐ Medical records/Care Summary/Face Sheet
- ☐ Medication
- ☐ Medical equipment as necessary
- ☐ Personal belongings (clothes, ambulatory devices, comfort items)
- ☐ Advance directives
- ☐ Legal documents

☐ Notify family of move
☐ When moving a COVID-19 patient:

- ☐ Patients must have a mask
- ☐ Staff must be equipped with PPE when receiving patient
- ☐ An isolated care location is identified and available

Receiving Patients

Expectations

This is inclusive of similar types of care facilities and other types or providers.

Patient disposition expectations when receiving patients includes:

- **All Patients:** medical record, current diagnosis/COVID-19 status and patients' level of functional independence
- **Coming from Another Treatment Center:** medical record, current diagnosis/COVID-19 status, plan of care and reason for the transfer

COVID-19 Special Accommodations

- To receive a COVID-19 positive patient there must be bed capacity, room in the “Red Zone” and all clinical information must be provided
- All received patients must generally be quarantined upon receipt regardless of testing

Note: *Not all SNFs have the capacity to accept COVID-19 positive patients.*

COVID-19/Flu Screening Policy:

- Generally, all staff and patients will be tested or screened upon entry (though not required at a county level)
- Visitors are at the discretion of the facility
- A negative test is not required prior to patient receipt
  - Multiple locations have internal requirements that a test be completed prior to transfer
  - Discuss requirement with individual facilities

Checklist

☐ To accept receipt of a patient, the receiving center must at a minimum have the following information:

- ☐ Communication with the sending facility
- ☐ A full complement of the patient’s clinical documentation, including COVID-19 status
- ☐ Acceptance of report
- ☐ Adequate resources and equipment to properly care for the patient

☐ Quarantine all received patients regardless of testing

☐ Screen all staff and patients upon entry

Equipment/Resource Sharing

Expectations

Note: *This does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care.*

Equipment tracking process

- Equipment is not expected to be shared.
- If equipment is transferred with patient, it is logged in alignment with facility procedures.

Checklist

☐ If any equipment leaves the facility, track the following information

- ☐ Date
- ☐ Type of equipment
- ☐ Make
- ☐ Model
- ☐ Serial Number
- ☐ Patient assigned to equipment
- ☐ Sending facility
- ☐ Receiving facility

Supplies

Expectations

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Existing supply chain/suppliers/procurement
2. MOUs/MOAs with coalition partners or other facilities
3. County

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

☐ Resources needed for care provision include, but is not limited to:

- ☐ Personal Protective Equipment (PPE)
  - ☐ Gowns
  - ☐ Gloves
  - ☐ Eye protection
  - ☐ Masks
- ☐ Lab access to process testing
- ☐ COVID-19/Flu testing kits
- ☐ Cleaning and disinfectant supplies
- ☐ Clinical resources
- ☐ Therapeutics

Collaboration

Expectations

Work with partner SNFs/LTCFs and other coalition partners to meet patient care and facility needs.

Checklist

- ☐ Join recurring coalition communications and planning calls

Repatriation

This action may take place after the County plan has been deactivated, so facilities will need to develop their own plans for this process

Expectations

Repatriation of patients should be prioritized for situations where both the facility and patient are ready to be re-introduced to their original care location. This process should only be initiated when it is safe for the patient and the facility has adequate resources to continue providing care in a safe environment.

If support is needed for repatriation, facilities should continue to work with their stakeholder and community partners to facilitate the process. Facilities are encouraged but not required to work with the County and provide regular situational updates.

Repatriation efforts and planning should include activities listed in the “Checklist” section below.

Checklist

- ☐ Confirm that facility is adequately prepared to repatriate patients.
- ☐ Notify other care locations where patients were sent that facility is ready to initiate repatriation.
- ☐ Notify care location of any known patients that need to be repatriated.
    - ☐ Confirm patients at facility are ready to be repatriated.
- ☐ Track patient belongings (especially ambulatory devices such as walkers and wheelchairs).
- ☐ Family notification for location and tracking of patients.

Appendix C: Dialysis Center Expectations

Orange County COVID-19/Flu Surge Plan
Appendix C: Dialysis Center Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Dialysis Center Health with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, followed by leveraging existing relationships with other providers prior to reaching out to the County.

CDPH is actively publishing All Facilities Letters (AFLs). These AFLs provide important updates to guidance and expectations for Dialysis Centers and other care providers. Where there is conflicting guidance between a Dialysis AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Contact the County when there is expected difficulty in meeting patient needs.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities of patient surge needs or ability to increase capacity
- ☐ Notify County of facility surge or ability to increase capacity
- ☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients /Mitigating Strategies

To consider for protecting the integrity of the County Hospital System

Expectations

Strategies should be considered to protect healthcare infrastructure across Orange County and relieve pressure on Hospitals specifically. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed and should be considered concurrently.

Checklist

Strategies to consider are listed below (no specific order):

- ☐ Screen and cohort patients
- ☐ Increase treatment capacity and staffing
  - ☐ Cross-train staff or allow staff to work across sites
  - ☐ Partner with hospitals and support services to utilize additional equipment and staffing for outpatient dialysis
- ☐ Expand clinical criteria for determining which patients can receive care at Dialysis Centers
- ☐ Confirmation of staff/visitor policies

Equipment/Resource Sharing

Expectations

Note: This section does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care.

Equipment tracking process

- Equipment is not expected to be shared
- If equipment is transferred, it is tracked per facility protocols
- Equipment that is transferred is cleaned following internal guidelines

Checklist

- ☐ If any equipment leaves the facility, track the following information
  - ☐ Date
  - ☐ Type of equipment
  - ☐ Make
  - ☐ Model
  - ☐ Serial Number
  - ☐ Sending facility
  - ☐ Receiving facility

Supplies

Expectations

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Health system corporate purchasing groups (if applicable)
2. Local contracts with vendors
3. Stockpile development
4. MOUs/MOAs
5. Reliance on County as last resort

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

- ☐ Resources needed for care provision include, but is not limited to:
  - ☐ Personal Protective Equipment (PPE)
    - ☐ Gowns
    - ☐ Gloves
    - ☐ Eye protection
    - ☐ Masks
  - ☐ Cleaning and disinfectant supplies
  - ☐ Clinical resources
  - ☐ Therapeutics

Collaboration

Expectations

Work with partner Dialysis Center service providers and other patient care partners to meet patient care and facility needs.

Checklist

- ☐ Join recurring coalition communications and planning calls.

Appendix D: Pediatrics Hospital Expectations

Orange County COVID-19/Flu Surge Plan
Appendix D: Pediatrics Hospital Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Pediatrics with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, followed by leveraging existing relationships with other providers prior to reaching out to the County.

CDPH is actively publishing All Facilities Letters (AFLs). These AFLs provide important updates to guidance and expectations for Pediatrics centers and other care providers. Where there is conflicting guidance between a Pediatrics AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Notify County and partner facilities and agencies of Surge Plan activation.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

To receive notification of County activation and ongoing requests, expect messaging via e-mail and/or ReddiNet.

- Be prepared to provide capacity information organized by demographic and clinical information

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities of plan activation and seek assistance with patient surge needs
- ☐ Notify County upon activation of facility Surge Plan
- ☐ Be prepared to provide capacity information organized by demographic information (for example: gender, age, COVID-19 positive, special considerations needed)
- ☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients Onsite/Mitigating Strategies

To consider prior to patient transport/transfer

Expectations

Strategies should be considered prior to patient movement to maintain standards of care and continuity of operations. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed and should be considered concurrently.

These strategies should also be considered as patient safety and continuity of care is easier to manage onsite rather than subject patients to the uncertain environments that occur when moving them.

Note that the severity of patient illnesses will continue to vary over the course of care. It will be necessary to continually identify intra and inter-facility locations where the patient will receive the most appropriate care for the severity of illness. This may result in sending or receiving patients that had previously received care at the hospital. This would not be considered repatriation; it would be a transfer to support the patient need.

Checklist

Strategies to consider are listed below (no specific order):

- ☐ Cohort patients
- ☐ Discharge low acuity patients
- ☐ Revise protocols to expand clinical criteria for sending, receiving, or discharging patients (for example, supporting adult patients at pediatric facilities)
- ☐ Increase staffing
- ☐ Increase bed capacity
- ☐ Non-traditional care locations
- ☐ Waivers
- ☐ Expand telehealth service offerings
- ☐ Identify the appropriate level and location of care for patients, including returning the patient to a previous care location based on improvement or decompensation

☐ ***Post-transfer*** if still managing surge events, consider crisis care strategies as required

Patient Transfer Information

Expectations

Patients with COVID-19 may be subject to a different set of expectations and are covered in a separate portion of this document.

Patient Transfer:

- Give any patient a combined COVID-19/Influenza test as required
- **Lower Acuity Patients:** Discharge to home with monitoring or additional instruction for parents/guardians
- **High Acuity Patients:** Transfers of high acuity patients outside of pediatric facilities is not recommended unless there are specific non-COVID-19 clinical care needs that the facility cannot support.

Patient Tracking:

- Patient tracking is done in alignment with facility procedures
- Report is made between providers; reports are typically between providers of the same level.
- Transportation of patient is completed through emergency medical transport and/or non-911 ambulance support as appropriate (alternate transportation means for low acuity patients may be necessary).

In consultation and coordination with the County, consider working with the pediatric coalitions outside of Orange County to address additional transfer needs and identifying the potential sending or receiving locations. Relationships exist with Los Angeles County.

Checklist

☐ Give any patient a combined COVID-19/Influenza test as required

☐ Identify and prepare lower acuity patients for sending to appropriate care facilities (at discretion of medical providers)

☐ Notify sending/receiving facility (see sections below)

☐ Request emergency medical transport and/or non-911 ambulance support

Sending Patients

Before sending any patients out of the facility, be sure there is a process in place to work with parents/guardians regarding any patient moves.

Expectations

This is inclusive of similar types of care facilities and other types or providers.

When decompressing patients to any type of care facility, this is the order of preference that will be used for determining where to send patients

1. Expanded internal space or surge facilities

2. Clinical adequacy to meeting patient need
3. Existing MOU/MOA
4. Personal relationships/patient family requests

When sending resources to receiving centers, note the following:

- There are no standard equipment list hospitals will be required to provide patients when sending to other facilities
- Only equipment sent will be specific to patient need
- Medication sent with patients is based on receiving facility, medication availability, and insurance coverage
- An isolated care location at receiving location must be identified and available
- A care location that can support the patient's pediatric needs should be prioritized where available

Special COVID-19 considerations include:

- Patients are tested upon admissions
- Patients may be tested prior to sending based upon illness
- Consider having parents/guardians tested so they can accompany patients

Checklist

- ☐ Notify receiving facility of any positive COVID-19 diagnoses
- ☐ Make clinical report/transfer information between medical providers
- ☐ Gather information and resources to send with patient. This may include, but is not limited to:
  - ☐ Medical records
  - ☐ Medication, as necessary to support transfer
  - ☐ Medical equipment, as necessary and vital to patient care
  - ☐ Personal belongings (clothes, ambulatory devices, comfort items)
  - ☐ Advance directives
  - ☐ Legal documents
  - ☐ Parent/guardian information and family contact information
- ☐ Work with family on patient movement
- ☐ When moving a COVID-19 patient:
  - ☐ Patients must have a mask
  - ☐ Staff must be equipped with PPE when receiving patient
  - ☐ An isolated care location is identified and available
  - ☐ Confirmation on parent/visitor policy

Receiving Patients

Expectations

This is inclusive of similar types of care facilities and other types or providers.

Patient disposition expectations when receiving patients includes:

- **Walk-ins and 911**: Information may not be readily available, but standard intake procedures should be followed, including collection of medical history and primary complaint
- **All Patients:** Current illness, age, sex, brief medical history
- **Coming from Another Treatment Center:** Current illness, age, sex, brief history

COVID-19 Special Accommodations

- To receive a COVID-19 positive patient there must be bed capacity, room in the proper patient cohorting area/zone of the facility and all clinical information must be provided
- Follow standard precautions protocols
- All received patients must generally be quarantined upon receipt unless the patient has a confirmed negative COVID-19 test from the sending facility
- Consider the need to accommodate parents/guardians in addition to the patient
- Any patients arriving via walk-in or 911 will be provided treatment, and quarantine/infection control measures will be followed per facility protocol

COVID-19/Flu Screening Policy

- Generally, all staff and patients will be tested or screened upon entry per facility/local/state policy
- Visitors are at the discretion of the facility
- A negative test is not required prior to patient receipt unless requested during report or other transfer discussion
- Patients will be quarantined unless patient has a confirmed negative COVID-19 test from sending facility

Checklist

☐ To accept receipt of a patient, the receiving center must, at a minimum, have the following information:

- ☐ Communication with the sending facility
- ☐ A full complement of the patient's clinical documentation, including COVID-19 status
- ☐ Patient is stable
- ☐ Acceptance of report
- ☐ Adequate resources and equipment to properly care for the patient

☐ Follow quarantine and other infection control measures for all received patients, including walk-in and 911 patients per facility protocol, unless confirmed negative COVID-19 test from the sending facility

☐ Screen all staff, patients, and parents/guardians upon entry

Equipment/Resource Sharing

Expectations

Note: *This section does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care.*

Equipment tracking process

- Equipment is not expected to be shared unless vital to patient care during transport and equipment is not otherwise available to ensure safe transport
- Clinical and non-clinical equipment tracked and cleaned per facility protocols

Checklist

☐ If any equipment leaves the facility, track the following information

- ☐ Date
- ☐ Type of equipment
- ☐ Make
- ☐ Model
- ☐ Serial Number
- ☐ Patient assigned to equipment
- ☐ Sending facility
- ☐ Receiving facility

Supplies

Expectations

This section lists basic expectations for supply sharing.

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Health system corporate purchasing groups/internal supply redistribution
2. Stockpile development
3. Local contracts with vendors
4. MOUs/MOAs with coalition partners or other facilities
5. Reliance on County as last resort

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

- ☐ Resources needed for care provision include, but is not limited to:
  - ☐ Personal Protective Equipment (PPE)
    - ☐ Gowns
    - ☐ Gloves
    - ☐ Eye protection
    - ☐ Masks
  - ☐ Lab access to process testing
  - ☐ COVID-19/Flu testing kits
  - ☐ Cleaning and disinfectant supplies
  - ☐ Clinical resources
  - ☐ Therapeutics

Collaboration

Expectations

Work with partner hospitals and other patient care partners to meet patient care and facility needs.

In consultation and coordination with the County, work with Disaster Resource Center and HPP Contract with Los Angeles County to meet patient care and facility needs.

Checklist

- ☐ Join recurring coalition communications and planning calls
- ☐ Sharing of PPE across networks
- ☐ Sharing of PPE across other facilities in the County (initiated through hospital coalition)
- ☐ Redistribution of patients that aligns with most appropriate care (children to pediatric centers, etc.)

Repatriation

This action may take place after the County plan has been deactivated, so facilities will need to develop their own plans for this process

Expectations

Repatriation of patients should be prioritized for situations where both the facility and patient are ready to be re-introduced to their original care location to resume long-term care. Note that this is different than transfers of patients to meet real-time clinical needs. That is addressed by strategies for patient management.

If support is needed for repatriation, facilities should continue to work with their stakeholder and community partners to facilitate the process. Facilities are

encouraged but not required to work with the County and provide regular situational updates.

Repatriation efforts and planning should include activities listed in the “Checklist” section below.

Checklist

- ☐ Confirm that facility is adequately prepared to repatriate patients
- ☐ Notify other care locations where patients were sent that facility is ready to initiate repatriation
- ☐ Notify care location of any known patients that need to be repatriated
  - ☐ Confirm patients at facility are ready to be repatriated
- ☐ Track patient belongings (especially ambulatory devices such as walkers and wheelchairs)
- ☐ Family notification for location and tracking of patients

Appendix E: Federally Qualified Health Center Expectations

Orange County COVID-19/Flu Surge Plan
Appendix E: Federally Qualified Health Center Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Federally Qualified Health Center (FQHC) facilities with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, followed by leveraging existing relationships with other providers prior to reaching out to the County.

CDPH is actively publishing All Facilities Letters (AFLs). These AFLs provide important updates to guidance and expectations for FQHCs and other care providers. Where there is conflicting guidance between an FQHC AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Notify County and partner facilities and agencies of patient surge.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

To receive notification of County activation, expect messaging via e-mail and/or ReddiNet.

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities of patient surge needs
- ☐ Notify County of facility surge

☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients /Mitigating Strategies

To consider for protecting the integrity of the County Hospital System

Expectations

Strategies should be considered to provide to protect healthcare infrastructure across Orange County and relieve pressure on Hospitals specifically. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed and should be considered concurrently.

Checklist

Strategies to consider are listed below (no specific order):

☐ Expand of clinical criteria for determining when to release patients home versus sending to a hospital
  ☐ Admit or refer patients to hospital or appropriate care location based on severity of illness

☐ Increase staffing

☐ Provide testing or other diagnostic support for hospitals

☐ Advertise clinical service offerings for community as an alternative for Emergency Departments

☐ Provide telehealth options

Patient Movement Information

Expectations

Patients with COVID-19 may be subject to a different set of expectations and are covered in a separate portion of this document.

Patient Transfer:

- **Lower Acuity Patients:** Release home or other care as appropriate for the patient
- **High Acuity Patients:** Transfer to Hospital Emergency Department

Patient Tracking:

- Patient movement is done in alignment with facility procedures
- Report to take place between care providers per facility procedures
- Transportation of patient to other clinical care site is completed through emergency medical transport and/or non-911 ambulance support as appropriate (alternate transportation means for low acuity patients may be necessary)

Checklist

☐ Provide written medical summary to patient being moved to hospital or sent home

☐ Give any patient a combined COVID-19/Influenza test as required, if available at facility

- ☐ If test in not available, provide information regarding symptoms to next point of care
- ☐ High acuity patients sent to hospital
- ☐ Request emergency medical transport and/or non-911 ambulance support

Sending Patients

Before sending any patients to another clinical care location, be sure there is a process in place for offering family member notification.

Expectations

This is inclusive of similar types of care facilities and other types or providers.

When decompressing patients to any type of care facility, this is the order of preference that will be used for determining where to send patients.

1. Clinical adequacy to meeting patient need
    a. Sent home for follow-up for lower acuity patients
    b. Emergency Department for high acuity patients
2. Existing MOU/MOA/Admitting privileges
3. Patient or family request

When sending resources to receiving centers, note the following:

- Meet patient needs at time of transfer
- No equipment or medication are intended to be sent with patient, except medications patient may have brought with him/her

Checklist

- ☐ Notify receiving facility of any positive COVID-19 diagnoses
- ☐ Make clinical report/transfer information between medical providers
- ☐ Gather information and resources to send with patient. This may include, but is not limited to:
    - ☐ Medical records
    - ☐ Medication, as necessary to support transfer
    - ☐ Medical equipment, as necessary and vital to patient care
    - ☐ Personal belongings (clothes, ambulatory devices, comfort items)
    - ☐ Advance directives
    - ☐ Legal documents
- ☐ Notify family of move
- ☐ When moving a COVID-19 patient:
    - ☐ Patients must have a mask
    - ☐ Staff must be equipped with PPE when receiving patient
    - ☐ An isolated care location is identified and available

Equipment/Resource Sharing

Expectations

Note: *This section does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care.*

Equipment tracking process

- Equipment is not expected to be shared
- Wheelchairs are used to transport, returned and cleaned
- Clinical and non-clinical equipment is cleaned per protocol prior to returning to use

Checklist

☐ If any equipment leaves the facility, track the following information

- ☐ Date
- ☐ Type of equipment
- ☐ Make
- ☐ Model
- ☐ Serial Number
- ☐ Patient assigned to equipment
- ☐ Sending facility
- ☐ Receiving facility

Supplies

Expectations

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Health system corporate purchasing groups (if applicable)
2. Local contracts with vendors
3. Stockpile development
4. Reliance on County as last resort

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

☐ Resources needed for care provision include, but is not limited to:

- ☐ Personal Protective Equipment (PPE)
  - ☐ Gowns
  - ☐ Gloves
  - ☐ Eye protection
  - ☐ Masks

- ☐ Lab access to process testing
- ☐ COVID-19/Flu testing kits
- ☐ Cleaning and disinfectant supplies
- ☐ Clinical resources
- ☐ Therapeutics

Collaboration

Expectations

Work with partner hospitals and other patient care partners to meet patient care and facility needs.

Checklist

- ☐ Join recurring coalition communications and planning calls

Appendix F: Behavioral Health Expectations

Orange County COVID-19/Flu Surge Plan
Appendix F: Behavioral Health Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Behavioral Health facilities with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, followed by leveraging existing relationships with other providers prior to reaching out to the County.

CDPH is actively publishing All Facilities Letters (AFLs). These AFLs provide important updates to guidance and expectations for Behavioral Health centers and other care providers. Where there is conflicting guidance between a Behavioral Health AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Notify County and partner facilities and agencies of Surge Plan activation.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

To receive notification of County activation and ongoing requests, expect messaging via e-mail and/or ReddiNet.

- Be prepared to provide capacity information organized by demographic and clinical information

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities assistance needed with patient surge needs
- ☐ Notify County of assistance needed with patient surge needs
- ☐ Be prepared to provide capacity information organized by demographic information (for example: gender, age, COVID-19+, special considerations needed)
- ☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients Onsite/Mitigating Strategies

To consider prior to patient transport/transfer

Expectations

Strategies should be considered prior to patient movement to maintain standards of care and continuity of operations. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed and should be considered concurrently.

These strategies should also be considered as patient safety and continuity of care is easier to manage onsite rather than subject patients to the uncertain environments that occur when moving them. This is especially important in behavioral health environments where changing environments and evolving conditions can prove especially stressful for the patient population.

Checklist

Strategies to consider are listed below (no specific order):

- ☐ Cohort patients, considering the following:
  - ☐ COVID-19 status
  - ☐ Elopement risk
  - ☐ Staffing ratio requirement
  - ☐ Level of stress changing environments would create
- ☐ Revise protocols to expand clinical criteria for sending, receiving, or discharging patients
- ☐ Alternate or non-traditional care locations (being mindful of ligature risks where appropriate)
- ☐ Expand telehealth service offerings

Patient Transfer Information

Expectations

Patients with COVID-19 may be subject to a different set of expectations and are covered in a separate portion of this document.

Patient Transfer:

- Give any patient a combined COVID-19/Influenza test as required

- Clinical needs should be prioritized, but behavioral health needs should be considered as part of the transfer process and receiving center determination
- **High Acuity Patients:** Transfers will be sent to acute care facilities/hospitals

Patient Tracking:

- Patient tracking is done in alignment with facility procedures
- Report is made between providers; reports are typically between providers of the same level
- Transportation of patient is completed through emergency medical transport and/or non-911 ambulance support (alternate transportation means for low acuity patients may be necessary)

Checklist

☐ Transfer through transfer center

☐ Give any patient experiencing symptoms a combined COVID-19/influenza test

☐ Prioritize clinical needs; high acuity patients for sending to acute care facilities/other hospitals (at discretion of medical providers)

- ☐ Consider behavioral health resources if available when transferring such as staffing ratio availability, specialized support, or ligature risk

☐ Notify sending/receiving facility (see sections below)

☐ Request emergency medical transport and/or non-911 ambulance support

Sending Patients

Before sending any patients out of the facility, be sure there is a process in place to notify family members of any patient moves.

Expectations

This is inclusive of similar types of care facilities and other types or providers.

When decompressing patients to any type of care facility, this is the order of preference that will be used for determining where to send patients.

1. Clinical adequacy to meeting patient need/ specialty care center
2. Existing MOU/MOA
3. Personal relationships/patient family requests

When sending resources to receiving centers, note the following:

- Medication sent with patients is based on receiving facility, medication availability, and insurance coverage
- An isolated care location at receiving location must be identified and available
- A care location that can support the patient's behavioral health needs should be prioritized where available

Special COVID-19 considerations include:

- If sending to another facility, patient would be tested prior to leaving hospital.

Checklist

- ☐ Notify receiving facility of any positive COVID-19 diagnoses
- ☐ Make clinical report/transfer information between medical providers
- ☐ Gather information and resources to send with patient. This may include, but is not limited to:
  - ☐ Medical records/unique behavioral considerations
  - ☐ Medication, as necessary to support transfer
  - ☐ Medical equipment, as necessary and vital to patient care
  - ☐ Personal belongings (clothes, ambulatory devices, comfort items)
  - ☐ Advance directives
  - ☐ Legal documents
- ☐ Notify family of move
- ☐ When moving a COVID-19 patient:
  - ☐ Patients must have a mask or other form of facial covering is a mask will not be accepted by the patient
  - ☐ Staff must be equipped with PPE when receiving patient
  - ☐ An isolated care location is identified and available

Receiving Patients

Expectations

This is inclusive of similar types of care facilities and other types or providers.

Patient disposition expectations when receiving patients includes:

- **All Patients:** Current status (medical record, current diagnosis/COVID-19 status, plan of care and reason for the transfer, and patients' level of functional independence)
- **Coming from Another Treatment Center:** Current status (medical record, current diagnosis/COVID-19 status, plan of care and reason for the transfer)

COVID-19 Special Accommodations

- To receive a COVID-19 positive patient there must be bed capacity, room in the proper patient cohorting area/zone of the facility and all clinical information must be provided
- Follow standard precautions protocols
- All received patients must generally be quarantined upon receipt unless the patient has a confirmed negative COVID-19 test from the sending facility
- Do not accept high acuity COVID-19 positive patients to psychiatry

COVID-19/Flu Screening Policy

- All visitors and patients will be tested or screened upon entry

- Patients will be quarantined unless patient has a confirmed negative COVID-19 test from sending facility

Checklist

☐ To accept receipt of a patient, the receiving center must, at a minimum, have the following information:
  - ☐ Communication with the sending facility
  - ☐ A full complement of the patient's clinical documentation, including COVID-19 status
  - ☐ Patient is stable
  - ☐ Acceptance of report
  - ☐ Adequate resources and equipment to properly care for the patient

☐ Quarantine all received patients unless confirmed negative COVID-19 test from the sending facility

☐ Screen all staff and patients upon entry

Equipment/Resource Sharing

Expectations

Note: This section does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care

Equipment tracking process

- Equipment is not expected to be shared unless vital to patient care during transport and equipment is not otherwise available to ensure safe transport
- If equipment is transferred with patient, it is tracked through supply distribution
- Clinical and non-clinical equipment is cleaned per facility protocols

Checklist

☐ If any equipment leaves the facility, track the following information
  - ☐ Date
  - ☐ Type of equipment
  - ☐ Make
  - ☐ Model
  - ☐ Serial Number
  - ☐ Patient assigned to equipment
  - ☐ Sending facility
  - ☐ Receiving facility

Supplies

Expectations

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Health system corporate purchasing groups/internal supply redistribution
2. Stockpile development
3. Local contracts with vendors
4. MOUs/MOAs
5. Reliance on County as last resort

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

- ☐ Resources needed for care provision include, but is not limited to:
  - ☐ Personal Protective Equipment (PPE)
    - ☐ Gowns
    - ☐ Gloves
    - ☐ Eye protection
    - ☐ Masks
  - ☐ Lab access to process testing
  - ☐ COVID-19/Flu testing kits
  - ☐ Cleaning and disinfectant supplies
  - ☐ Clinical resources
  - ☐ Therapeutics

Collaboration

Expectations

Work with partner hospitals and other patient care partners to meet patient care and facility needs.

Checklist

- ☐ Join recurring coalition communications and planning calls
- ☐ Redistribution of patients that aligns with most appropriate care

Repatriation

This action may take place after the County plan has been deactivated, so facilities will need to develop their own plans for this process

Expectations

Repatriation of patients should be prioritized for situations where both the facility and patient are ready to be re-introduced to their original care location. This process should only be initiated when it is safe for the patient and the facility has adequate resources to continue providing care in a safe environment.

If support is needed for repatriation, facilities should continue to work with their stakeholder and community partners to facilitate the process. Facilities are encouraged but not required to work with the County and provide regular situational updates.

Repatriation efforts and planning should include activities listed in the “Checklist” section below.

Checklist

- ☐ Confirm that facility is adequately prepared to repatriate patients
- ☐ Notify other care locations where patients were sent that facility is ready to initiate repatriation
- ☐ Notify care location of any known patients that need to be repatriated
  - ☐ Confirm patients at facility are ready to be repatriated
- ☐ Track patient belongings (especially ambulatory devices such as walkers and wheelchairs)
- ☐ Family notification for location and tracking of patients

Appendix G: Urgent Care Facilities Expectations

Orange County COVID-19/Flu Surge Plan
Appendix G: Urgent Care Facilities Expectations

Introduction

This appendix to the OCHCA COVID-19/Flu Surge Plan is meant to provide Urgent Care facilities with general response expectations when the plan is activated. This document is not meant to deviate from standard practices within facilities. It is meant to lay basic groundwork for easier facilitation of patient and resource movement during surge incidents.

The expectation is that you will exhaust internal resources first, followed by leveraging existing relationships with other providers prior to reaching out to the County.

CDPH is actively publishing All Facilities Letters (AFLs). These AFLs provide important updates to guidance and expectations for Urgent Care facilities and other care providers. Where there is conflicting guidance between an Urgent Care AFL and this document, the more stringent guidance should be followed.

Additional AFLs can be found on the CDPH Website.

How to use this document

In this appendix, there are "**expectations**" and "**checklist**" pieces to each section.

The "**expectations**" section is an explanation of response parameters. This provides baseline expectations for all facilities to align with when the County COVID-19/Flu Surge Plan is activated. These parameters drive uniformity in response and common operating planning.

The "**checklist**" section is a list of tactical actions that facilities can use to make sure they are taking the appropriate actions for the associated topic. The checklists are not meant to be comprehensive or a replacement for any internal support documents. They are intended to make sure priority or recommended actions are being taken.

Communications

Expectations

Notify County and partner facilities and agencies of patient surge.

To request activation of the OCHCA COVID-19/Flu Surge Plan, contact the EMS Duty Officer via e-mail or phone at 714-415-8980.

To receive notification of County activation, expect messaging via e-mail and/or ReddiNet.

Update the County regularly via e-mail, ReddiNet and/or SitStat.

Checklist

- ☐ Notify partner facilities of patient surge needs
- ☐ Notify County of facility surge

☐ Update the County regularly via e-mail, ReddiNet and/or SitStat

Management of Patients /Mitigating Strategies

To consider for protecting the integrity of the County Hospital System

Expectations

Strategies should be considered to provide to protect healthcare infrastructure across Orange County and relieve pressure on Hospitals specifically. These strategies are laid out in the checklist below. There is no specific or recommended order to strategies that can be deployed and should be considered concurrently.

Checklist

Strategies to consider are listed below (no specific order):

- ☐ Expand of clinical criteria for determining when to release patients' home versus sending to a hospital
  - ☐ Admit or refer patients to hospital or appropriate care location based on severity of illness
- ☐ Increase staffing
- ☐ Provide testing or other diagnostic support for hospitals
- ☐ Advertise clinical service offerings for community as an alternative for Emergency Departments
- ☐ Provide telehealth options

Patient Movement Information

Expectations

Patients with COVID-19 may be subject to a different set of expectations and are covered in a separate portion of this document.

Patient Movement:

- **Lower Acuity Patients:** Release to Primary Care Physician (PCP) or home
- **High Acuity Patients:** Transfer to Hospital Emergency Department

Patient Tracking:

- Patient movement is done in alignment with facility procedures
- Report to take place between care providers per facility procedures
- Transportation of patient to other clinical care site is completed through emergency medical transport and/or non-911 ambulance support as appropriate (alternate transportation means for low acuity patients may be necessary).

Checklist

- ☐ Provide written medical summary to patient being moved to hospital or referral to PCP or sent home
- ☐ Give any patient a combined COVID-19/Influenza test as required, if available at facility
  - ☐ If test is not available, provide information regarding symptoms to next point of care
- ☐ High acuity patients sent to hospital
- ☐ Request emergency medical transport and/or non-911 ambulance support

Sending Patients

Before sending any patients to another clinical care location, be sure there is a process in place for offering family member notification.

Expectations

This is inclusive of similar types of care facilities and other types or providers.

When sending patients to any type of care facility, this is the order of preference that will be used for determining where to send patients

1. Clinical adequacy to meeting patient need
   a. PCP/sent home for follow-up for lower acuity patients
   b. Emergency Department for high acuity patients
   c. Existing MOU/MOA/Admitting privileges
2. Patient or family request

When sending resources to receiving centers, note the following:

- Meet patient needs at time of transfer
- No equipment or medication are intended to be sent with patient, except medications patient may have brought with him/her

Checklist

- ☐ If sending patient home, remaining checklist is not applicable
- ☐ Notify receiving facility of any positive COVID-19 diagnoses or symptoms
- ☐ Make clinical report/transfer information between medical providers
- ☐ Gather information and resources to send with patient. This may include, but is not limited to:
  - ☐ Medical record.
  - ☐ Medication, only patient provided
  - ☐ Medical equipment, as provided by transport and vital to patient care
  - ☐ Personal belongings (clothes, ambulatory devices, comfort items)
- ☐ When moving a COVID-19 patient:

- ☐ Patients must have a mask
- ☐ Staff must be equipped with PPE when receiving patient
- ☐ An isolated care location is identified and available

Equipment/Resource Sharing

Expectations

Note: *This section does not require facilities to send equipment out from the facility. Sharing resources is voluntary. At no time will you be expected to share resources that would impact your ability to provide ongoing care.*

Equipment tracking process:

- Equipment is not expected to be shared unless vital to patient care during transport and equipment is not otherwise available to ensure safe transport

Checklist

- ☐ If any equipment leaves the facility, track the following information:
  - ☐ Date
  - ☐ Type of equipment
  - ☐ Make
  - ☐ Model
  - ☐ Serial Number
  - ☐ Sending facility
  - ☐ Receiving facility

Supplies

Expectations

Supply chain process in place to continue getting resources, or in the event of a supply chain disruption include (in priority order):

1. Health system corporate purchasing groups (if applicable)
2. Local contracts with vendors
3. Stockpile development
4. Reliance on County as last resort

If supply chain becomes unsustainable, consider transferring patients to another facility.

Checklist

Resources needed for care provision include, but is not limited to:

- ☐ Personal Protective Equipment (PPE)
  - ☐ Gowns
  - ☐ Gloves

- ☐ Eye protection
- ☐ Masks

☐ Lab access to process testing

☐ COVID-19/Flu testing kits

☐ Cleaning and disinfectant supplies

☐ Clinical resources

☐ Therapeutics

Collaboration

Expectations

Work with partner urgent care centers to meet patient care and facility needs.

Checklist

☐ Join recurring coalition communications and planning calls

Appendix H: Acronyms and Definitions

Acronym	Term
AAR	After Action Report
AFL	All Facilities Letters
CDC	Center for Disease Control
CDPH	California Department of Public Health
DOC	Department Operations Center
DRC	Disaster Resource Center
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOP	Emergency Operations Plan
FQHC	Federally Qualified Health Center
HAvBED	The Hospital Available Beds for Emergencies and Disasters (HAvBED) System is a real-time electronic system that tracks the numbers of beds available at hospitals in California. HAvBED information will be utilized in a medical surge event to assist in determining availability of suitable beds for patients.
HCCOC	The Health Care Coalition of Orange County
HHS ASPR TRACIE	Health and Human Services Assistant Secretary for Preparedness and Response - Technical Resources, Assistance Center, and Information Exchange. Also commonly referred to as “ASPR TRACIE.”
ICS	Incident Command System
ICU	Intensive Care Unit
MHOAC	Medical Health Operational Area Coordinator
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
OCEMS	Orange County Emergency Medical Services
OCHCA	Orange County Health Care Agency
PPE	Personal Protective Equipment
SEMS	Standard Emergency Management System
SNF	Skilled Nursing Facility
TRAIN	Triage by Resource Allocation for IN-patient
WHO	World Health Organization

Appendix I: COVID-19/Flu Surge Response Process

1 - Indication of a Potential Surge

See sections three (3) "Planning Scenarios" and four (4) "Planning and Mitigation"

2 - Activation of Facility Surge Plans

3 - Facility Implementation of Strategies to Mitigate Surge for High Acuity Patients

See section five (5) "Strategies to Mitigate Surge for High Acuity Patients"

4 - Escalation of Facility Needs to External Organizations and HCCOC/OCHA

See section five (5) "Incident Recognition and Escalation"

5 - Implement HCCOC-wide COVID-19/Flu Surge Response

See appendices A-G for stakeholder expectations

6 - Monitor/Evaluate Surge Response

7 - Demobilization and Recovery