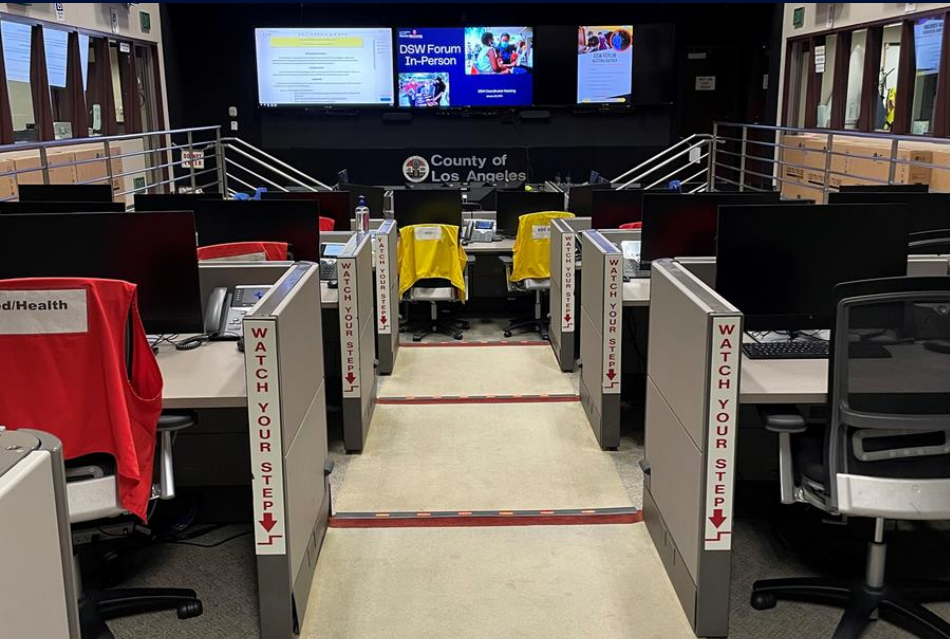# DSW Program Overview

OVMC Leadership Training

September 23, 2024

DSW Program Overview

→ Policy Summary
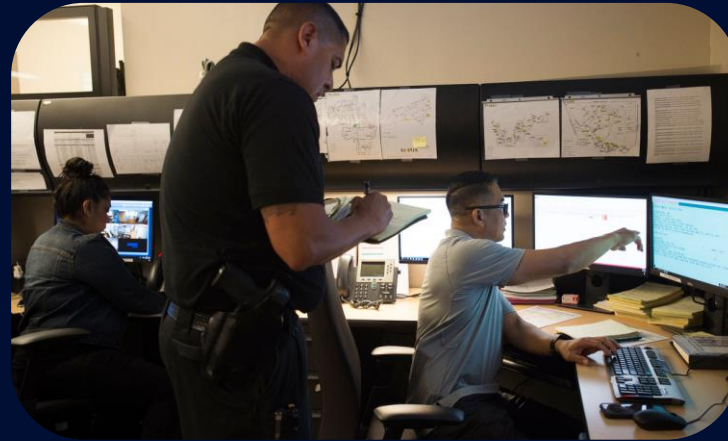
→ New DSW Training Video
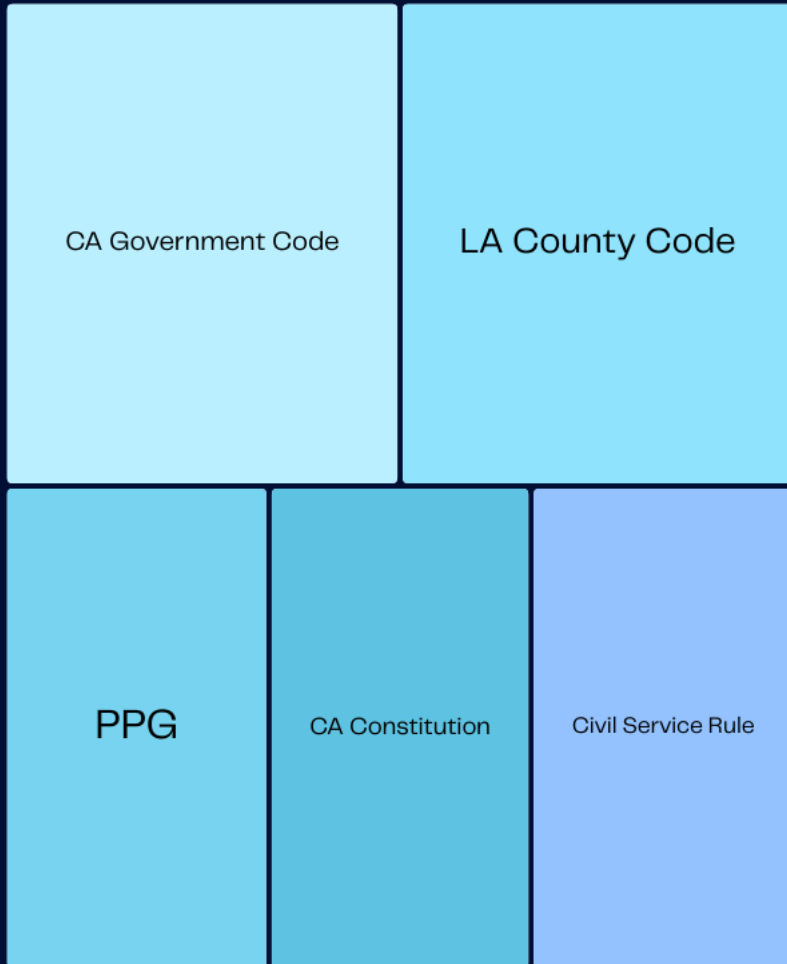
→ DSW Deployment Process

DSW Policy Summary

DSW Policy Summary

CA Government Code

LA County Code

PPG

CA Constitution

Civil Service Rule
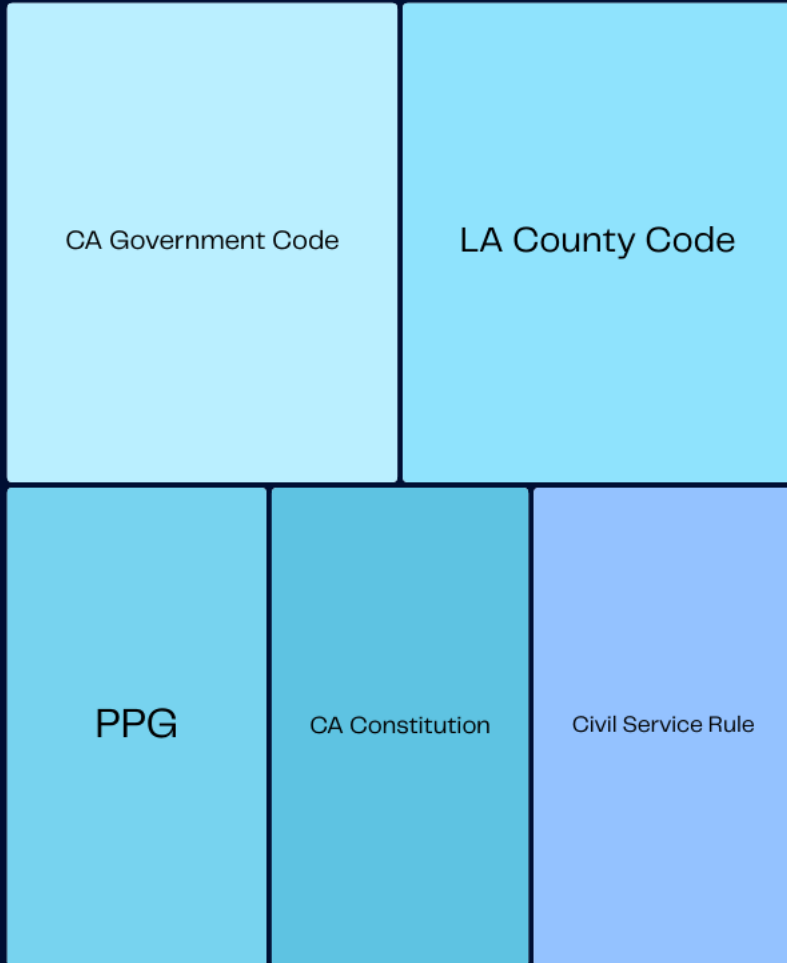
California Government Code

- Declares all public employees to be DSWs

- Includes all persons employed by state, county, and city agencies except non-citizens

- All DSWs shall take the oath or affirmation of allegiance when hired

DSW Policy Summary

CA Government Code

LA County Code

PPG

CA Constitution

Civil Service Rule

Los Angeles County Code

- Makes CEO responsible for coordinating county response to emergencies

- Gives CEO power to operate the County Emergency Operations Center and create the Office of Emergency Management (OEM)

- Gives OEM the power to request DSW deployment in response to an emergency

DSW Policy Summary

CA Government Code	LA County Code

|		
PPG	CA Constitution	Civil Service Rule
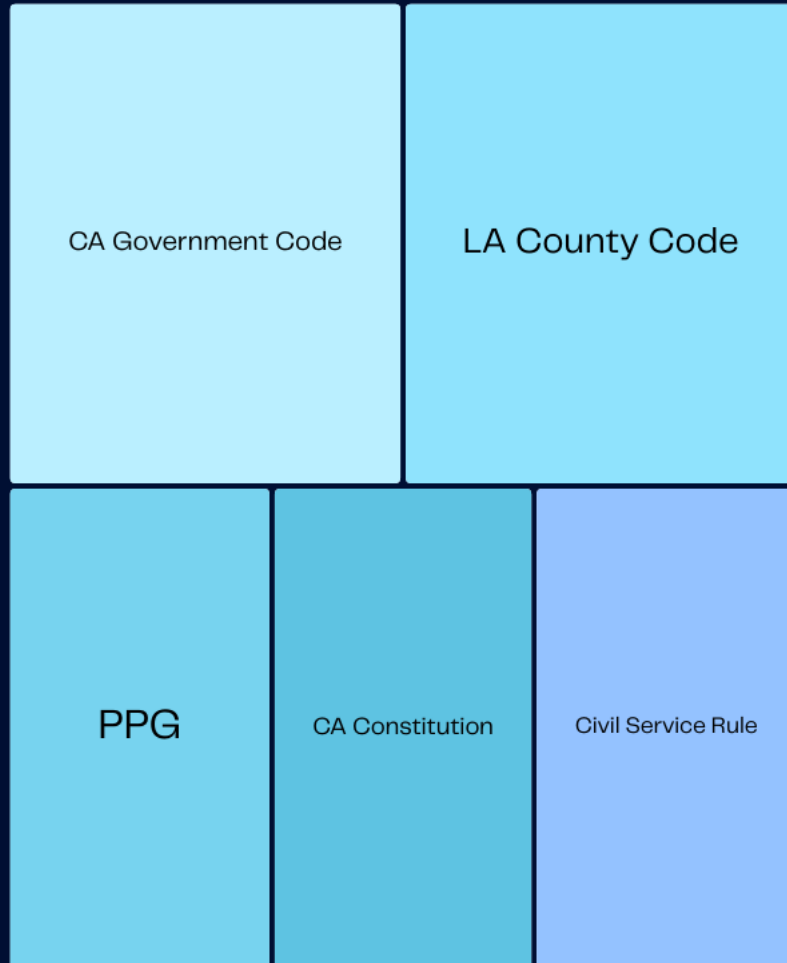
PPG 230 - Oath or Affirmation of Allegiance and Deputization

- Provides departments and department heads instructions on how to ensure employee compliance with state law requiring the oath or affirmation of allegiance

- Provides procedures on how a county officer may appoint a deputy as necessary

DSW Policy Summary

CA Government Code	LA County Code

PPG	CA Constitution	Civil Service Rule

California Constitution - Article XX Section 3

- Provides the actual language of the oath or affirmation of allegiance

DSW Policy Summary

CA Government Code

LA County Code

PPG

CA Constitution
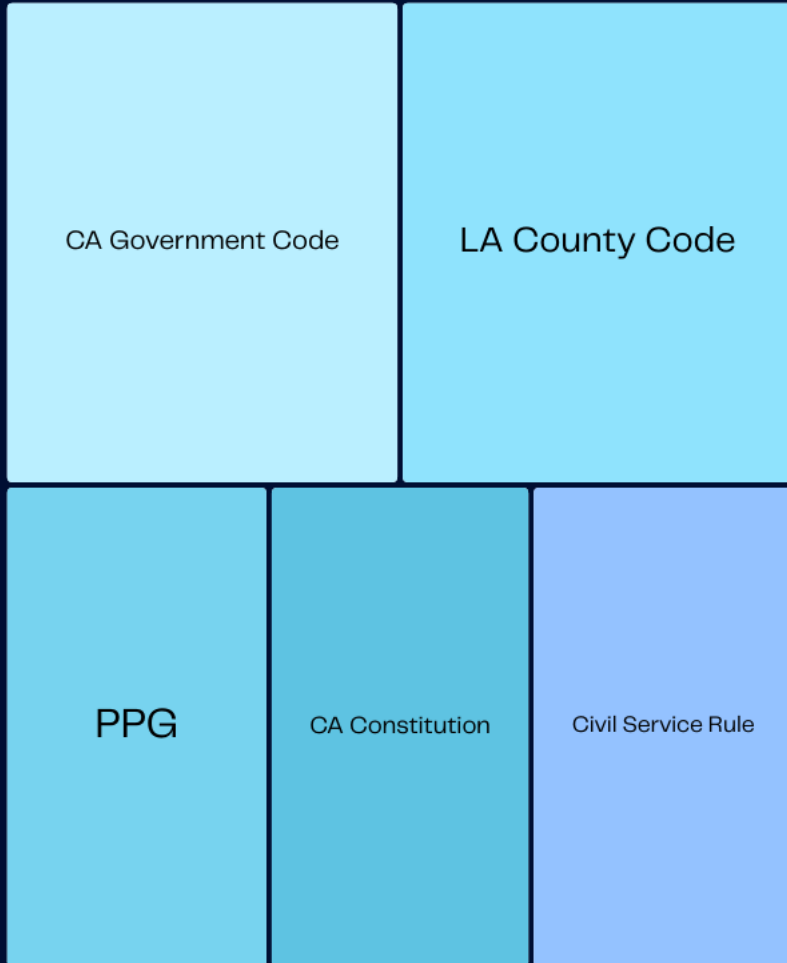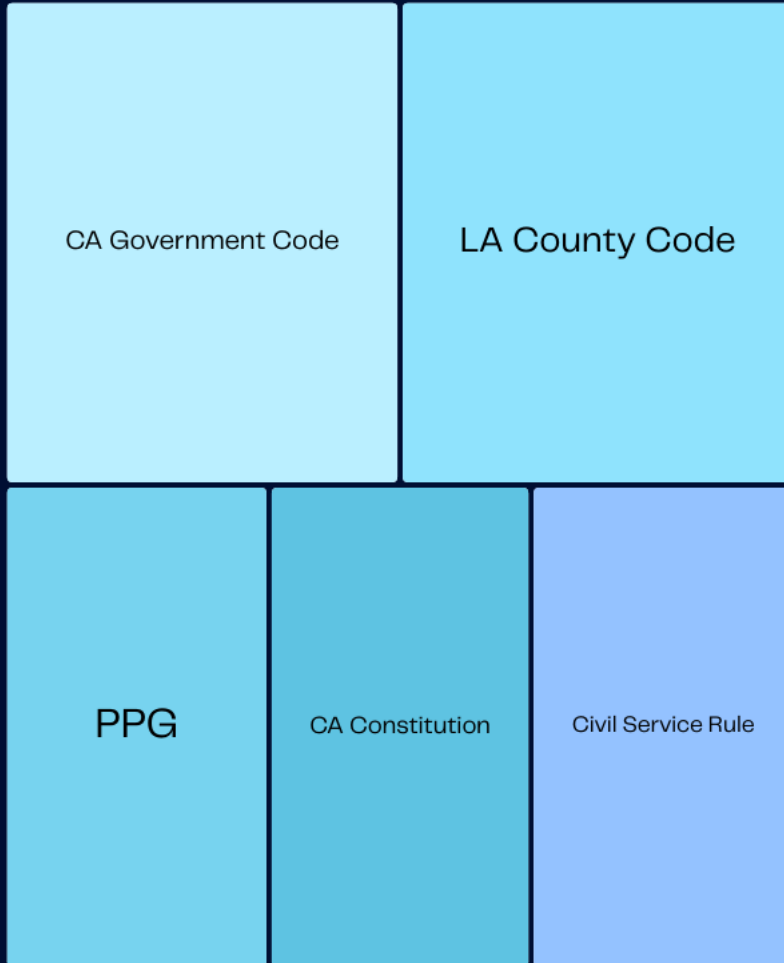
Civil Service Rule

Civil Service Rule 6.04
Non-Acceptance of Applicant

- Provides the director of personnel the power to refuse to accept, withhold a name from an eligible list, or remove a name from an eligible list, of someone who refuses to execute the oath.

New DSW Training Video

- New 5-minute video replaces previous 30-minute video

- New hires required to complete training within first 60 days of their appointment

- DHR automatically assigns the new version to new hires (this started on July 15th, 2024)

- Employees who previously completed DSW training are not required to take the new training

New DSW Training Video
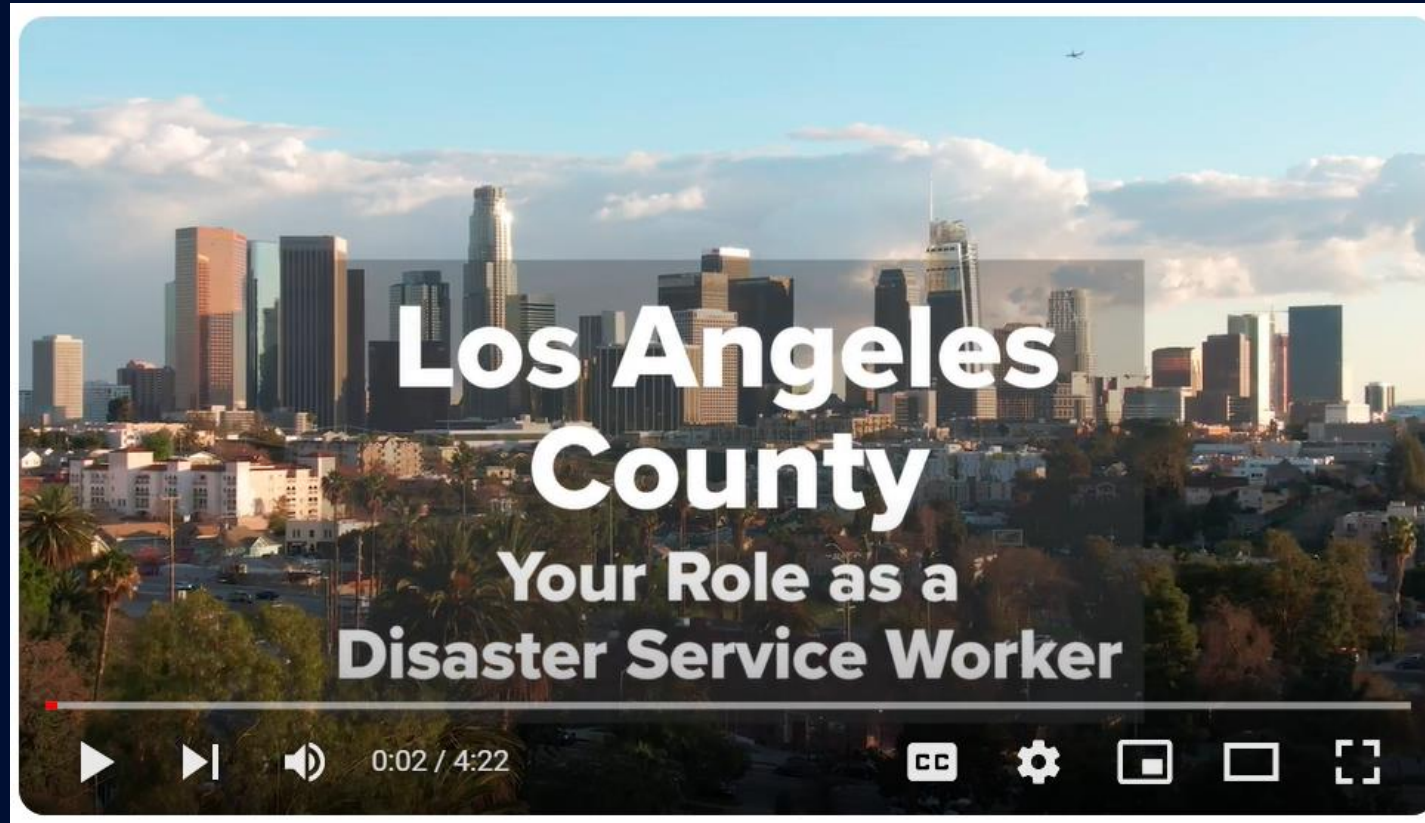
Contact us at DSW@hr.lacounty.gov

Health Services DSW Coordinator
Carla Harris CHarris3@dhs.lacounty.gov

Emergency Management

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Presenter: Frank Colbert, EMO

- The **Emergency Operations Plan (EOP)** is a written plan that provides an organized process to initiate, manage, and recover from a variety of emergencies both internal and external that could confront OVMC or its surrounding community.

- It describes a comprehensive "all hazards" command structure for coordinating the six critical areas:
  - Communications
  - Resources and Assets
  - Safety and Security
  - Staffing
  - Utilities
  - Clinical Activities

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Emergency Operations Plan 2025

EM Planning & Operations Team

- Emergency Management Officer
- Emergency Management Committee:

    Chair/Operations – Frank Colbert

    Co-chair/Planning – Matthew Waxman, MD

    Medical Staff Liaison – Jeffrey Rusheen, MD

    Nursing Staff Liaison – Arlesia Preyer, CND

    Safety Liaison/Planning – Hayk Svajian

    Security Liaison – Sgt. Edgar Chavarria

    Logistics/Supplies – Ernesto Morales

    Finance – Dave Young

- The EM Committee meets on a bimonthly basis and provides reports to the Environment of Care Committee.

Planning Activities

- **Hazard Vulnerability Analysis** – A tool used to identify and prioritize the potential emergencies that could affect hospital's services or ability to provide services.
- **Community Involvement** – (e.g., Local EM meetings, Regional DRC meetings, County/State meetings)
- **Mitigation (Phase 1)** – Activities that are designed to reduce the risk of a potential emergency.
- **Preparedness (Phase 2)** – Activities that will organize and mobilize essential resources.
- **Response (Phase 3)** – Activities the hospital undertakes to plan, respond, isolate, and control disruptive events.
- **Recovery (Phase 4)** – Activities the hospital undertakes to return the facility to normal business operations.

Types of Emergency Events

INTERNAL

- Bomb Threat or Suspicious Package
- Evacuation (partial or full)
- Internal Fire
- Hazardous Material Spill or Release
- Hospital Surge/Overload
- Internal Flooding
- Loss of AC / Ventilation
- Loss of Power
- Loss of Water
- Work Stoppage/Action

EXTERNAL

- Earthquake
- Wildfire
- Epidemic
- Pandemic
- Plague
- Biological Attack
- Cyber Attack
- Chemical Attack
- Explosives Attack
- Radiological Attack

EOP Initiation Process
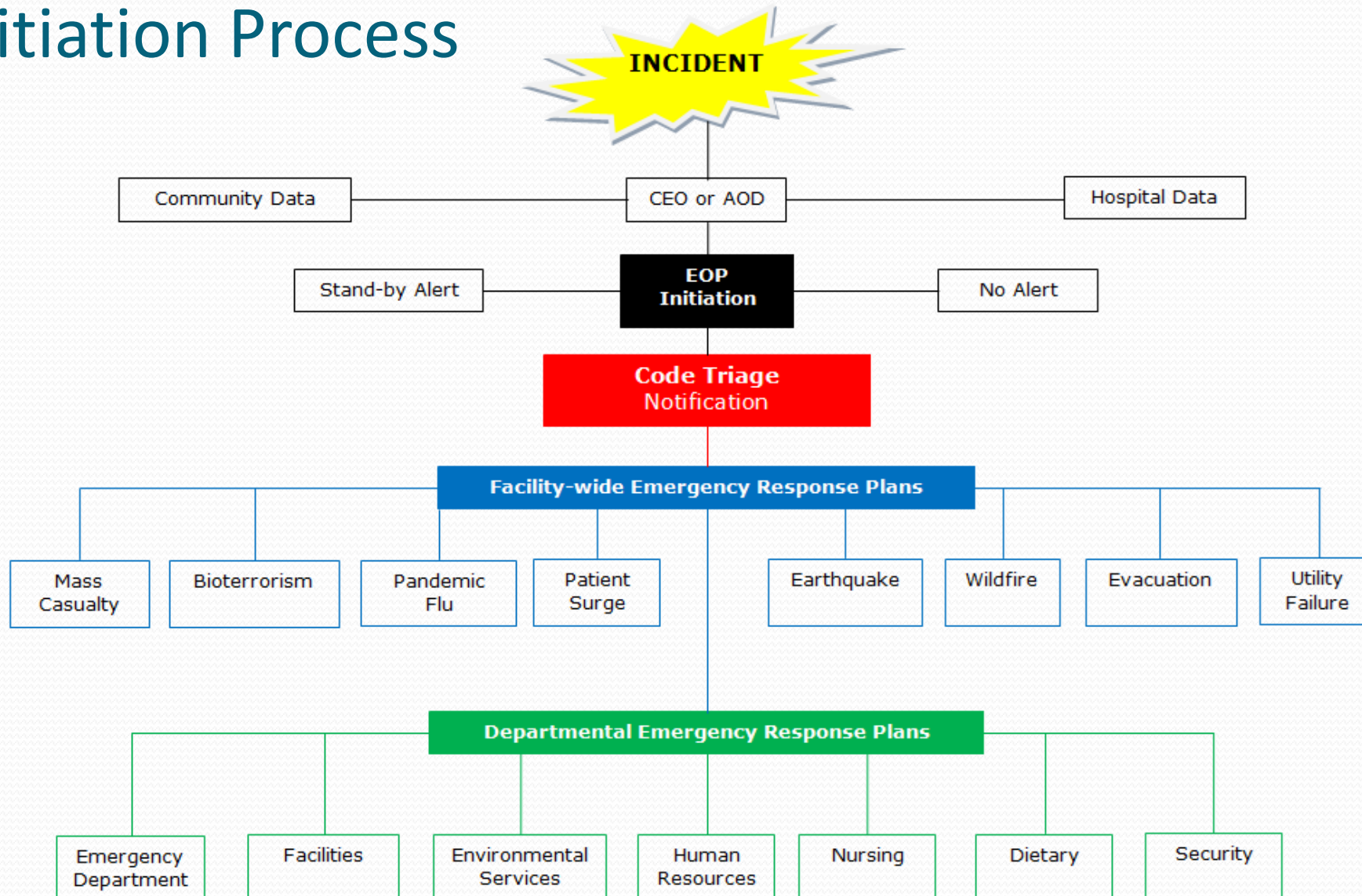
Hospital Incident Command System (HICS)

Hospital Incident Management Team (Tier 1)
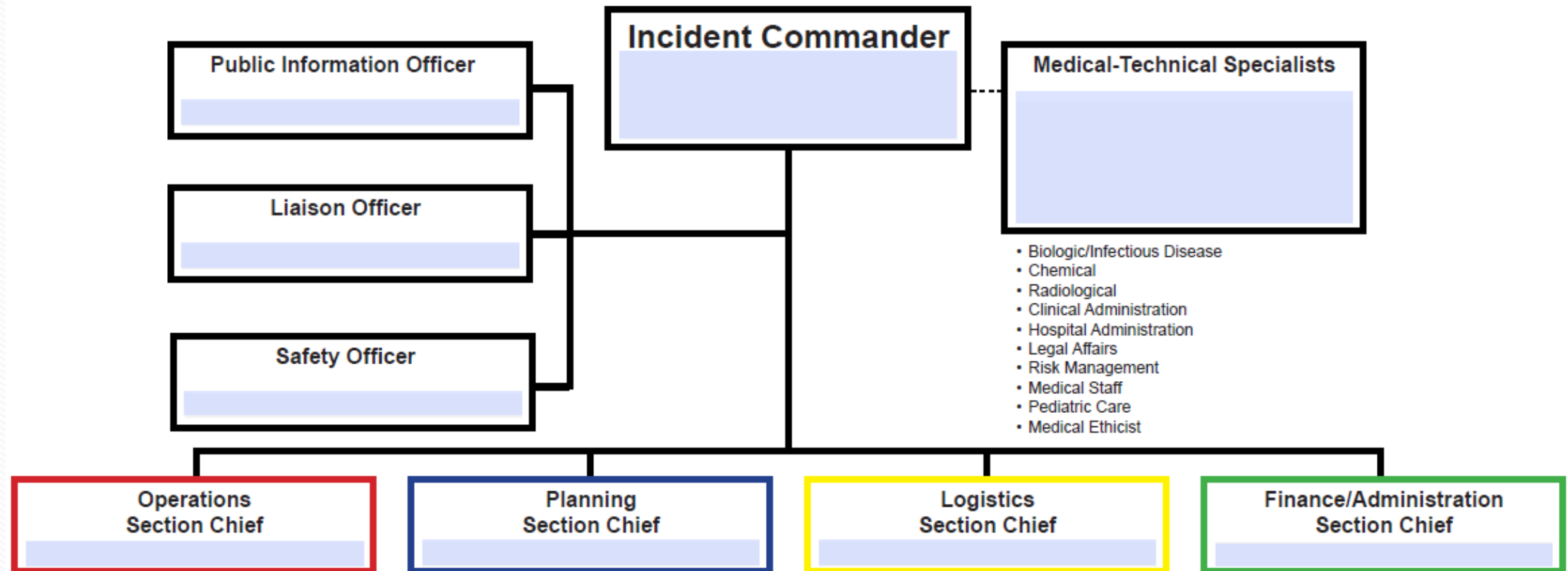
Hospital Incident Command System (HICS)

Hospital Incident Management Team (Tier 2)
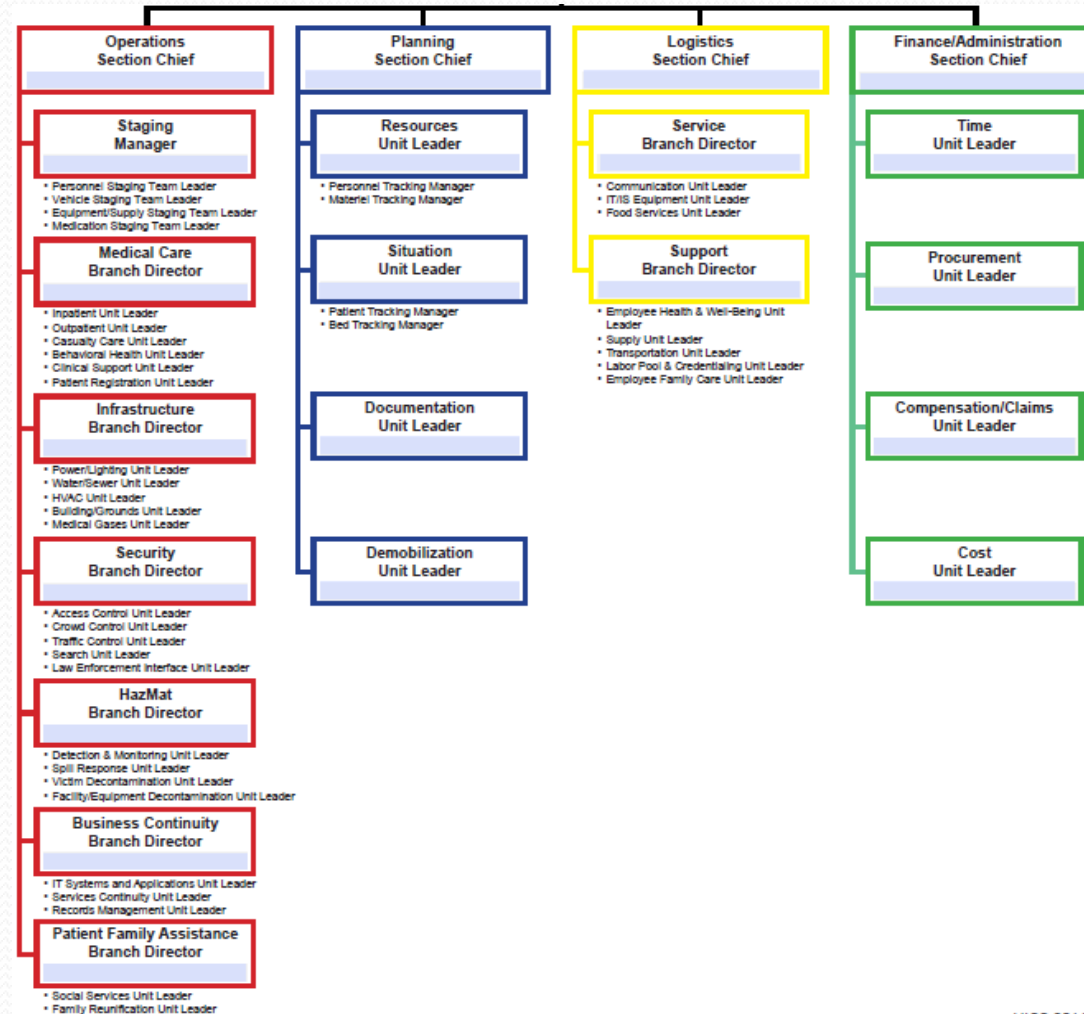
Incident Commander

▪ The Incident Commander will determine the need for, and the individuals who will serve in the roles of Public Information Officer, Safety Officer, Liaison Officer, Medical/Technical Specialist, Section Chiefs, including administrative support staff to manage communications and documentation.

Command Staff

▪ The Command Staff listed above will report to the Hospital Command Center (HCC) as directed by the Incident Commander for an incident briefing. This briefing usually occurs before Code Triage is announced.

Hospital Command Center (HCC)

- The EOP and HCC will be activated immediately during a **Level II** (medium scale) or **Level III** (large scale) emergency event and <u>may or may not be</u> activated at the discretion of the Incident Commander for a **Level I** (small scale) emergency event.

- The following is the order of authority in the role of Incident Commander:
    1. Chief Executive Officer
    2. Chief Operations Officer
    2. Administrator on Duty (AOD)
    3. Administrative Nursing Officer (ANO)
    4. Emergency Management Officer

Emergency Response Elements

- ✓ Staff Roles and Responsibilities
- ✓ Department/Unit Response Plans
- ✓ Resources and Sustainability (96 Hours min.)
- ✓ Plan Activation and Termination
- ✓ Communication Management (internal/external)
- ✓ Backup Communications (primary/secondary)
- ✓ Notification & Communication with External Authorities
- ✓ Communications with Patients & Family
- ✓ Communications with Media Outlets
- ✓ Communications with Purveyors
- ✓ Communications with other Healthcare Organizations
- ✓ Communications with Alternate Care Sites

Resource & Asset Management

- Obtaining and replenishing medical, non-medical, and medication supplies:
  - ✓ Prophylaxis Medications
  - ✓ Patient Care Supplies
  - ✓ Personal Protective Equipment (PPE)
  - ✓ Decontamination Equipment
  - ✓ Emergency Rescue Kits
  - ✓ Sharing of Resources
  - ✓ Monitoring Resources and Assets

Communication and Coordination with External Authorities

- While most emergency events are handled locally within the local community, major events may require aid from other local, state, federal authorities:
  - ✓ EMSA
  - ✓ CDPH
  - ✓ CDC
  - ✓ FEMA

Managing Staff

- **Roles & Responsibilities** – Critical staff functions and assignments will be performed for a rapid and effective response to an emergency event. This is accomplished using the HICS Organization Chart and Job Action Sheets.

- **Managing Staff Support Activities** – Various modifications and accommodations are made for hospital staff to assist them in coming to work and providing needed services:

  - ✓ Transportation (e.g., Vanpools, Uber, Lyft, etc.)

  - ✓ Sleeping accommodations (onsite/offsite)

  - ✓ Food and water (96-hour sustainability)

  - ✓ Mental stress debriefings (e.g., H3, EAP)

  - ✓ Family support accommodations (e.g., childcare, pet boarding, etc.)

Managing Utilities

- During an emergency, the hospital will provide alternate means for providing essential utility systems as identified in the plan:

  - ✓ Emergency power supply

  - ✓ Water supply for consumption and essential care

  - ✓ Water supply for equipment and sanitary use

  - ✓ Fuel supply for emergency generators

  - ✓ Medical gas systems

  - ✓ Ventilation, vacuum, and steam systems

Managing Clinical & Support Activities

- Clinical Activities:
  - ✓ Patient/Victim triage
  - ✓ Patient registration
  - ✓ Patient admission
  - ✓ Patient tracking
- Family Reunification
- Support for Special Needs Patients
- Personal Hygiene and Sanitation Requirements
- Mental Health Services
- Mortuary Services

Disaster Worker Privileges

- Volunteer Licensed Independent Practitioners (LIPs):

  Only LIPs who have been pre-registered with the State of California/CDPH is granted disaster worker privileges and given direct patient care assignments. A resource request from the HCC to the LAC/EOC will be initiated when volunteer LIP's or other disaster healthcare workers are needed.

Annual Evaluation & Testing

- The Emergency Management Committee conducts an annual evaluation of the Emergency Operations Plan which includes a review of the following:
  - ✓ Hazard Vulnerability Analysis
  - ✓ Plan Objectives & Scope
  - ✓ Inventory of Resources & Assets
- At a minimum, the hospital will test its Emergency Operations Plan twice a year, either in response to a real emergency or a planned exercise.

Questions?

FOOD AND NUTRITION EMERGENCY PREPAREDNESS PLAN

Sergio Jimenez, Director, Food and Nutrition Services

Catherine Reyes, Assistant Nursing Director, Hospital Administration

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TYPES OF DISASTERS

- Operational Internal Events

  - Water Supply Failure

  - Natural Gas Supply Failure

  - Power Failure - Refrigeration/Freezer

- Natural

  - Earthquake

  - Wildfire

  - Hurricane

- Man-made

  - Riots

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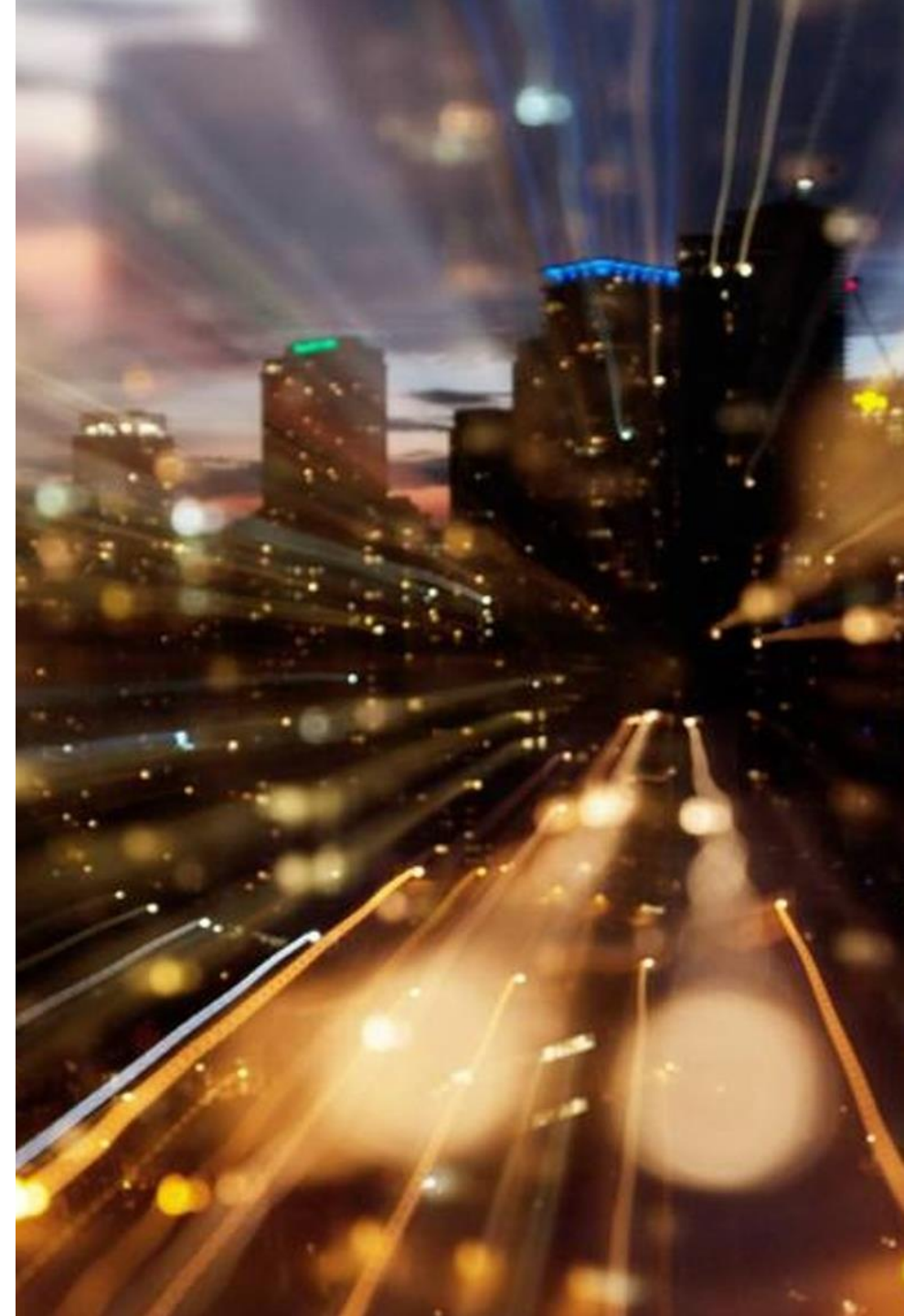
REGULATIONS

- The Joint Commission (EC.4.12) requires facilities to be prepared to operate without any outside assistance for 96 hours.

- CA Title 22 (70277) requires a seven-day supply of dry non-perishable food and two-day supply of perishables shall be maintained on the premises.

- Food supplies are to be appropriate to meet the requirements of the menu; interpreted to mean to meet patient dietary needs and restrictions.

- CMS Interpretive Guidelines specify that supplies must be maintained to ensure an acceptable level of safety and makes **a distinction between supplies needed on a day-to-day basis and supplies that are likely to be needed during an emergency.**

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- The EOP determines the activation of disaster supply resources.

- In the event of a disaster, the FANS department will be able to provide:
  - Patients   355   (licensed beds)
  - 1065 meals/day for up to 7 days for patients
  - 3500 food ration bars for staff/visitors

OLIVE VIEW COLD DISASTER MENU FOR PATIENTS

		# patients	355		3 meals/day	1065
* repeat as needed up to # days below						
7		# staff	1400	Staff , Visitors, Volunteers will receive food ration bars		

	Description	Portion	# Portions needed for 7 Days	Inventory Needed QTY	Inventory Needed Description	Total # Servings Available
B R E A K F A S T	Dry Cereal -or- Hot Cereal (can be served room temp) -or- Bread Item 1#=oats yields 12c (24svgs); 50#=1200 svgs Cold Bulk Cereal=128 svg/cs. Portion hot/cold cereal in 4oz cup/lid Cold Bowl Pack =96 svg/cs.	bulk pack or 4 oz dry	2485	6	CS Bulk Cold	768
				75	# Dry	1800
					total	2568
	Juice (sub w/Fruit as needed) (use refrigerated, then frozen, then shelf-stable including café stock and juice from canned fruit) 32 oz Juice container 12 cartons/cs=96 svg ea; Portion café jc bottles in 4oz cup/lid.	4 oz	1065	1.5	CS Juice, 32 oz	120
				14	CS Juice, 70 ct	980
					total	1100
	Fruit (Days 4-7) (use all available, fresh first then canned). Sub w/1/4 cup dried fruit. Canned Fruit=26svg/#10can or 156 sv/cs. @ 100svg/case whole fruit	1 piece whole 1/2 cup can 1/4 cup dried	1420	42	#10 Can	1092
				4	CS Whole	400
					total	1492
	Coffee (if hot water available) or Potable Water 6-8oz cup/lid; liquid coffee:720svg/gallon concentrate. Dry coffee: 1# dry = 42 servings	6 oz	2485	59	# Dry Coffee	2478
	Milk (use all available; may sub with powdered milk) 30# powered milk cs yields 30 gal = 480svgs Liquid milk = 70/cs. Utilize gallon milk if pc exhausted = 16 svg	8 oz	3550	28	CS 8oz Carton	1960
				10	Gallons (backup)	160
				3	CS Dry	1440
					total	3560
	Sugar (use pkts then bulk) as available with coffee/tea pkts:2000/cs 25#bag = 5650tsp	1 pkt / 1 tsp	2485	1.5	CS	3000
	Peanut Butter & Jelly -or- Sliced Cooked Meat and/or Cheese PB=2T or 18svg/#. Jelly=2T or 104svg per #10 can; 100svg/PC/cs; 18svg/per squeezable bottle. Meats must be fully cooked and acceptable for disaster: ie no meatballs. Use refrigerated then frozen then canned.	2 T. PBJ or #30 scoop PBJ	2485	60	# Peanut Butter	1080
				5	100 sv PC Jelly or 104 sv #10 Can or 18 sv PLT BTL/ea	500
		or 2 oz		129	# Meat (Cooked)	1032

Patient menu consists of cold food items for 3 meals/day.

Disaster supplies are checked every month (inventory, rotation, shelf life) and par levels are maintained daily.

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Breakfast

ALL-BRAN OR oatmeal + 100% Orange Juice OR banana + coffee + 2% Milk + Sugar + 1 napkin = bag

Lunch

PEANUT BUTTER / JAM (2 indiv packets or 2 T. each in small cup/lid) OR 2oz wrapped in Saran + bread wrapped in Saran OR Saltine crackers + cookie OR pudding

gelatin OR 2% Milk + Coca-Cola OR AQUA + spoon or fork if needed + 1 napkin = bag

Dinner

Tuna or Beans 3oz + MAYONNAISE + bread wrapped in Saran OR Saltine crackers OR bagel OR tortilla wrapped in Saran

+ cookie any dessert + Coca-Cola OR AQUA + spoon or fork if needed + 1 napkin = bag

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MODIFIED DIETS DISASTER MENU:

DIET	INSTRUCTIONS
Low Sodium/Renal	No SALT; no tomato juice, no orange for renal
Low Fat/Cholesterol	Regular Menu
Consistent Carb (diabetic)	Fruit replaces sugary desserts. No added sugar pkt.
GI Soft/Low Residue	Regular Menu with canned fruit and no fresh vegetables. Use white bread/rolls/crackers.
Pediatric	Regular Menu following age-specific restrictions. Babies 6 month-2 years: 1/2c baby rice cereal, prepackaged baby food (do not heat or open) or per policy.
Vegetarian	Regular Menu and substitute meat with cheese only. Substitute Tuna with Egg Salad or Peanut Butter and Jelly.
Liquid	All Meals: Gelatin ½c, Juice 4oz, Broth 6oz (may be served at room temp), Water or Coffee or lemon lime soda 8oz.
Mechanical Soft	Provide Regular menu but with chopped meats/cheese and canned or soft desserts.

We can customize our cold disaster menu to accommodate patients on modified diets

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EMERGENCY FOOD RATION BAR

- Food bar packet contains 9 individual squares 410 calorie emergency food rations, for a total of 3,690 calories.
- Recommended consumption is 3 rations per day/person.
- Up to 5-year shelf life certified by the U.S. Coast Guard.
- Non-thirst-provoking formula – no water required for consumption.
- Bars crumble easily and may be mixed with water to form a paste for younger children or adults with dental issues.

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POTABLE WATER

- 75-year shelf life

- 16 oz aluminum can

- Cans structurally sturdy

- Easy to distribute

- Cans are environmentally friendly and can be recycled

Water at Hospital				Total Gallons
	Quantity	Pack Size	Location	
6 palletes	4608	24 oz cans	Supply Chain Warehouse; MFG 06.26.13 exp 6.26.2043	864
	50	20 oz	Aquafina in Kitchen Storeroom (24 bottles in a case)	8
28 palletes	2055	16 oz	Supply Chain Warehouse; Safe Water can (24 cans/cs = 3 gallon) exp 2099	6165
			Grand Total in Gallons	7037

		7037 Gallons =	1.00	Gallons Per Person Per Day for 4 Days		

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THANK YOU