



INSTRUCTION FOR CONTACT HOUR

- Your display name **MUST** match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by September 26, 2025, 5:00 PM (available on the last slide)
- Certificate will be emailed to you by October 15, 2025

Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:

What is your favorite Halloween Candy?

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San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

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Reminders

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Recording is on!



PHS.HAI.HHSA@sdcounty.ca.gov



Keep your lines muted



Participate in the polls and chat



Use the chat box for questions



Slides will be emailed



Type into the chat your:

- Name
- Title
- Facility



Land Acknowledgement



Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

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Agenda



Welcome

General Updates

Announcements

Featured Topic: "Infection Precautions during a SNF Evacuation"

Next Collaborative

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SNF IP
Email List



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Respiratory Virus Update

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September 11, 2025



LIVE WELL
SAN DIEGO

San Diego County

Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

This report will be issued monthly on the second Thursday of the month.
Weekly reporting will resume in October.

COVID-19

Cases

6,331

Deaths

26

Outbreaks*

47

6/29/2025 – 9/6/2025

Influenza

Cases

519

Deaths

0

Outbreaks*

1

6/29/2025 – 9/6/2025

RSV

Cases

46

Deaths

0

Outbreaks*

0

6/29/2025 – 9/6/2025

*In residential congregate settings



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Figure 1.1. San Diego County **COVID-19** Confirmed and Probable Cases
(N=6,331)

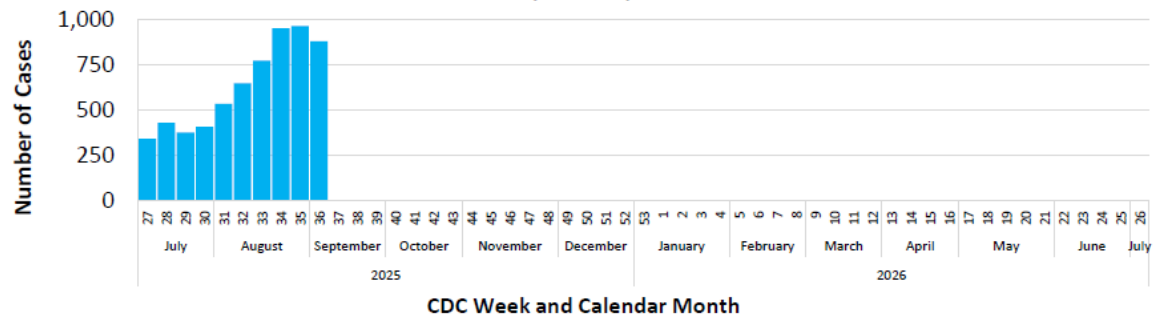


Figure 1.2. San Diego County **Influenza** Cases
(N=519)

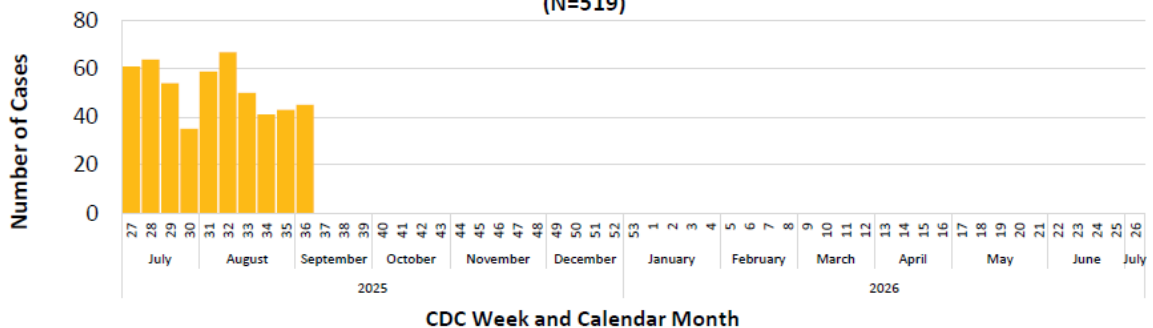
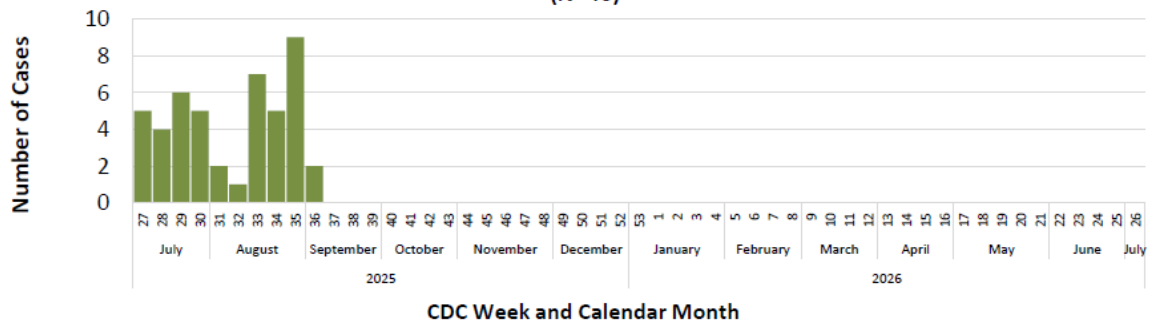
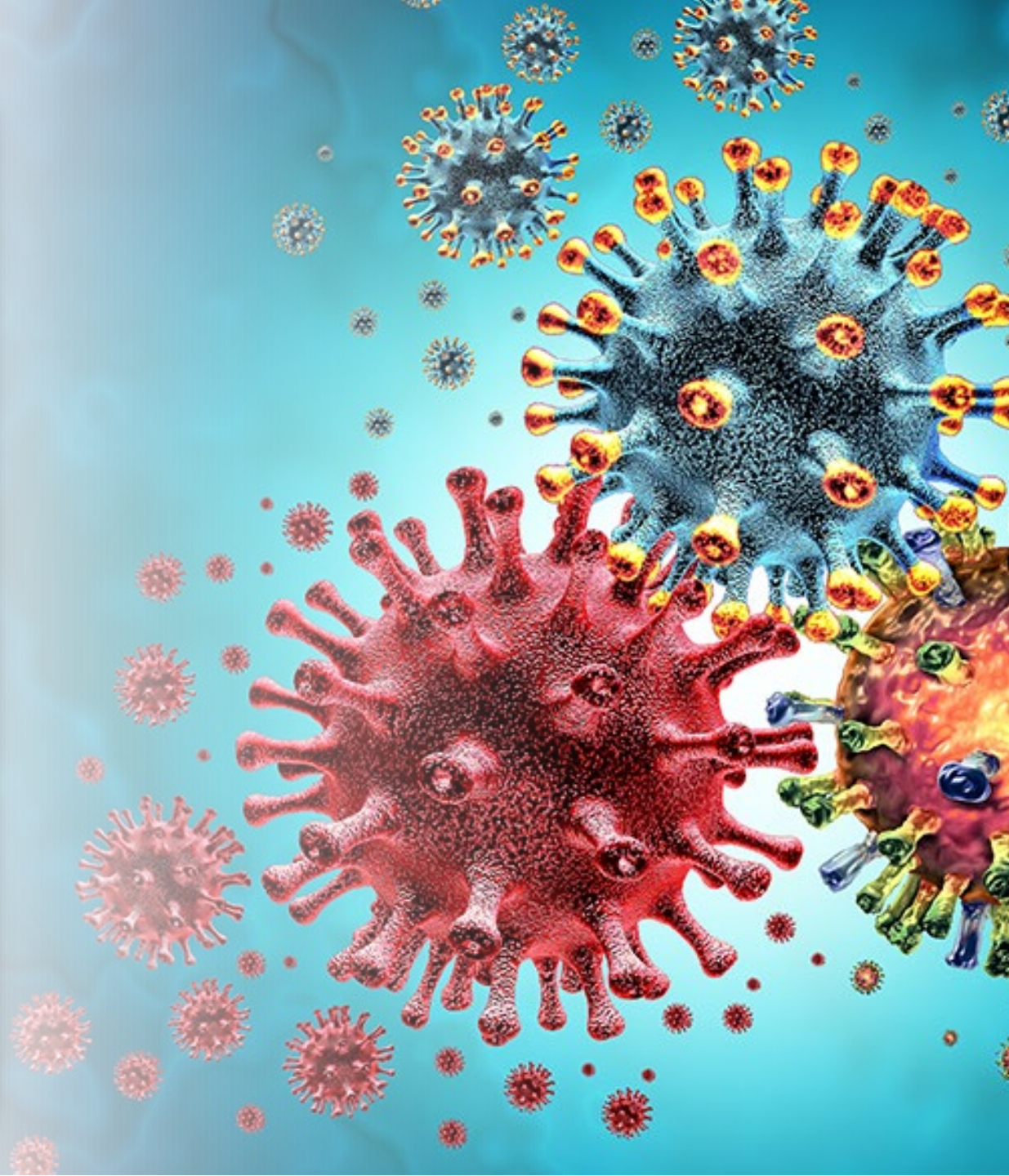


Figure 1.3. San Diego County **RSV** Cases
(N=46)



*In residential congregate settings



Respiratory Virus Season Updates



- **CDPH Respiratory Virus Prevention & Control Guidance is in progress.**
 - **Overall guidance and key messages will be unchanged.**
 - Encourage residents and healthcare personnel to stay up to date on recommended vaccinations
 - Maintain policies for source control masking to reduce transmission in healthcare settings.
 - Initiate prompt testing & treatment of COVID-19 and influenza
 - https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CA_RecsPrevControl_RespVirus_SNFs.pdf
- **Please order all supplies IN ADVANCE during respiratory season preparations.**
 - **Test kits and PPE are not available from the County/CDPH**

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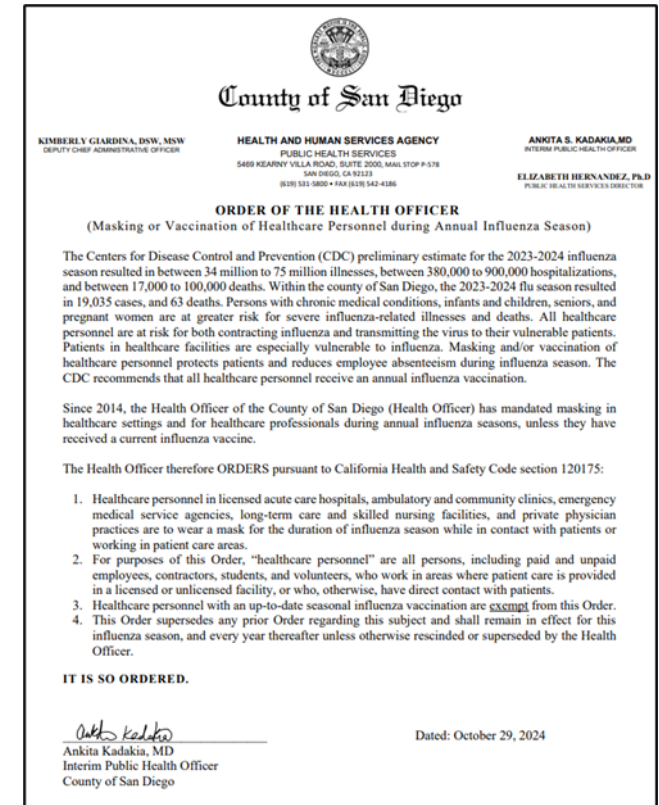


Source Control: County of San Diego Health Officer Order



Flu Vaccination or Mask for Healthcare Personnel During Annual Influenza Season

- All licensed acute care hospitals, skilled nursing facilities, long-term care facilities, ambulatory and community clinics, and ambulance providers in San Diego County require their healthcare personnel (HCP) to receive an annual influenza vaccination, or, if they decline, to wear a mask while in contact with patients or working in patient care areas during each annual influenza season.
- Influenza usually circulates October through May
- County of San Diego mask mandate timeframe for unimmunized HCP: **Typically, November 1 – March 31***
*monitor local transmission levels



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https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/Vaccine_Preventable_Diseases/Seasonal_Influenza/HealthcareFluMandates.html



West Coast Health Alliance



- Multi-state coalition between California, Oregon, Washington, and Hawaii to coordinate public health guidelines for member states, including immunization recommendations.
- State law updated to ensure CA health insurance covers immunizations at no cost.






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<https://www.cdph.ca.gov/Programs/OPA/Pages/NR25-011.aspx>



Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations



Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none"> • All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose protection¹ 	<ul style="list-style-type: none"> • All 6 months and older 	<ul style="list-style-type: none"> • All younger than 8 months² • All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> • 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none"> • All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • All 75 years and older • All 50-74 years with risk factors

1. COVID-19 vaccine is available for persons 6 months and older.

2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.

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<https://www.cdph.ca.gov/Pages/public-health-for-all/publichealthforall.aspx>



Healthcare
Associated
Infections
Program

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BOOSTING PROTECTION IN LONG-TERM CARE THROUGH RESPIRATORY VACCINATIONS

2025 VIRTUAL SUMMIT

Join us for a virtual webinar on the importance of vaccinations and infection prevention strategies in skilled nursing, long-term care, and congregate care facilities, as well as other programs serving older adults.

Register Here



[https://bit.ly/
40UZcSm](https://bit.ly/40UZcSm)

SAVE THE DATE!

10.22.25

Registration: <https://bit.ly/40UZcSm>



County/CDPH Briefings



- **County LTC Sector Monthly Telebriefing:**
 - Bi-monthly 4th Thursday @ 2PM-3PM
 - **Next briefing is 9/25/25**



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Contact Hour Instructions

Ensure

- Ensure your full name identifies you on Teams

Enjoy

- Enjoy the full presentation

Complete

- Complete the post-evaluation

Infection Precautions During a SNF Evacuation

September 24, 2025 11:00 am - 12:00 pm

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Presenters



Donna Johnson-Batteau
Senior Emergency Services Coordinator
County of San Diego



Karrah Cardone
EMS Specialist
County of San Diego

Infection Precautions during a SNF Evacuation



San Diego County Public
Health Preparedness and
Response

9/24/2025

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Welcome

➤ Welcome

❑ Facilitators:

- ❑ Donna Johnson, MEP, Senior Emergency Services Coordinator
- ❑ Karrah Cardone, EMS Specialist

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Objectives

1. Describe importance of preparedness before a facility evacuation occurs.
2. Recall **3** priority actions during a facility evacuation.
3. List **3** County partners that can support facilities during a facility evacuation.

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Hazard and Vulnerability Assessment (HVA)

FY 2024-2025 HVA Results for acute care hospitals and SNFs in San Diego County

1. Earthquake
2. IT System Failure / Cybersecurity / Cyberterrorism
3. Infectious Disease/ Epidemic/ Pandemic
4. Wildfire
5. Workplace Violence

This assessment is an annual requirement for all hospitals, skilled nursing facilities, and CMS entities to complete.

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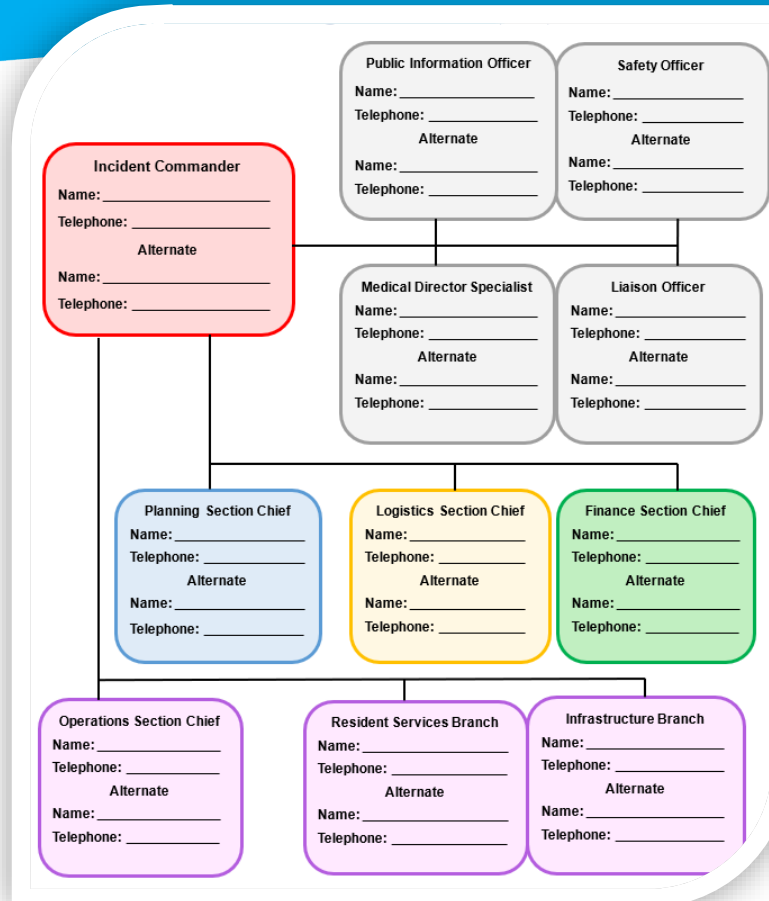
Preparedness

Train your alternate

1. Emergency Operations Plan (EOP)

2. Contacts Updated

- Gas Company
- Water Company
- MHOAC
- HAI Team



Key Numbers at your Fingertips

Emergency Fire, Police, and EMS	9-1-1
Poison Control	(800) 222-1222
Administrator	Name: Number:
Nursing Director	Name: Number:
Medical Director	Number:
Facilities Director	Name: Number:
County of San Diego Duty Officer 24/7	Number: 619-771-4247 Email: MHOAC.HHSA@sdcounty.ca.gov
County of San Diego Public Health's Healthcare Status Provider Team	Email: MOC.HCPS.HHSA@sdcounty.ca.gov

Expedite Assistance and Communications

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Medical Health Operational Area Coordinator (MHOAC)



The San Diego Medical and Health Operational Area Coordinator (MHOAC) Duty Officer Program

24/7/365 Days A Year

- Delegation of authority from the Public Health Officer (PHO) to the Branch Chief for (PHPR)
- Staffed by Public Health Preparedness and Response (PHPR) Branch in the (HHSA).
- Can activate the San Diego County Medical Operations Center (MOC) outside normal business hours
- Works closely with the San Diego County Emergency Medical Services (EMS) Duty Officer Program.

If the MOC is activated for an event, it will be staffed by EMS and PHPR.

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Medical Health Operational Area Coordinator (MHOAC)



MHOAC Responsibilities Include:

- Monitoring and receiving reports of emergencies
- Rapidly assessing the magnitude and potential medical or public health impacts of the incident.
- Coordinating with medical and health facilities, agencies, and stakeholders.
- Disseminating timely and accurate information
- Establish and maintain situational awareness in the medical and health community.
- Request aid and resources from the region (and state)
- Making critical decisions regarding resource allocation and escalating the response
- Distribute and dispense medical countermeasures.
- To request a San Diego Healthcare Disaster Coalition Cache (Burn, Decontamination, Pediatric Supplies, Ebola supplies)

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Medical Health Operational Area Coordinator (MHOAC)



When should my facility contact the Medical and Health Operational Area Coordinator (MHOAC) Duty Officer?

Examples:

- Evacuation planning
- Utility and power outages, both planned and unplanned
- When experiencing medical and health supply chain issues
- Planned strikes
- During emergencies when requested by the Medical Operations Center (MOC)
- Notification that the facility is activating the command center
- Patient Tracking
- To support facility reunification efforts

For help. Please note that 9-1-1 should always be called first for medical emergencies.

For hospitals, this does not supersede Base Hospital and EMS Procedures.

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Medical Health Operational Area Coordinator (MHOAC)



Contact Information

24/7 Medical and Health Operational Area Coordinator (MHOAC)

Duty Officer Phone Number: **(619) 772-4247**

MHOAC Duty Officer Email: MHOAC.HHSA@sdcounty.ca.gov

Disaster Preparedness Resource Guide for Long Term Care Health Facilities



- 19 Incident Specific Guidelines
- Includes:
 - Quick Response
 - Expectations
 - ✓ **Do List**
 - ✗ **Don't List**

Air Quality	31
Boil Water Order	32
Bomb Threat Call/ Package	33
Cold Weather	35
Cybersecurity	36
Earthquake	37
Evacuation	38
Extreme Heat	40
Flood	41
Internal Fire	42
Missing Resident	44
Pandemic Influenza/ Infectious Disease	45
Public Safety Power Shut Off	46
Shelter in Place	47
Tsunamis	48
Utility Outage	49
Water Loss	50
Wildfire	51
Workplace Violence	52

Disaster Preparedness Resource Guide

Evacuation



Evacuation



Quick Response:

- Remain calm.
- Activate NHICS.
- Notify appropriate Administration.
- Contact SNF Area Coordinator and/or MHOAC Duty Officer
- Request transfer of patients (follow MOA).
- Prepare evacuation bags and records.

Expectation

Evacuation decisions are likely to be made under dynamic and uncertain conditions. Information may be incomplete, ambiguous, or evolving. It's crucial to proactively prioritize protecting lives by following guidance whether it entails an evacuation warning or order. In most cases facilities will need to determine on their own if an evacuation is warranted.



Do:

- ✓ Be Aware of San Diego County MOA
 - o Skilled Nursing and Long-Term Care Facilities Emergency Mutual Aid MOA
- ✓ Know your evacuation zone.
- ✓ Pay attention to [emergency alerts](#) and notifications for information and instructions.
- ✓ Assess total beds and types of beds needed.
- ✓ Call-in available staff to support transfer of residents.
- ✓ Request transportation to a safe location
- ✓ Prepare evacuation bags and documentation for residents.
 - o Medications, medical records, insurance information, specialized equipment, and personal needs.
- ✓ Plan for specific needs for resident transfer (power sources, portable oxygen, etc.)
- ✓ Notify families of evacuation and planned destination of the evacuees.
- ✓ Monitor residents' physical and mental health status; provide care and support.

Don't:

- ✗ Ignore evacuation orders.
- ✗ Forget to follow up and communicate with residents – evacuations can be confusing and traumatic.
- ✗ Forget security needs of an evacuated facility (ensure the facility is locked and medications are secured).



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Preparedness

1. Go – Bags

- Copies of client face sheets
- Updated medication lists
- DNRs and other important medical records
- Personal IDs
- Identification wristbands
- Mobility equipment tags
- Backup batteries for medical supplies
- Incontinence supplies
- Specialized dietary items

2. Personal Items

- Label
- Track



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Content Check

Question 1:

How often should the Emergency Operations Plan (EOP) be reviewed and updated?

- A. Only after a disaster
- B. Annually and after exercise/events
- C. Every five years

Question 2:

What is the main reason to prepare go bags for residents/patients?

- A. For convenience
- B. To meet minimum state requirements.
- C. To ensure medications, valuables, and medical documents are ready if evacuation is needed.

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When Considering Patient Evacuations, Reflect on:

Action Timing:

1. **PRE-EVENT ACTIONS:** Occur in advance of the event (for example, staged evacuation in advance of flooding, sheltering in place)
2. **POST-EVENT ACTIONS:** Occurs after an event. Post-event actions may be:
 - a. Emergent—Undertaken immediately and with limited ability to stage patients, transfer records, etc.
 - b. Urgent—Undertaken after assessment of an evolving threat or after considerations of risk posed by the impact of the event, usually within 4-8 hours after an event occurs

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When Considering Patient Evacuations, Reflect on:



Decisions, Direction and Control:

If an evacuation is suggested by local authorities, the SNF will collaborate with local officials (**CDPH, MHOAC**) and assist in the coordination of the facilities evacuation to prioritize safety.

Some Considerations:

1. May not necessarily involve a complete facility evacuation depending on the timeframe and risk of the threat compared to the risk to the patients.
2. **Activate your Facility's Transportation Contract.** This must be in play prior to the County requesting additional transport resources on your behalf, through the County Ambulance Coordinator. The MHOAC can also request more transport resources from outside the County.
3. If the scenario involves some time to plan the evacuation, inform the local MHOAC and CDPH Licensing immediately.
4. The San Diego Public Health Officer will ask **who** is ordering the Facility evacuation.

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When Considering Patient Evacuations, Reflect on:



Action Types

3. **EVACUATION:** Movement of patients out of the affected facility when the facility cannot maintain a safe environment of care. *Evacuations may be emergent or non-emergent.*
- a. **Partial Evacuation**—Evacuation of a subset of facility patients. This may involve patients requiring specialized care that can no longer be safely delivered at the affected facility
 - b. **Complete Evacuation**—Complete evacuation of a facility due to an unsafe environment of care. Usually, this will involve facility shutdown actions.

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When Considering Patient Evacuations, Reflect on:

Action Types



3. **EVACUATION:** *Evacuations may be emergent or non-emergent.* Please note the following considerations.

- a. **Emergent Complete Evacuations**—this depends on imminent life safety concerns, and historically reasons might include evacuation from fires. This type of evacuation may result in the following undesired scenarios:
 - a. Extended Transport times for patients in unconventional vehicles.
 - b. Temporary Evacuation to a shelter while the County Medical Operations Center looks for receiving beds in local SNFs.
 - c. Evacuating Facility Staff are *expected* to stay with residents.
- b. **Non-Emergent Evacuations**—Involves a situation where more time (1-2 days) is available to plan with the County, CDPH and local SNFs on placing evacuating SNF patients directly into SNF Available Beds. Goal is to load level the system so that receiving facilities are not disproportionately impacted.

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Health Care Provider Status Team (HCPS)



The Health Care Provider Status Team (HCPS) assists in conducting outreach to various facilities that may be affected in an emergency response. During real events and drills, the primary objective is to gather critical information and assist the Medical Operations Center (MOC) in the collection of Essential Elements Forms to assess evolving facility statuses.

Additionally, the HCPS Team plays a pivotal role in facilitating and supporting drills and response activities directed by the MHOAC duty officer.

When should my facility contact the HCPS Team?

- You need assistance with an on-site vaccine event for COVID-19 and/or influenza.
- You need PPE and have exhausted all available supply chain options.
- You have a question regarding vaccine or disease prevention guidance.

Contact: MOC.HCPS.HHSA@sdcounty.ca.gov

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Health Care Provider Status Team (HCPS) Update Contact Information



It is crucial that the County of San Diego have this updated information to reach your facility and residents in an emergency (such as an evacuation, flood, or fire) and to share vital resources.

- Facilities can update contact information by filling out a form: [Click here or scan the QR code.](#)

Scan Me



For any additional questions:

Contact: MOC.HCPS.HHSA@sdcounty.ca.gov

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Medical Health Operational Area Coordinator (MHOAC)



Contact Information

24/7 Medical and Health Operational Area Coordinator (MHOAC)

Duty Officer Phone Number: **(619) 772-4247**

MHOAC Duty Officer Email: MHOAC.HHSA@sdcounty.ca.gov

TRAIN Tool:



What Is It? Main goal of the tool is to aid in the evacuation of medically fragile patients in a **timely** and **organized** manner that prioritizes safety.

- Triage by Resource Allocation for Inpatients (TRAIN)
 - Triage Tool for Emergency Management of in-patient patients for Evacuation and Patient Classification
 - Tool can be implemented to accurately assess patients **quickly** and **easily** for needs
- The purpose of TRAIN is to **color group** patients by various categories
 - Allows for easy recognition of patient care needs
- Benefit of using the TRAIN method is it focuses on **3** things:
 - Level of Acuity
 - Transportation Needs
 - Align Transfer Location with Services Needed

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TRAIN Tool For Emergent Evacuations:



Resource Assignment

<u>TRAIN Color Code</u>	<u>Patient Transport Risk</u>	<u>Transportation Requirement</u>
Blue	No Risk	Car (Non-ambulance)/Car seat
Green	Low Risk	BLS Ambulance
Yellow	Medium Risk	ALS Ambulance
Orange	Moderate Risk	Critical Care Transport (CCT)
Red	High Risk	Specialized Transport

Transport Descriptions



Transport Type	Staffed By	Capabilities/Considerations
BLS (Basic Life Support) Ambulance	2 licensed emergency medical technicians (EMTs)	Designed for inter-facility transfer and pre-hospital response to ill or injured patients. EMTs can use AEDs, perform basic and intermediate airway procedures and complete basic monitoring of patients (i.e. vitals, oxygen levels). Care is non-invasive by nature.
ALS (Advanced Life Support) Ambulance	Minimum of 1 paramedic and 1 EMT	Provide advanced life support and interventional care. Capabilities of paramedics include the administration of authorized medications, use of advanced airway equipment, cardiac monitors and blood glucose testing equipment. Paramedics can start IVs and push authorized medications.
Critical Care Transport (CCT)	At least one provider is a RN, PA, NP or physician along with an EMT or paramedic and others as needed (i.e. RT)	The provision of medical care by a critical care transport team to a patient requiring transport such that the failure to initiate on an urgent basis or maintain acute medical, pharmacological interventions or technologies would result in sudden, clinically significant or life threatening deterioration in the patient's condition. A patient requiring critical care transport has a critical illness or injury that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition.
Specialized Transport	Dependent on patient need	Patient's condition requires ongoing care that must be provided by one or more health professionals in <u>an appropriate specialty area</u> . Specialty areas can include nursing, medicine, respiratory care, cardiovascular care or a paramedic with additional training. Consideration of this type of transport will include immediate placement needs that may be related to surgical interventions, autoimmune disorders as well as consideration of physical requirements and equipment needed for transport (i.e. a bariatric patient).



Adult TRAIN Tool

Transport	Car (Non-ambulance)	BLS (2 EMT Team)	ALS (1 EMT, 1 Paramedic)	CCT (EMT/Paramedics & RN)	Specialized (Staffed depending on need)
Life Support	Stable	Minimal	Minimal/Moderate	Moderate	Maximal
Mobility	Car/Wheelchair	Wheelchair/Stretcher	Wheelchair/Stretcher	Stretcher/Immobile	Stretcher/Immobile/Bariatric
Monitoring Level/ Stability	Routine Vitals	Routine Vitals + O2 sat; Moderately stable	Frequent Vitals + Cardiac Monitoring; Interventions possible	Continuous; changing status; Interventions probable	Specialized OR requirements; Equipment or Scarce resources; Complexity
Pharmacy	PO Meds	IV Lock	IV Fluids – IV Drip without titration	Titrated IV Drip; TPN Dependent	IV Drip ≥2, type and monitoring requirement
Isolation Status		BASED ON MEDICAL NEED			Highly Infectious Patient
Life Support	Minimal =	O2; peripheral IV; Trach (non-vent and does not require deep suction during transport)			
	Moderate =	CPAP/BiPAP/Hi-Flow; Chest tubes; Continuous Nebulizer; Stable home/long-term vent (requires transport with RN or RT to maintain ventilator support)			
	Maximal =	Ventilator; ECMO; External Pacemaker; Highly specialized equipment			
Pharmacy	IV Drip =	Pharmacologic agents that cannot be discontinued for transport, agents that require active monitoring. IV drips that can be maintained safely at current rate vs. those that need close monitoring and possible titration en route to destination (i.e. vasopressors, insulin, etc.)			
Mobility	Car (vehicle) =	Able to get in and out of non-ambulance car, van, or bus; sit up; follow commands			
	Wheelchair =	Some impairment related to mobility; unable to ambulate for long distances			
	Stretcher =	Unable to ambulate or contraindicated to current medical status/condition			
	Immobile=	Unsafe to move without specialized equipment; non-ambulatory; unstable cervical fracture			
	Bariatric =	Patient whose weight exceeds 350 pounds and who requires special equipment for transport			

TRAIN Internal Assessment Form Optional Tool For Facilities



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1							Type of Table Used (✓One)				TRANSPORT CATEGORY (✓ One)								
2	#	UNIT / FLOOR	ROOM #	Gender	Age	NICU	PEDS	OB	ADULT	BHS	CAR	BLS	ALS	CCT	SPECIALIZED	Isolation?	Specialized Transport Needs	Receiving Location	
3	1																		
4	2																		
5	3																		
6	4																		
7	5																		
8	6																		
9	7																		
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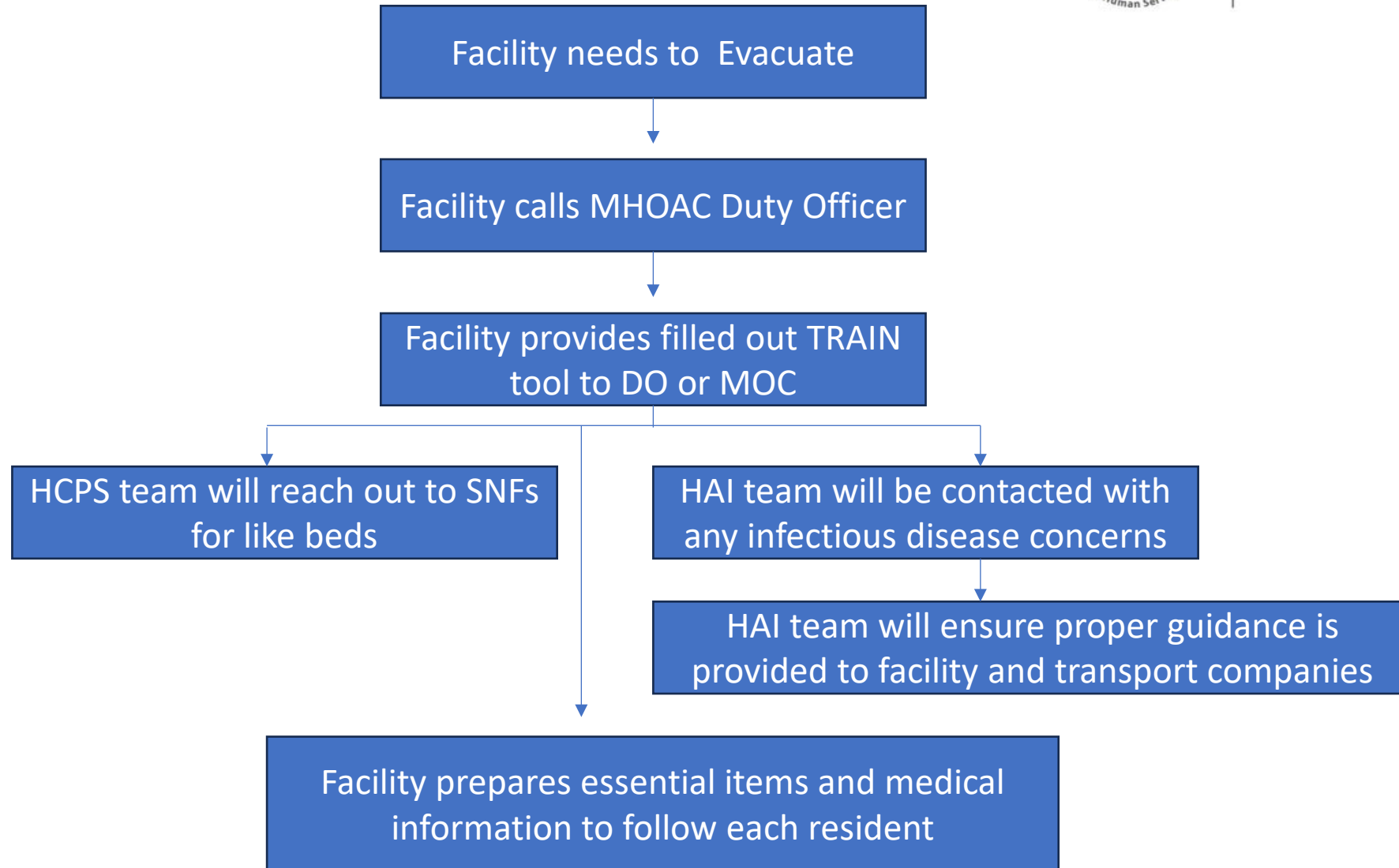
TRAIN Facility Wide Form For Facilities



FACILITY _____		EVACUATIONCATEGORIES	
DATE _____ TIME _____			
EVACUATION ("TRAIN" Categories)		TOTAL COUNT	
Ambulatory to Evacuate			
BLS to Evacuate			
ALS to Evacuate			
CCT			
SPECIALIZED			

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Infection Control



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Infection Control Transfer Form

This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix any patient labels here



Demographics		
Patient/Resident (Last Name, First Name):		
Date of Birth:	MRN:	Transfer Date:
Sending Facility Name:		
Contact Name:	Contact Phone:	
Receiving Facility Name:		
<div>⚠️ Currently in Isolation Precautions? <input type="checkbox"/> Yes</div> <div>If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other:</div>		<div><input type="checkbox"/> No</div> <div>isolation precautions</div>
Organisms		
Did or does have (send documentation, e.g. culture and antimicrobial test results with applicable dates):	Current (or previous infection or colonization, or ruling out*)	<div><input type="checkbox"/> No</div> <div>known MDRO or communicable diseases</div>
MRSA	<input type="checkbox"/>	
VRE	<input type="checkbox"/>	
Acinetobacter resistant to carbapenem antibiotics	<input type="checkbox"/>	
E. coli, Klebsiella or Enterobacter resistant to carbapenem antibiotics (CRE)	<input type="checkbox"/>	
E. coli, Klebsiella resistant to expanded-spectrum cephalosporins (ESBL)	<input type="checkbox"/>	
C. difficile	<input type="checkbox"/>	
Other^:	<input type="checkbox"/> (current or ruling out*)	
^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB, etc.		
*Additional information if known:		
Symptoms		
<div>Check yes to any that <u>currently</u> apply**:</div> <div><input type="checkbox"/> Concerning rash (e.g.; vesicular)</div> <div><input type="checkbox"/> Cough/uncontrolled respiratory secretions</div> <div><input type="checkbox"/> Acute diarrhea or incontinent stool</div> <div><input type="checkbox"/> Incontinent of urine</div> <div><input type="checkbox"/> Draining wounds</div> <div><input type="checkbox"/> Vomiting</div> <div><input type="checkbox"/> Other uncontained bodily fluid/drainage</div>		<div><input type="checkbox"/> No</div> <div>Symptoms / PPE not required as "contained"</div>
**NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained.		

CDPH Infection Control Transfer Form:
https://www.cahfdisasterprep.com/files/ugd/69dc94_1e44866a80c9415c82d05de51ac574c0.pdf

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Prior to Evacuation

- **Identify** residents under Transmission based Precautions (Contact, droplet, airborne)
- Ensure **Isolation is maintained** prior to and during transport (Masking, covering wounds, hand hygiene)
- **Flag** patients clearly on medical records.
- Provide transport teams with awareness, guidance, and PPE if needed. (Reach out to County HAI Team for assistance)

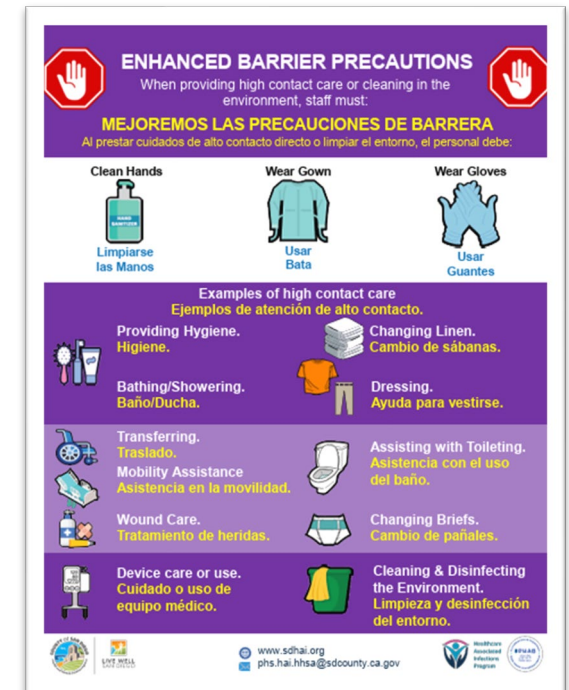
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Coordinate with HAI Team

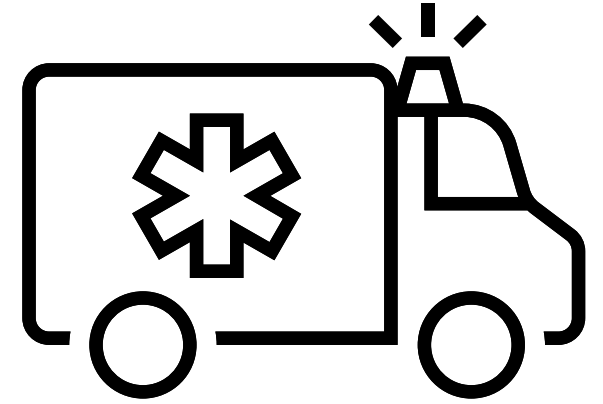
- MHOAC will **contact** HAI team as soon as possible.
- HAI team is able to provide:
 - Support
 - Guidance
 - Recommendations
- Ensure Documentation follows resident (Including Transfer Form)
- HAI will follow up with residents' post evacuation

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Transport Guidance

- MHOAC/ MOC will work with administrator, HAI and, EMS to **notify** transport of infectious status.
 - (Please remind them at pickup)
- HAI will work with facility to **provide guidance** on PPE dependent on resident's infectious status.
- Ensure receiving facility has been **briefed** prior to arrival
- **Limit exposure** during staging areas
 - Separate resident's dependent on infectious status.



Communication is Key!

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Content Check

Question 1:

Who determines if a facility needs to evacuate?

- a. The MHOAC Duty Officer
- b. The facility Administrator/Leadership and/or Fire/PD
- c. Transport Company

Question 2:

During an evacuation, what information must your facility provide to the MHOAC Duty officer?

- A. Train Tool, Number of residents, isolation and/or specialized needs.
- B. A list of staff vacation schedules
- C. Facilities insurance details

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Cohorting to Optimize Infection Control



- Multidrug-resistant organisms (MDROs) are transmitted through direct contact with contaminated environment or individuals who have the organism.
- Sharing a room/unit where there is common environment, staff, devices/equipment shared is an important risk factor for a resident becoming exposed and acquiring multidrug-resistant organisms (MDROs)
- Cohorting is one strategy in the infection control “toolbox” to decrease risk of transmission of target MDROs.
- Cohorting is placing residents in dedicated units or areas of a facility based on infection or carrier status (remember COVID?)

Cohorting for MDROs usually come in two types:

1. Within-room cohort – facility places two or more residents with the same/similar MDRO in one room.
2. Multi-room cohort – facility designates area on unit/hallway/floor that contains multiple rooms with same/similar MDROs.

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Best Practices from Golden Hills Post Acute Evacuation



Executing the Evacuation Process

- Moisture Mapping
- Asbestos Results
- Patient Acuity

Resident Centered Perspective

- Triage Patient Movement
- Patient Tracking
- Pain Management and Prescriptions
- Infection Control
- Collaborate with Hospice and Managed Care Plans

Resident Belongings- Inventory Lists

- Theft and Loss
- Drop Off / Reunification of Property

Quick Stats

Initial Flooding - Monday, January 22, 2024

Received Test Results - Wednesday, January 24, 2024

Evacuation Completed - Friday, January 26, 2024

88 Residents

28 Sub-acute

Staffing

Surge Staffing

Staffing Retention

Recognitions

Content Check

Question 1:

Which county departments can support your facility during an evacuation?

- A. MHOAC duty officer, HCPS Team, HAI team, etc.
- B. OES **only**
- C. Red Cross and Local Volunteers

Question 2:

Who can you contact first if your facility needs evacuation support?

- A. Local Media
- B. Supply Vendors
- C. MHOAC Duty Officer

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Join the San Diego Healthcare Disaster Coalition



Join our annual training and exercise program!

Mission: The mission of the San Diego Healthcare Disaster Coalition is to build a regional organization to promote engagement, coordination, communication, and situational awareness between community partners and private and public sectors prior to, during, and after an incident/disaster, taking into consideration the unique characteristics of all of the San Diego County communities.

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Please email sdhdc.hhsa@sdcounty.ca.gov to join or to ask questions.
You can also visit our website at www.sdhdc.org for more information.



Thank you!

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What can the HAI Program do to help?



Outbreak
response

Support IP
rounding

Interpret
state/federal
guidance

Support staff
in-services

Support
quality
improvement
projects

Share
resources
and tools

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Next Collaborative

*****November 19, 2025*****

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:

“Invasive Group A Strep (iGAS) in SNFs”

1 Contact Hour Offered

Submit questions or
feedback about today’s meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

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Contact Hour Instructions

- **Ensure your name is your full name**
- **Complete by September 26th, 5:00 PM**
- **Expect your certificate by October 15th.**



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Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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