CALIFORNIA OFFICE OF EMERGENCY SERVICES REGION IV

MULTI-CASUALTY and MEDICAL/HEALTH DISASTER PLAN

MANUAL 3

MEDICAL/HEALTH MUTUAL AID SYSTEM

March 2005

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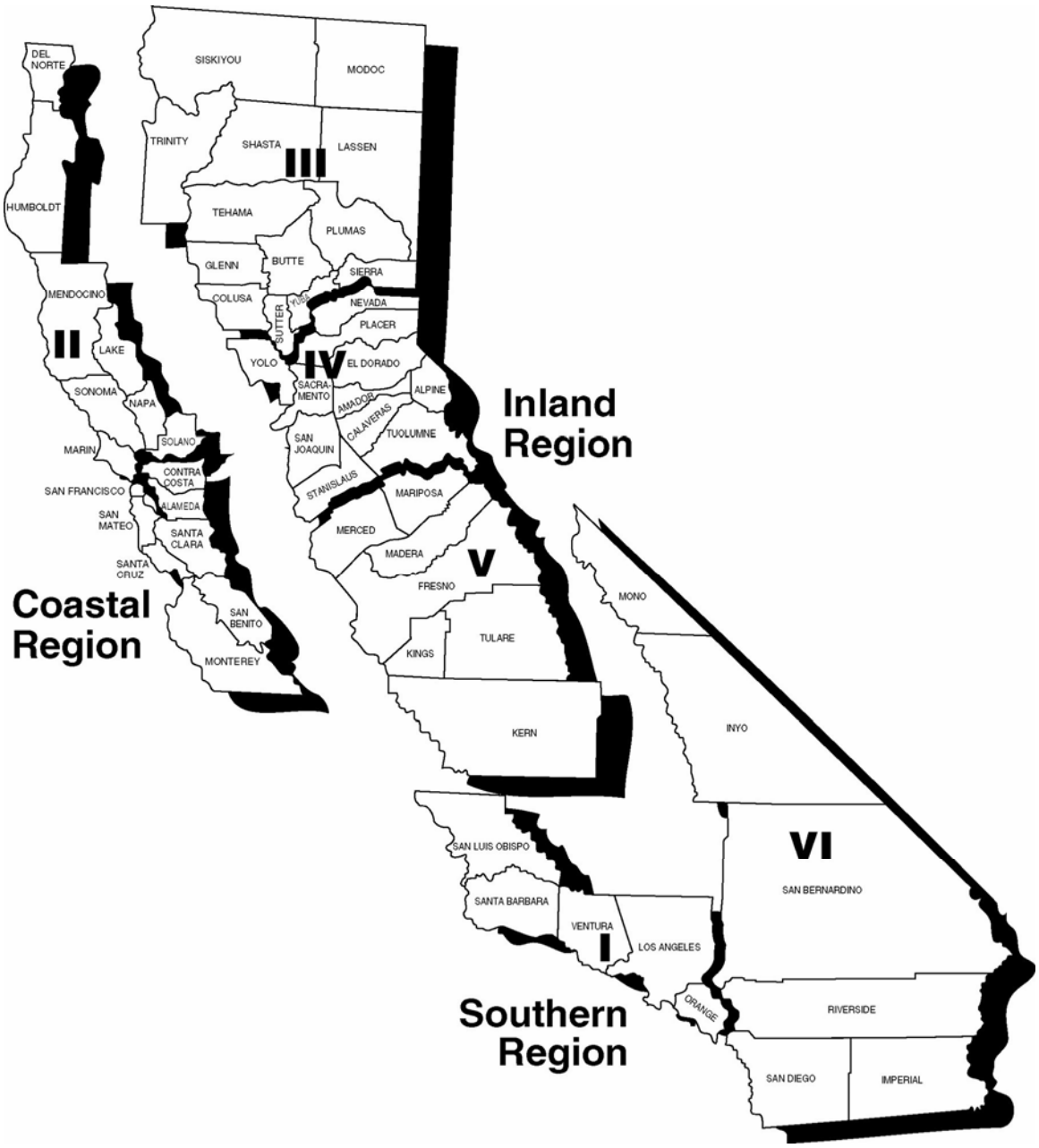
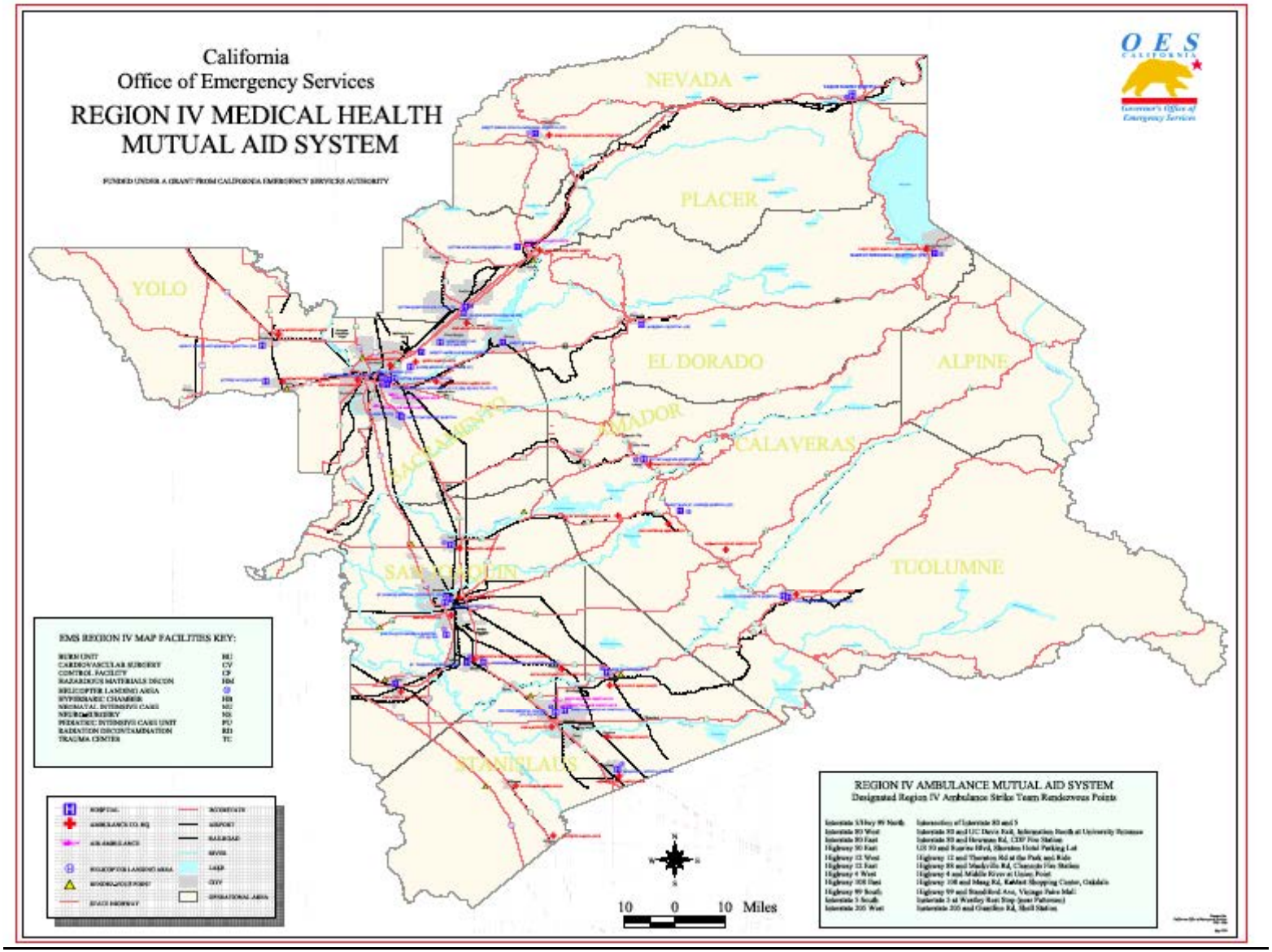
Mutual Aid Region Map




California
Office of Emergency Services
REGION IV MEDICAL HEALTH
MUTUAL AID SYSTEM
FUNDED UNDER A GRANT FROM CALIFORNIA EMERGENCY SERVICES AUTHORITY
OES
CALIFORNIA
Governor's Office of Emergency Services
NEVADA
PLACER
YOLO
EL DORADO
ALPINE
AMADOR
CALAVERAS
TUOLUMNE
SAN JOAQUIN
STANISLAUS
EMS REGION IV MAP FACILITIES KEY:
BURN UNIT BU
CARDIOVASCULAR SURGERY CV
CONTROL FACILITY CF
HAZARDOUS MATERIALS DECON HM
HELICOPTER LANDING AREA
HYPERBARIC CHAMBER HB
NEONATAL INTENSIVE CARE NI
NEUROSURGERY NS
PEDIATRIC INTENSIVE CARE UNIT PU
RADIATION DECONTAMINATION RD
TRAUMA CENTER TC
REGION IV AMBULANCE MUTUAL AID SYSTEM
Designated Region IV Ambulance Strike Team Rendezvous Points
10 0 10 Miles

SECTION 1. INTRODUCTION

A. Purpose Of Medical/Health Mutual Aid Manual

Manual 3 was originally written to coordinate medical and health resources within Region IV in order to support events within the region, or to mobilize resources to send outside the region. The original premise was that this would be in support of field operations described in Manual 1, and of the control facility patient dispersal function as described in Manual 2. Since the original plan was written, it has become apparent that the scope was in need of expansion, especially in the health response portion of the plan.

This revision will build on the mutual aid role laid out in the original document. As the terrorist events of 2001 demonstrated, the possibility of large events using explosives, chemical, biological, or nuclear weapons is very real. Since both the medical and health consequences of any of these events could be staggering, mutual aid planning must include preparation to acquire both medical and health resources that may be needed as a result of disasters. The goal of this document is to outline a regional plan under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) for addressing any disaster that results in medical or health consequences – including terrorism.

B. Agencies under Medical/Health Mutual Aid

The mutual aid system presented in Manual 3 includes mutual aid that can come from both private and public agencies. Private agencies that may be able to provide staff and resources during a disaster include:

- Private hospitals.
- Clinics.
- Long-term care facilities.
- Pharmacies.
- Ambulance companies.
- Medical supply companies.
- Staffing agencies.
- Schools of allied health.
- Veterinarians.

Staff and resources from public agencies could include:

- Public and environmental health departments.
- EMS agencies.
- County and district hospitals.
- County-owned supply and pharmaceutical caches.

This manual covers medical and health resources, excluding fire, law and military resources that are handled through their own mutual aid systems. We recognize that some medical assets will fall under the jurisdiction of fire and other disciplines. Close collaboration with all agencies and mutual aid systems is essential during a disaster. In order to assist with building close relationships with other agencies and mutual aid systems, this plan lists and encourages close collaboration with other emergency response agencies and mutual aid systems

C. SEMS/NIMS Compliant

Manual 3 concentrates on the key mutual aid system agencies and positions within field, local, Operational Areas (OA) and Region IV. In addition it covers how they fit into the state and federal mutual aid systems. The agencies discussed will include medical and health providers, public health departments, and EMS Agencies.

These positions include the Medical Health Operational Area Coordinator (MHOAC), the Public Health Officer, the Regional Disaster Medical Health Coordinator (RDMHC) and, the Regional Disaster Medical Health Specialist (RDMHS). How these positions function and integrate with counterparts at their level (within other mutual aid systems such as fire and law), and with those higher in the mutual aid system (such as state and federal agencies) will be presented.

SECTION 2. MEDICAL/HEALTH PROVIDER (field)
(Excluding law, fire, military)

A. Preparedness

- Develop Organizational Disaster Plan.

- Develop internal and external disaster communication plans, which include back up systems:

    - Phone (land line, Fax and cellular, video conferencing).
    - Satellite Phone (e.g. Operational Area Satellite Information System - OASIS).
    - Two way Radio.
    - Auxiliary communications services (e.g. RACES, ARES, CAP).
    - Internet/E-mail:
        - California Health Alert Network – CAHAN.
        - EMSystem.
        - Instant Messaging.
        - Video Chat.
    - Runners/Messengers.

- Establish communication with MHOAC.

- Establish and maintain liaison with local volunteer services and local emergency coordinators per local disaster plan.

- Develop or familiarize local resource tracking systems.

- Train and exercise staff in:

    - Organizational Disaster Plan
    - Operational Area disaster/mutual aid plans and procedures.
    - Standardized Emergency Management System (SEMS):
        - Incident Command System/National Incident Management System (ICS/NIMS).
        - Operational Area.
        - Mutual Aid.
        - Multi-Agency Coordination (MAC).
    - Appropriate forms and documentation (See section 8).
    - Communications plans.

- Develop and maintain inventory of medical/health resources, transportation, and communication services within provider's organization. Inform MHOAC of these available resources prior to a disaster and be prepared to provide resource updates during a disaster.

General Categories for Resource Types:

- Vehicles (Ground/Air).
- Supplies.
- Equipment.
- Personnel /Teams
- Facilities.

- Establish agreements or MOU's with other agencies/facilities to assist with finding additional staff and resources. OA wide agreements are strongly suggested. Agreements should conform to SEMS.

B. Response

1. Steps to request Mutual Aid

a) Activation

The following information helps the local medical provider to obtain quick emergency mutual aid assistance. This information should not modify or change any existing agreements or operational plans between your agency and other parties in the Operational Area.

Prior to activation of the mutual aid system, requesting medical or health agencies must establish ordering procedures with the Incident Commander, if appropriate, to include who will make actual requests.

Ensure there is a full commitment of resource. This does not require actual exhaustion of all resources, but it does anticipate full mobilization and commitment to the emergency.

b) Ordering Process

- Notify **MHOAC 24-HOUR CONTACT POINT**.
- Identify yourself and agency.
- Provide the mission information for the request:
  - **Mission Type** – a 1-3 word statement of the overall task (e.g. pandemic victim treatment, flood victim care, USAR, medical decon team).
  - **Requested Mission** – a multi-sentence description of what the resources will be tasked to perform (e.g. checking victims for infection at mass vaccination clinics, victim stabilization in treatment teams at temporary treatment sites).
- Provide an **Order** & **Request** Number:
  - A separate Request Number will be assigned to each resource. Obtained from the Incident Commander (or Logistics).

- Provide the **QUANTITY**, **TYPE**, and **KIND** of medical or health resources needed:
    - Resources shall be requested as single resource, or strike team or task force.
- Indicate when you need them:
    - Immediate need - no delays in ordering and dispatching.
    - Planned need - ordering or dispatch will be hours-to-days in the future.
- Indicate where the resources are to report:
    - Location address, cross streets, staging area, etc.
    - Identify local travel radio frequency for incoming units.
    - Telephone numbers of on-site, or reporting facility.
    - Name/position and radio call sign of person to report to.
- Indicate the duration of resource need and use.
- Begin tracking your requests:
    - MACS-420
    - RIMS Mission Tracking

2. Mobilization, Receiving, and Using Resources

The following actions are to be taken by each requesting agency in the mutual aid system upon activation in order to properly mobilize and use resources for the duration of the incident:

- Receiving Resources:
    - Prepare to receive and deploy the mutual aid requested.
    - Prepare to logistically support mutual aid resources requested.

- Brief all incoming personnel:
        - Communications Plan
        - Demobilization Plan
        - Assignments
        - Process of obtaining supplies
        - Incident situation status
        - Lodging and eating
        - Liaison Officer for resolution of use of policy/ resource requirements. (i.e. work hours, assignments, vehicle use, etc.) Provide copy of document if possible.

- Staff and maintain command and control point as necessary (ICP, DOC, etc.).

- Debrief resources. This includes personnel evaluation (ICS Form 225)

3. Resource Tracking

- Planning/Intelligence Section shall establish a resource tracking system (e.g. Incinet, T-Cards, ICECAP, etc.).

- Notify MHOAC that resources have arrived.

- Resources shall be tracked as: Assigned, Available, or Out-of-Service.

- Out of county resources shall be released first by the requesting agency.

- Advise jurisdictions on resources planning to be demobilized. If not needed on another incident, they should advise the Medical Health Operational Area Coordinator.

4. Agencies Responding to a Request

a) Information to obtain at time of dispatch:

- Rendezvous points within each Operational Area should be established where resources can meet prior to departure to the reporting location if it is an out-of-Operational Area response. These could be located with other responding services (law, fire) to reduce duplication.

- Obtain an **Order and Request Number** from the requesting agency.

    - Requests from outside of Region IV should also include a Mission Number from the State EMSA to ensure potential reimbursement. The State EMSA Director may need to follow up with the request source for the numbers.

- Dispatch resources with knowledge of:

    - Anticipated response time:
        - Immediate need - no delays in ordering or dispatching.
        - Planned need - ordering or dispatch will be hours-to-days in the future.
    - Location where resources are to report:
        - Address, cross streets, staging area, etc.
        - Identify local travel radio frequency for incoming units.
        - Name/position and radio call sign of person to report to.

C. Recovery

- Documentation
- Claims
- Finance
- Re-supply
- After Action Reports. Use RIMS After Action Report form.
- Quality Assurance

D. Mitigation (reducing future mutual aid needs)

- Conduct after action reviews and apply lessons learned.
- Add to resource inventory previously unknown local resources identified during the incident.
- Ongoing jurisdiction education and outreach on proper use of mutual aid system.
- Ongoing public education and outreach on preventing/reducing the event from occurring.
- Review and revise plans, procedures, forms, databases to assure currency and ease of use.
- Develop or modify agreements, and policies to strengthen the mutual aid system.

SECTION 3. LOCAL GOVERNMENT

A. Preparedness

- Develop and update emergency plans for responding to any medical and health related disaster or terrorist event.

- Develop internal and external disaster communication plans, which include back up systems:

    - Phone (land line, Fax and cellular, video conferencing).
    - Satellite Phone (e.g. Operational Area Satellite Information System - OASIS).
    - Two way Radio.
    - Auxiliary communications services (e.g. RACES, ARES, CAP).
    - Internet/E-mail:
        - California Health Alert Network – CAHAN.
        - EMSystem.
        - Instant Messaging.
        - Video Chat.
        - Runners/Messengers

- Establish communications with MHOAC.

- Conduct seminars, drills, and exercises to increase operational readiness of the jurisdiction.

- Develop agreements for the use of resources and facilities between public and/or private agencies or business.

- Develop resource Inventory. Identify “no out-of-area response” availability.

- Work within SEMS levels for coordinated activities.

    General Categories for Resource Types:

    - Vehicles (Ground/Air)
    - Supplies
    - Equipment
    - Personnel /Teams
    - Facilities

B. Response

1. Steps to request Mutual Aid

a) Activation

The following information helps the local medical or health provider to obtain quick emergency mutual aid assistance. This information should not modify or change any existing agreements or operational plans between your agency and other parties in the Operational Area.

Prior to activation of the mutual aid system, requesting medical or health agencies must establish ordering procedures with the Incident Commander, if appropriate, to include who will make actual requests.

Ensure there is a full commitment of resource. This does not require actual exhaustion of all resources, but it does anticipate full mobilization and commitment to the emergency.

b) Ordering Process:

- Local resources should be reasonably exhausted before calling for outside assistance.
- Contact **MHOAC 24-HOUR CONTACT POINT**.
- Identify yourself and agency.
- Give the mission information for the request:
  - **Mission Type** – a 1-3 word statement of the overall task (e.g. pandemic victim treatment, flood victim care, USAR, medical decon team).
  - **Requested Mission** – a 1-3 word statement of the overall task (e.g. pandemic victim treatment, flood victim care, USAR, medical decon team).
- Give an **Order** & **Request** Number:
  - Field developed, or Local Government may need to create on Incident Commander's behalf. One Order Number for per incident.
  - A separate Request Number will be assigned to each resource. Obtained from the Incident Commander (or Logistics), or from Department Operations Center (DOC) or jurisdictions' Emergency Operations Center (EOC).
- State the **QUANTITY, TYPE,** and **KIND** of medical resources needed:
  - Resources shall be requested as single resource, strike team or task force.
- State when you need them:
  - Immediate need - no delays in ordering or dispatching.
  - Planned need - ordering or dispatch will be hours-to-days in the future.
- State where the resources are to report:
  - Location address, cross streets, staging area, etc.

    - Identify local travel radio frequency for incoming units.
    - Name/position and radio call sign of person to report to.
- Use RIMS Mission Resource Tasking (MRT) form
    - Location address, cross streets, staging area, etc.
    - Identify local travel radio frequency for incoming units.
    - Name/position and radio call sign of person to report to.

2. Mobilization, Receiving, and Using Resources

- Receiving Resources:
    - Prepare to receive and deploy the mutual aid requested.
    - Prepare to logistically support mutual aid resources requested.

- Brief all incoming personnel:
    - Communications Plan
    - Demobilization Plan
    - Assignments
    - Process of obtaining supplies
    - Incident situation status
    - Lodging and eating
    - Liaison Officer for resolution of use of policy/ resource requirements. (i.e. work hours, assignments, vehicle use, etc.) Provide copy of document if possible.

- Debrief resources. This includes personnel evaluation (ICS Form 225)

3. Resource Tracking

- Open local Emergency/Department Operations Center (EOC or DOC) and staff medical health branch.

- Send medical and health resources to affected areas as requested.

- Out of county resources shall be released first by the requesting agency.

- Advise Medical Health Operational Area Coordinator of resources planning to be demobilized. The MHOAC can determine if needed at another incident.

4. Responding as a requested Agency

Dispatch information to obtain:

- Rendezvous points within each Operational Area should be established where resources can meet prior to departure to the reporting location if it is an out-of-Operational Area response. These could be located with other

responding services (law, fire) to reduce duplication.

- Obtain an **Order and Request Number** from the requesting agency.

- Requests from outside of Region IV should also include a Mission Number from the State EMSA to ensure potential reimbursement. The State EMSA Director may need to follow up with the request source for the numbers.

- Dispatch resources with knowledge of:

  - Anticipated response time:
    - Immediate need - no delays in ordering or dispatching.
    - Planned need - ordering or dispatch will be hours-to-days in the future.

  - State where the resources are to report:

    - Location address, cross streets, staging area, etc.
    - Identify local travel radio frequency for incoming units.
    - Name/position and radio call sign of person to report to.

C. Recovery

- Determine and ensure preparedness to resume normal operations and to respond to other disasters.

- Document all resources requested/received.

- Submit claims for resources used.

- Finance.

- Re-supply resources that were depleted during response.

- After Action Reports. Use RIMS After Action Report

- Quality Assurance

- Debriefing of how mutual aid system functioned.

D. Mitigation (reducing future mutual aid needs)

- Conduct after action reviews and apply lessons learned.

- Add to resource inventory previously unknown local resources identified during

the incident.

- Ongoing jurisdiction education and outreach on proper use of mutual aid system.
- Ongoing public education and outreach on preventing/reducing the event from occurring.
- Review and revise plans, procedures, forms, databases to assure currency and ease of use.
- Develop or modify agreements, and policies to strengthen the mutual aid system.

SECTION 4. OPERATIONAL AREA

A. Preparedness

1. Select MHOAC

Select Medical Health Operational Coordinator (MHOAC) by the Emergency Medical Care Committee (EMCC), EMS Agency, or other locally established procedure.

2. Activities

The MHOAC or their designee should carry out the following preparedness activities:

- Assist in developing and annually updating the medical annex of the county's emergency response plan to include mutual aid procedures.

- Identify, develop, and maintain sources of medical resources, transportation, communications, and logistic support.

- Inventory

    - This inventory shall list medical and health (public and private) resources that are available for mutual aid response. This excludes fire, law, and military resources.

    - One list should only show resources that would be available for "out-of-county" response.

    - If a resource is only available for “in-county” use, then the MHOAC should keep such resources on a separate list in the inventory.

      General Categories for Resource Types:

        - Vehicles (Ground/Air)
        - Supplies
        - Equipment
        - Personnel /Teams
        - Facilities

    - Update the inventory of agency resources listed by standardized categories. These categories reduce confusion during incident resource tracking. Provide information to RDMHS:

- Establish and maintain liaison with appropriate American Red Cross chapters, volunteer agencies, professional societies, local EMS agency, hospitals, and pre-hospital providers.

- Establish and maintain liaison with other service Operational Area mutual aid coordinators such as law and fire.

- Designate with Health Officer pre-determined facilities and develop plans and procedures to open, staff, and operate them.

    - Casualty Collection Points
    - Treatment Centers
    - Mass Prophylaxis Clinics
    - Smallpox Vaccination Clinics
    - Strategic national Stockpile
        - Receiving Sites
        - Distribution Center
        - Dispensing Sites

- Designate mobilization areas for mutual aid resources. Coordinate this selection with the Operational Area Fire Coordinator.

- Develop agreements with nearby military establishments that could provide mutual aid assistance.

- Assist local jurisdictions to develop plans and procedures to:

    - Alert resource providers and contact points.

    - Inventory, stockpile, and distribute resources.

    - Participate in Operational Area mutual aid exercises and operations.

- Establish a 24-hour contact point for receiving mutual aid requests.

    - This contact point shall have copies of their Operational Area resource directory and relevant communications information.

    - Be able to immediately activate resources to meet immediate needs. Requests for resources can come from within the OA from local hospitals, an incident scene, or evacuation shelters. The RDMHC/S may also request resources through the OA 24-hour contact point to meet requests from outside of that OA or from outside of the region.

    - Ensure that the 24-hour contact center should have both telephone and radio capabilities. For OA resource dispatching, a contact radio frequency and a travel frequency should be selected. The **Incident Commander or Region Coordinator uses the 24-hour radio frequency** to request resources (could include a hospital). Ambulances to communicate with, and

obtain directions from, the incident commander or dispatch center use a travel frequency.

- The following contact information will be forwarded from the MHOAC to the RDMHC for inclusion in a regional contact database.

INFORMATION NEEDED	DISPLAY EXAMPLE	
Operational Area and 3-letter I.D.	**SAN JOAQUIN**	**MXSJ**
Medical Coordinator	Darrell Cramphorn	
Agency	San Joaquin EMS	
Phone No.	(209) 468-6818	
24-hour Contact Agency	Stockton Fire Department	
24-hour Phone No.	(209) 464-4648	
24-hour Fax No.	(209) 937-8013	
24-hour Contact Radio	154.130	
Ambulance Travel Frequency	155.400 Med Net	

B. Response

1. Processing a mutual aid request

The following information helps the MHOAC obtain quick emergency mutual aid assistance. This information should not modify or change any existing agreements or operational plans between your agency and other parties in the Operational Area.

- Taking the Request Order:
  - Ensure local resources are reasonably exhausted before calling for outside assistance.
  - Identify requestor and agency.
  - Obtain the mission information for the request:
    - **Mission Type** - a 1-3 word statement of the overall task (e.g. pandemic victim treatment, flood victim care, USAR, medical decon team).
    - **Requested Mission** - a 1-3 word statement of the overall task (e.g. pandemic victim treatment, flood victim care, USAR, medical decon team).
  - Obtain **Order** and **Request Number**:
    - An Order Number must be obtained from each requesting agency to ensure proper tracking of requests.
    - A separate request number will be assigned to each single resource, strike team or task force.
  - Obtain the **QUANTITY, TYPE** and **KIND** of medical resources needed.

    - Resources shall be requested as: single resource; strike team, or task force.
  - Obtain when requestor needs them:
    - Immediate need - no delays in ordering or dispatching.
    - Planned need - ordering or dispatch will be hours-to-days in the future.
  - Obtain where the resources are to report:
    - Location address, cross streets, staging area, etc.
    - Identify local travel radio frequency for incoming units.
    - Name/position and radio call sign of person to report to.
- Prepare to logistically support mutual aid resources requested.

- Use RIMS Mission Resource Tasking (MR) form.

2. MHOAC specific activation activities:

- Relocate, assign liaison, or establish dedicated communications to OA EOC.

- Evaluate resource availability within the Operational Area as event changes jurisdiction status. Identify Mobilization Areas, Rendezvous Points, or other facilities as necessary. See list in Prevention above.

- Coordinate the dispatch of requested resources from those available within the Operational Area. Use MACS 420 to track resources.

- Notify the RDMHC and periodically report the known situation and resource status of the Operational Area.

- Request mutual aid resources from region to fulfill requests initiated by local jurisdictions or to reinforce seriously depleted resources within the Operational Area.

3. Resource Tracking

- Rendezvous points within each Operational Area should be established where resources can meet prior to departure to the reporting location if it is an out-of-Operational Area response. These could be located with other responding services (law, fire) to reduce duplication.

- Obtain an **Order and Request Number** from the requesting agency.

    - Requests from outside of Region IV should also include a Mission Number from the State EMSA to ensure potential reimbursement. The State EMSA Director may need to follow up with the request source for the numbers.

- Dispatch resources with knowledge of:

    - Anticipated response time:
        - Immediate need - no delays in ordering or dispatching.
        - Planned need - ordering or dispatch will be hours-to-days in the future.

- Location resources are to report:

    - Address, cross streets, staging area, etc.
    - Identify local travel radio frequency for incoming units.
    - Position and radio call sign of person to report to.

- Establish communications with mutual aid processing sites (e.g. EOC, DOC, REOC, JEOC).

4. Documentation

   The following forms should be used to track resource requests and kept as records for possible reimbursement:

   - RIMS Mission Request Tasking (MRT) Form for making requests.
   - MACS Form 420 for tracking requests and resources.
   - RIMS Medical/Health Branch Status Report for informing other jurisdictions via Resource Information Management System (RIMS) of situation.

C. Recovery

- Evaluate/ensure the ability of the Operational Area to respond to routine operations and/or new disasters.

- Determine and ensure preparedness to resume normal operations and to respond to other disasters.

- Document all resources requested/received.

- Submit claims for resources used. State may ask OA to assist local governments.

- Finance.

- After Action Reports. Use RIMS After Action Report

- Quality Assurance

- Debriefing of how mutual aid system functioned.

D. Mitigation (reducing future mutual aid needs)

- Conduct after action reviews and apply lessons learned into regional planning in order to reduce the impact of future disasters.

- Review what previously unknown local resources assisted to include in inventory updates.

- Ongoing jurisdiction education and outreach on proper use of mutual aid system.

- Ongoing public education and outreach on preventing/reducing the event from occurring.

- Review and revise plans, procedures, forms, databases to assure currency and ease of use.

- Develop or modify agreements, and policies to strengthen the mutual aid system.

SECTION 5. REGION

A. Preparedness

1. Selection of RDMHC

Process (H&S §1797.152):

The State EMSA and Department of Health Services select the Regional Disaster Medical/Health Coordinator (RDMHC) for a two-year term. Re-selected at first quarterly Region IV Medical/Health Advisory Committee meeting on an "every even year" (2000, 2004, etc.) time-line. Nominations shall be requested beginning with the final quarterly meeting of the previous year.

The RDMHC shall select two alternates. One alternate will be from within the same Operational Area as the Coordinator. The second alternate will be from another Operational Area within Region IV.

2. Establishment of RDMHS

Under the general direction of the Emergency Medical Services Authority (EMSA) and the State Health Services (DHS), and in coordination with the RDMHC, a position called the Regional Disaster Medical and Health Specialist (RDMHS) is established to assist the State and Counties in the development of agreements, standardized planning efforts and a regional plan to provide medical and health mutual aid resources. These plans will be activated in response to a medical or health disaster resulting in a local or state proclamation of emergency.

3. Activities of the RDMHC

- Provide guidance and support to the RDMHS in developing plans for the provision of medical or public health assistance among the counties in Region IV.
- Develop a system to provide continuity of function at all times within the region.
- Provide a forum—with the assistance of the RDMHS—for the development of regional approaches to disaster medical and health preparedness.
- Promote disaster conferences, exercises, and drills.
- Support the development and maintenance of disaster medical/health resources.
- Act as an information source and provide advice to the state medical/health response system as well as to the state's Office of Emergency Services (OES) in disaster prevention efforts.

- Coordinate selection and completion of Control Facility Agreement. Policy and process for this activity is an attachment of Manual 2 – Patient Dispersal.

4. Activities of the RDMHS

- Develop plans and procedures for the acquisition and coordination of medical or public health resources from within the region as requested by the state. Provide information on the regional and local perspective for the development of the state's medical and health mutual aid response plans.

- Establish medical/health disaster response plans and procedures in concert with State disaster response plans and the Standardized Emergency Management System (SEMS) and ensure these plans support regional disaster response and other established mutual aid systems.

- Establish and maintain liaison with and provide consultation, leadership, and technical assistance to the OES regional medical project planner and OA planners regarding the development of emergency management and disaster medical and health response plans.

- Maintain liaison and coordination with OES regional headquarters and with state and federal agencies within and external to the region as required.

- Develop and submit proposals for projects to enhance disaster medical and health preparedness and response at the regional level.

- Provide a forum for OA planners to interact with each other in the continuous development of regional medical and health disaster preparedness.

- Participate in state-sponsored training exercises to test state, regional and local coordination of response plans.

- Plan, design, and coordinate exercises to test mutual aid plans and procedures and provide training to operational area participants.

- Working with OA medical and health planners, develop backup personnel capable of supporting mutual aid regional systems, providing assistance to local impacted emergency managers and providing temporary liaison support to the OES regional emergency operations center (REOC).

- Assist OA within the region to institute medical and health recovery operations following disasters.

- As requested by EMSA, serve on committees and/or develop projects to improve

statewide medical and health disaster response.

- Review and update regional plans.

- Consider establishing a routine meeting with Operational Areas to review plans, procedures, plan exercises, etc.

- Maintain continuous quality assurance of regional plan during quarterly Region IV meetings

- Review and update regional emergency management contact lists.

- Conduct communications exercises to ensure communication with Operational Area and state emergency management personnel and operations centers.

B. Response

They or their alternates will serve on the staff of the OES Inland Region Administrator if the Governor proclaims a "State of Emergency or State of War Emergency".

1. Processing a mutual aid request:

The following information helps the RDMHC/S obtain quick emergency mutual aid assistance. This information should not modify or change any existing agreements or regional plans.

  - Evaluate conditions and resource availability within the region.

  - Coordinate the dispatch of requested resources from within the region according to this manual. Ensure RIMS-Mission Tasking Form information is collected.

  - Notify both the State EMSA Duty Officer and/or the State Department of Health Duty Officer of the known situation and resource status of the region.

  - Request mutual aid resources from the State as necessary to fulfill request(s) initiated by the impacted area or to reinforce seriously depleted resources within the region. Use RIMS Mission Tasking Form.

- Requests within Region IV:

  - An Order Number must be obtained from each requesting agency to ensure proper tracking of their requests.

- Resources shall be requested in single resource, strike team or task force format. A separate request number will be assigned to each single resource, strike team or task force.

- Rendezvous points within each county should be established where resources can meet prior to departure to the reporting location if it is an out-of-Operational Area response.

- Out of county resources shall be released first by the requesting agency.

- Requests from outside of Region IV:

    - Request an Order and Request Number from the requesting agency and a Mission Number from the State EMSA to ensure potential reimbursement. The State EMSA Director may need to follow up with the request source for the Order Number.

    - Rendezvous points should be located with other responding services (law, fire) to reduce duplication.

2. Resource Tracking

   Once the mutual aid system has been activated, the Order/Request Number process will be used to track resources, ensure they are delivered, and are properly demobilized. The following resource management concepts are the basis of that process and are similar to those used by other mutual aid systems.

3. Documentation

   The following forms should be used to track resource requests and kept as records for possible reimbursement:

   - RIMS Mission/Resource Tasking Form for making requests.
   - MACS Form 420 for tracking requests and resources.
   - RIMS Medical/Health Branch Status Report for informing other jurisdictions via Resource Information Management System (RIMS) of situation.

4. Control Facility

   During an event, the RDMHC/S should coordinate information with the Regional Control Facility to assure both have current understanding of the event.

C. Recovery

- Assist Operational Areas to evaluate and recover the ability to resume routine operations and/or respond to new disasters.

D. Mitigation

- Conduct after action reviews and apply lessons learned into regional planning in order to reduce the impact of future disasters.
- Work with State OES and medical and health disaster planners to develop hazard mitigation plans following disasters.

SECTION 6. STATE (EMSA and CDHS)

The California Emergency Medical Services Authority (EMSA) is responsible for coordinating the state medical response to disasters, and the California Department of Health Services is responsible for the state public health and environmental health response to disasters. Jointly, these two agencies carryout the activities listed below.

A. Preparedness

- Develop guidelines, policies, and plans that help local jurisdictions, operational areas, and regions in developing effective disaster medical response plans.

- Establish liaison with government and private sector medical and health agencies and organizations.

- Ensure preparation to respond to emergencies and coordinate medical and health disaster response.

- Maintain 24-hour duty officers available for emergency notification.

- Establish liaison with the Regional Medical/Health Disaster Coordinators and the Governor's Office of Emergency Services.

- Participate in regional and statewide medical and health disaster exercises.

- Establish a process to fulfill mutual aid requests from the Regional Disaster Medical Health Coordinators, other State agencies, direct requests from other states and federal agencies. This should include specific medical and health systems, such as NDMS.

B. Response

1. Lead Agency

   - Through coordination provided by State OES of all state agencies and departments, perform the State Medical and Health Directors function as the lead of the Medical/Health Branch of the State Operations Center.

2. Specific functions of EMSA and CDHS during a disaster include:

   - The EMSA and CDHS duty officers will contact each other to coordinate statewide activations, information gathering, and assessments. This reduces duplication of contacts to the RDMHC/S's and Operational Area agencies.

   - Activate and establish the Joint Emergency Operations Center (JEOC). Site determined by event size, type, and complexity.

- Evaluate conditions and medical/health resource availability in the state.
- Alert all other Regional Disaster Medical/Health Coordinators of anticipated inter-regional dispatch of medical resources.
- Select region(s) from which resources are to be mobilized to fulfill requests.
- Prioritize and coordinate the response of inter-regional mutual aid resources.
- Activate OES and other state agency support personnel, units, and equipment necessary to fulfill requests statewide.

C. Recovery

- State agencies will assist regional, operational, and local agencies in their recovery activities.
- Coordinate with State OES Public Assistance Branch on documentation needs to recover possible California Disaster Assistance Act (CDAA) and federal reimbursement funds.

D. Mitigation

- Conduct after action reviews and apply lessons learned into regional planning in order to reduce the impact of future disasters.

SECTION 7. DEFINITIONS

ACS – AUXILIARY COMMUNICATIONS SERVICE

An emergency communications reserve for the State of CA, administered by State OES; including RACES and CARES.

CARES – CALIFORNIA AMATEUR EMERGENCY SERVICE

Provides backup disaster communications, via Amateur Radio, to departments of the Health & Welfare Agency, including EMSA, DHS, Social Services & Office of Statewide Health Planning & Development.

CASUALTY COLLECTION POINTS (CCPs)

Sites pre-designated by county officials for congregation, triage, austere medical treatment, relatively long-term holding and evacuation of casualties following a major disaster.

CHECKLIST

A suggested list of actions to be carried out in response to a particular event or situation.

DMATS - DISASTER MEDICAL ASSISTANCE TEAMS

DMATS are part of the National Disaster Medical System. The DMAT is a group of health professionals who can be trained, nurses and support personnel; this grouping provides both emergency and primary care to an affected population. Staff could also include dentists, oral surgeons, pharmacists, physical therapists, emergency medical technicians, lab & x-ray personnel, management, etc. After the patient care component, other components such as environmental health, sanitarians, veterinarians, dieticians, etc., or specialized teams such as just coroners, may be added.

EMERGENCY (SEMS/NIMS Definition)

A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy. (Government Code Section 8607(a).

EMERGENCY BROADCAST SYSTEM

A system that enables the President and federal, state and local governments to communicate through commercial radio and television broadcast stations with the general public in the even of a disaster.

EOC – EMERGENCY OPERATIONS CENTER (SEMS definition)

A location from which centralized emergency management can be performed.

EMERGENCY PUBLIC INFORMATION

Information relayed to the public from official sources during an emergency including: 1) instructions giving advice on survival and health actions, (2 status information on the disaster and (3 notice of emergency assistance available and where to obtain it.

EMERGENCY RESPONSE AGENCY – (SEMS definition)

Any organization responding to an emergency or providing mutual aid support to such an organization, whether in the field, at the scene of an incident, or to an operations center. (Government Code 8608 (a).

EMERGENCY RESPONSE PERSONNEL – (SEMS definition)

Personnel involved with an agency's response to an emergency.

EMSA – EMERGENCY MEDICAL SERVICES AUTHORITY

State of California EMSA is the State department responsible for the coordination and integration of all state activities concerning emergency medical services. (Health & Safety Code, Chapter 3)

EMSOC - Emergency Medical Services Operations Center - Located at EMSA headquarters for the coordination of the State's medical response.

EMS SYSTEM

A specifically organized arrangement which provides for the personnel, facilities and equipment for the effective and coordinated delivery in an EMS area of medical care services under emergency conditions." (Health & Safety Code, Section 1797.78)

EVACUATION

Moving people to a safer area.

EVACUEE

An individual who moves from the hazardous area created during a disaster.

FEDERAL COORDINATING OFFICER

The person appointed by the President to coordinate federal assistance following an emergency or major disaster declaration.

FEDERAL DISASTER ASSISTANCE

Provides in-kin and monetary assistance to disaster victims, state and local government by federal agencies under provisions the Federal Disaster Relief Act of 1974 and other statutory authorities of federal agencies.

FEDERAL DISASTER RELIEF ACT

Public Law 93-288, as amended, that gives the President broad powers to supplement the efforts and available resources of state and local governments in carrying out their responsibilities to alleviate suffering and damage resulting from major (peacetime) disaster.

FIRST AID STATION

A location where disaster victims may receive first aid.

INCIDENT – (SEMS definition)

An occurrence or event, either human-caused or by natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damager to property and/or natural resources.

INCIDENT COMMAND SYSTEM (ICS) -- (SEMS definition)

The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries ICS in the combination of facilities. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

JEOC – JOINT EMERGENCY OPERATIONS CENTER

Managed by Department of Health Services. Locates, acquires, and arranges for delivery of disaster medical supplies, equipment, and personnel from unaffected areas of the State to Unified Medical Operations Center. Operational Areas may order directly from JEOC.

LOCAL GOVERNMENT – (SEMS definition)

Any city, city and county, county, school district or special district (Government Code section 8680.2).

MAJOR DISASTER (Federal)

Any hurricane tornado, storm, flood, high water, wind-driver water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire explosion, or other catastrophe which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Federal Disaster Relief Act.

MP - Marshalling Point

Area used to where to collect resources prior transport into impacted area. Developed by the EMSA, identical in task as the Mobilization Area.

MASTER MUTUAL AID AGREEMNT

The California Disaster and Civil Defense Master Mutual Aid Agreement made and entered into by and among the State of California, its various departments and agencies of the State, in 1950. Counties were automatically included, whereas, cities incorporated before 1950 had to become partners to the Agreement by ordinance. The agreement provides for support of one jurisdiction by another. The agreement does not include private agencies.

MHOAC – MEDICAL HEALTH OPERATIONAL AREA COORIDNATOR

An individual appointed by the county Department of Health Director/Local Health Officer who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources within the Operational Area (county) border.

MA - Mobilization Area

Area utilized for the receipt, warehousing and possible reconfiguration of resources received from by distant sources. This is recognized in law and fire.

MULTI-CASUALTY INCIDENT (MCI)

An incident that requires more resources than what is available on a routine basis. Routine procedures are no longer adequate for dealing with the situation. Generally, emergency responders operate under the guidance of a jurisdictions' Multi-Casualty Incident Plan.

MUTUAL AID

A statewide system designed to ensure that adequate resources, facilities, and other support are provided to jurisdictions whenever their own resources prove to be inadequate to cope with a given situation.

NIMS - NATIONAL INCIDENT MANAGEMENT SYSTEM

A nationally established process to manage major events and localized incidents. SEMS comprises most, if not all, aspects of NIMS, and may satisfy criteria. This would allow California jurisdictions to continue utilizing SEMS Course of Instruction to assure compliance.

OFFICE OF EMERGENCY SERVICES

The state agency responsible for the coordination and administration of statewide emergency planning and response.

OPERATIONAL AREA

An intermediate level of the state emergency services organization, consisting of a county and all political subdivisions within the county.

OASIS – OPERATIONAL AREA SATELLITE INFORMATION SYSTEM

OASIS is a satellite-based communications system with a high frequency radio backup. OASIS provides disaster-resistant communications between the Operational Area, regions, OES headquarters and mobile state telecommunications units.

PUBLIC SAFETY AGENCIES

Governmental fire, law and military agencies. Resources from those disciplines will be handled (requested and deployed) by their own mutual aid system. Medical/health resources may come from pre-hospital ambulance providers and hospital resources such as nurses, physicians or supplies and equipment.

PUSH CONCEPT/SUPPLIES AND EQUIPMENT

EMSA and private medical supply vendors have a system (PUSH –not an acronym) where pre-designated supplies will be mobilized as soon as a disaster occurs. This plan requires no involvement from the RDMHC or Region IV counties, unless EMSA has difficulty locating a needed item.

RACES-RADIO AMATEUR CIVIL EMERGENCY SERVICES

An emergency services designed to make efficient use of skilled radio amateurs throughout the state in accordance with approved civil defense communications plans. Operators are registered with an OES agency to provide emergency communications support.

REOC

(State OES) REGIONAL EMERGENCY OPERATIONS CENTER

RA – RECEPTION AREA

The receiving points for evacuated casualty.

RIMS – RESPONSE INFORMATION MANAGEMENT SYSTEM

This computer software system will be used on the OASIS Satellite system to improve OES' ability to collect, process, use and disseminate status, response, planning and resource information during a disaster. It will greatly reduce resource request backlogs and misdirection of resources; thus possibly saving lives and reducing suffering and saving millions of dollars in recovery costs.

REGIONAL DISASTER MEDICAL HEALTH COORDINATOR (RDMHC)

An individual appointed by the State EMSA based upon local recommendation for a mutual aid region to coordinate services in the event of a disaster or in the event that medical mutual aid of some type is requested.

REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS)

An individual selected by a local EMS agency, under contract with EMSA, as a staff function to coordinate preparedness activities, and to assist in coordinating services in the event of a disaster or in the event that medical mutual aid of some type is requested. The RDMHC does not have operational management of the Specialist, however, this position works in coordination with the RDMHC and EMSA/CDHS during an event.

REGIONAL EVACUATION POINT (REP)

Used for staging casualty evacuees from impacted areas and/or for shipment of medical resources into area.

RENDEZVOU POINT

Location where resources can be collected before moving to a requesting jurisdiction. Allows leader to inventory all personnel, supplies and equipment leaving the providing Operational Area.

SEMS – STANDARDIZED EMERGENCY MANAGEMENT SYSTEM

Established by CA Government Code Section 8607, SEMS "is intended to standardize response to emergencies involving multiple jurisdictions or multiple agencies. SEMS is intended to be flexible and adaptable to the needs of all emergency responders in CA. SEMS requires emergency response agencies use basic principles and components of emergency management including ICS, multi-agency or inter-agency coordination, the Operational Area concept, and established mutual aid systems. State agencies must use SEMS. Local government must use SEMS by December 1, 1996 in order to be eligible for state funding of response-related personnel costs pursuant to activities identified in CA Code of Regulation, Title 19, Section 2920, 2925 and 2930".

SOC – STATE OPERATIONS CENTER

The State OES' EOC in Sacramento

STAGING AREA

Location where equipment and personnel are staged and are available for deployment within three minutes.

STANDARD OPERATING PROCEDURES (SOPS)

A set of instructions having the force of a directive, covering those features of operations that lends itself to a definite or standardized procedure. SOPs support a plan or supporting plan or guidelines manual by indicating in detail how a particular task will be carried out.

STATE COORDINATING OFFICER

The person appointed by the Governor to cooperate and work with the Federal Coordinating Officer, to manage state assistance for the disaster.

TRIAGE

A continuous process of sorting accident victims according to the severity of their injuries. Necessary when the number of victims exceeds the number of rescuers or resources available, so that they can be routed to appropriate medical facilities.

UMOC – UNIFIED MEDICAL OPERATIONS CENTER

A joint operation of EMSA and the National Guard at the periphery of the disaster area.

VECTOR

Source or reservoir by which an infectious agent is spread to a person

VECTOR CONTROL

Actions to limit the spread of disease-carrying insects and animals

SECTION 8. ATTACHMENTS

1. **MAPS**
2. **MUTUAL AID CHARTS**
3. **FORMS**

A. MAPS

The following maps are recommended to assist personnel in all levels of the medical health mutual aid system. The standard maps to be used shall be the California State Automobile Association (AAA) road maps. The purpose is to allow rapid and easily obtained maps for responding agencies to locate routes to another area.

- Operational Area Medical/Health Provider: Shall maintain a set of AAA maps for the Operational Area.
- Regional Disaster Medical Health Coordinator/Specialist: Shall maintain a set of AAA operational and state maps covering the Region IV to coordinate movement of resources to mobilization points, staging areas, or facilities.
- Optional Maps: Many agencies use Thomas Brothers Maps or Compass Map Company as approved maps. These could be used in conjunction with the AAA maps. However, mutual aid dispatch instructions will be based on AAA maps.

1. OPERATIONAL AREA AAA MAPS

The following is a minimal list of recommended maps to be used by Region IV MHOACs.

OPERATIONAL AREA	WIDE AREA MAP	LOCAL MAP
ALPINE	Bay & Mountain Region	
AMADOR	Bay & Mountain Region Mother Lode	Placerville-Jackson-Sutter Creek
CALAVERAS	Bay & Mountain Region Mother Lode	
EL DORADO	Bay & Mountain Region Lake Tahoe Communities Mother Lode	Carson City, NV Reno-Sparks, NV
NEVADA	Bay & Mountain Region Mother Lode	Carson City, NV Grass Valley-Nevada City Reno-Sparks, NV
PLACER	Bay & Mountain Region Mother Lode Lake Tahoe Communities	Auburn Carson City, NV Reno-Sparks, NV Roseville-Folsom
SACRAMENTO	Sacramento Valley Region	Sacramento North Sacramento South
SAN JOAQUIN	Bay & Mountain Region	Lodi Manteca Stockton Tracy
STANISLAUS	Bay & Mountain Region	Modesto-Ceres Turlock
TUOLUMNE	Bay & Mountain Region	Sonora-Columbia
YOLO	Sacramento Valley Region	Davis-Woodland

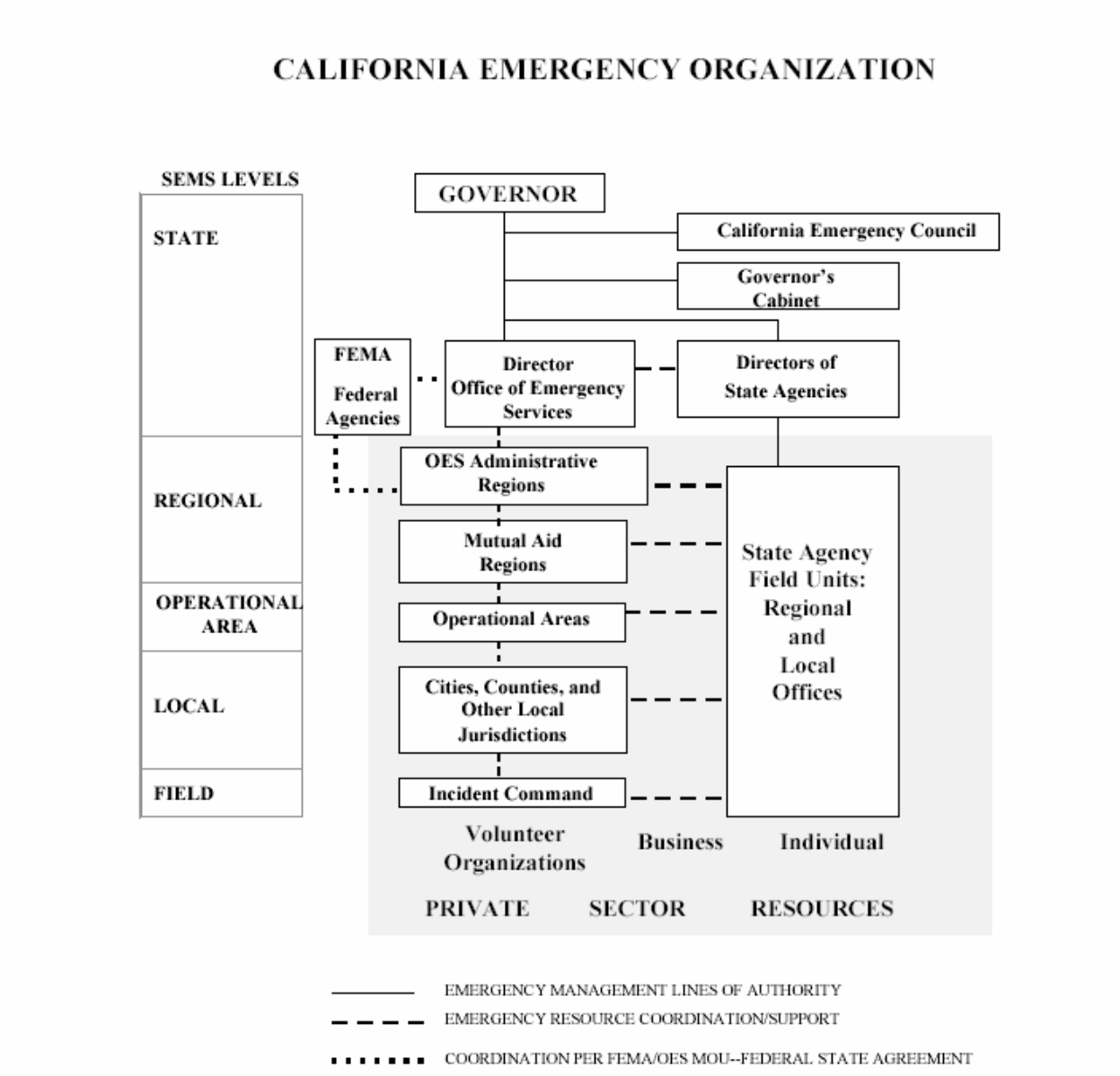
2. REGION IV AAA MAPS

The following is a minimal list of recommended maps to be used by the Regional Disaster Medical/Health Coordinator.

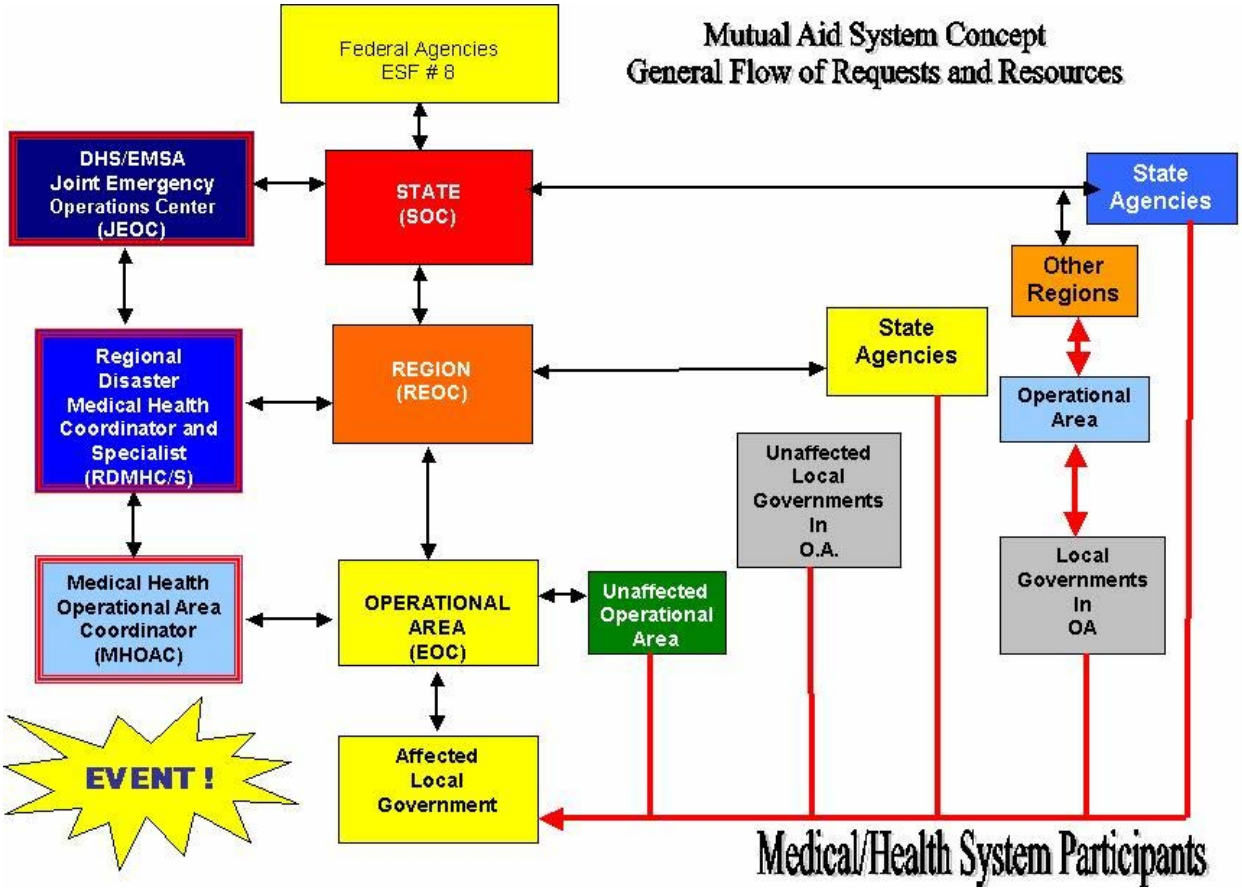
WIDE AREA MAP	LOCAL MAP	THOMAS BROS
Bay & Mountain Region California Lake Tahoe Communities Monterey Bay Region Monterey Peninsula Cities Mother Lode Nevada-Utah Northern California Section Sacramento Valley San Francisco San Francisco Bay Region	Auburn Carson City, NV Creek Grass Valley- Nevada City Davis-Woodland Lodi Manteca Modesto-Ceres Placerville-Jackson-Sutter Reno-Sparks, NV Roseville-Folsom Sacramento North Sacramento South Sonora-Columbia Stockton Tracy Turlock	Central Valley Cities California Road Atlas and Drivers Guide San Francisco, Alameda, Contra Costa Counties Street Guide

B. MUTUAL AID CHARTS

1. California Emergency Organization



2. Mutual Aid System Concept



FORMS

1. CHECKLISTS
2. RIMS
    a. Mission Request Tasking (MRT)
    b. Medical Health Status Report
3. MACS 420 - Resource Order
4. MACS 420-A – Resource Order Continuation Sheet

1. **RESOURCE ORDER**	INITIALDATE/TIME	2. INCIDENT/PROJECT NAME				3. INCIDENT/PROJECT ORDER NUMBER	4. OFFICE REFERENCE NUMBER
5. DESCRIPTIVE LOCATION/RESPONSE AREA		6. SEC.	TWN	RNG	Base	8. INCIDENT BASE/PHONE NUMBER	9. JURISDICTION/AGENCY
							10. ORDERING OFFICE
11. AIRCRAFT INFORMATION		LAT.				LONG.	

BEARING	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY	Ground CONTACT	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT HAZARDS

Request Number	Ordered Date/Time	From / To	Qty	Resource Requested	Needed Date/Time	Deliver To	From / To	Time	Agency ID	Resource Assigned	ETD / ETA	RELEASED		Time / ET

ORDER RELAYED				ACTION TAKEN	ORDER RELAYED				ACTION TAKEN
Req. #	Date	Time	To/From		Req. #	Date	Time	To/From	

ORDER RELAYED				ACTION TAKEN	ORDER RELAYED				ACTION TAKEN
Req. #	Date	Time	To/From		Req. #	Date	Time	To/From	

Request Number	Remarks

INCIDENT/PROJECT NAME	INCIDENT/PROJECT ORDER NO.	ESTIMATED COST	ORDER COMPLETED BY Initials: Date: Time:

3. CHECKLISTS

- Local Health Officer
- Medical Health Operational Area Coordinator (MHOAC)
- Regional Disaster Medical Health Coordinator-Specialist (RDMHC/S)

LOCAL HEALTH OFFICER

OVERVIEW OF RESPONSIBILITIES

PREPAREDNESS

- Assume the role of the MHOAC or assist in the selection of that individual.
- Develop internal health care agency/department's medical/health disaster response plan.
- Coordinate with local medical/health facilities to assess their preparedness.
- Identify medical/health disaster communications needs and assist in creating a system linking response providers, health facilities, Operational Area Emergency Operations Center (EOC) and field operation sites. Develop plans for back-up systems as needed.
- Promote health care agency/department preparedness through regularly scheduled training and exercises to test emergency response.
- Promote public awareness of the importance of disaster preparedness at home, work, and school.

RESPONSE

- Report to, or designate an alternative to report, as planned to the EOC medical/health branch or local health care agency/department operations center.
- Through the Regional Disaster Medical/Health Coordinator (RDMHC), coordinate with neighboring counties, state and federal officials on matters related to assistance from other jurisdictions.
- Coordinate the assignment and screening of incoming medical/health supplies, including human resources required to support the medical/health disaster response operations through the RDMHC.
- Communicate medical, public and environmental health assessments to state medical/health officials and the RDMHC.

RECOVERY

- Determine preparedness of local medical/health facilities, public and environmental health systems to resume routine operation during disaster recovery stage.

PREPAREDNESS CHECKLIST

- ☐ Assume the role of the Medical Health Operational Area Coordinator (MHOAC) or assist in the selection of that individual.
- ☐ Develop internal health care agency/department's medical/health disaster response plan.
- ☐ Integrate local health care agency/department's medical/health care disaster response plan into the medical/health portion of the County Emergency Plan.
- ☐ Integrate local health care agency/department's medical/health disaster response plan into the regional medical/health disaster response plan in preparation for Mutual Aid assistance.
- ☐ Coordinate with Information Officer (IO) to develop information [brochures, Public Service Announcements (PSA's), etc.] to educate public regarding health and safety issues commonly encountered during disasters.
- ☐ Ensure local health care agency/department staff preparedness through training and exercises.
- ☐ Establish & maintain comprehensive countywide resource list (names & phone numbers) of governmental, non-governmental and private agencies.
- ☐ Utilize emergency information management and communications systems to support the medical/health disaster response.
- ☐ Develop medical/health resource list to support regional requests for mutual aid.
- ☐ Include local, state and federal resources.
- ☐ Coordinate with local medical/health officials and health care facility managers to develop plans to evacuate ill, injured and special medical needs populations to like facilities.
- ☐ As possible, coordinate with local health care facilities to develop disaster preparedness exercises and training.

DISASTER RESPONSE CHECKLIST

- ☐ Staff the Operational Area Emergency Operations Center (EOC) Medical/Health Branch. Assume the role of the MHOAC or designate a liaison or health care agency/department staff member authorized to make administrative decisions.

☐ Determine need to open health care agency/department operations center.

☐ Seek an overview of the disaster from the EOC Operations Section Chief or the EOC Director.

☐ Establish communications linkages with local affected medical/health response agencies, medical/health programs, health care facilities and mental health facilities.

☐ Perform an initial assessment of the medical/health needs and possible impact on available county resources. Areas of review should include status of health care infrastructure, injuries and deaths, extent of disaster, availability of shelter and access to potable water.

☐ Contact Regional Disaster Medical Health Coordinator (RDMHC) and provide a brief overview of the event. The RDMHC will in turn notify the California Emergency Medical Services Authority (EMSA) and the California Department of Health Services (CDHS) as necessary.

☐ Request all mutual aid assistance through the RDMHC if mutual aid assistance is required. Include additional information that may help coordinate medical/health disaster response; routing, access problems, etc.

☐ Forward Response Information Management System (RIMS) medical/health reports to EOC Plans Section (or other as applicable for county) for routing to the Governor's Office of Emergency Services (OES).

☐ Implement medical/health disaster response plan.

Resources:

☐ Respond to initial requests for resources and coordinate with other Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) functions for necessary support.

☐ Activate system to receive and integrate incoming mutual aid and volunteer resources.

Assessments:

☐ Conduct more detailed assessments of the medical/health status of the affected area.

☐ Provide current information to RDMHC. The RDMHC will keep CDHS and EMSA informed via communications with the Joint Emergency Operations Center (JEOC).

Action Plan:

☐ Provide input to the EOC Plans Section to develop action plan for the operational period and future operational periods.

Education:

☐ Coordinate issuance of periodic public health & safety information with the EOC IO.

☐ Participate in medical/health issues interagency conference calls.

☐ Coordinate with other response agencies to meet medical and public health needs for sheltered populations.

☐ Maintain records of events, personnel and resource expenditures.

☐ Begin initial recovery activities.

DISASTER RECOVERY CHECKLIST

☐ Evaluate and address need for continued activation of medical/health disaster response plan.

☐ Activate coordinated medical/health disaster recovery plan as necessary.

☐ Ensure that the EOC IO issues public health and safety information guidelines during disaster recovery stage.

☐ Participate in critique of activated medical/health disaster recovery plan.

☐ Identify person responsible for preparing after-action report.

☐ Develop action plan to implement report recommendations.

MHOAC

OVERVIEW OF RESPONSIBILITIES

PREPAREDNESS

- Ensure establishment and operation of a 24-hour point of contact capable of communication with local, regional, and state government agencies and officials with emergency management responsibilities; hospitals and other healthcare facilities; and individuals who are to be notified/mobilized in the event of activation of the disaster medical health response system.
- Ensure that key disaster response personnel receive periodic training.
- Develop and test plans, policies, procedures, and structures for the activation and implementation of the disaster response system.
- Develop a capability for identifying medical and health resources, medical transportation, and communication resources within the Operational Area.
- Identify medical/health disaster communications needs and assist in creating a system linking response providers, health facilities, Operational Area Emergency Operations Center (EOC) and field operation sites. Develop plans for back-up systems as needed.
- Maintain liaison with the Operational Area coordinators of other relevant emergency functions, e.g., communications, fire, law, transportation, care and shelter, etc.

RESPONSE

- Report to, or designate an alternative to report, as planned to the EOC medical/health branch or local health care agency/department operations center.
- Through the Regional Disaster Medical/Health Coordinator (RDMHC), coordinate with neighboring counties, state and federal officials on matters related to assistance from other jurisdictions.
- Communicate request for out of county assistance.
- Respond to requests from the Regional Disaster Medical Health Coordinator/Specialist.
- Coordinate the assignment and screening of incoming medical/health supplies, including human resources required to support the medical/health disaster response operations through the RDMHC.
- Communicate medical, public and environmental health assessments to state medical/health officials and the RDMHC.
- Ensure that the existing Operational Area medical and health system is augmented in order to respond to day-to-day emergencies.
- Document resource requests using the following:
  - RIMS Mission/Resource Tasking Form for making requests
  - MACS Form 420 for tracking requests and resources.
  - RIMS Medical/Health Branch Status Report for informing other

jurisdictions of situation

RECOVERY

- Determine preparedness of local medical/health facilities, public and environmental health systems to resume routine operation during disaster recovery stage.

PREPAREDNESS CHECKLIST

- ☐ Develop internal health care agency/department's medical/health disaster response plan.
- ☐ Integrate local health care agency/department's medical/health care disaster response plan into the medical/health portion of the County Emergency Plan.
- ☐ Integrate local health care agency/department's medical/health disaster response plan into the regional medical/health disaster response plan in preparation for Mutual Aid assistance.
- ☐ Establish & maintain comprehensive countywide resource list (names & phone numbers) of governmental, non-governmental and private agencies.
- ☐ Utilize emergency information management and communications systems to support the medical/health disaster response.
- ☐ Develop medical/health resource list to support regional requests for mutual aid.
- ☐ Include local, state and federal resources.
- ☐ Coordinate with local medical/health officials and health care facility managers to develop plans to evacuate ill, injured and special medical needs populations to like facilities.
- ☐ As possible, coordinate with local health care facilities to develop disaster preparedness exercises and training.

DISASTER RESPONSE CHECKLIST

- ☐ Immediately, begin a journal of all activities and decisions.
- ☐ Obtain an initial briefing from the Region IV Operational Areas Liaison. Based on this briefing.
- ☐ Contact all your county Hospitals: request bed availability using Region IV categories. Identify contact person and phone number for each facility.
- ☐ Contact ambulance providers for personnel availability using Region IV categories. Identify contact person and phone number for each provider.
- ☐ Contact Public Health for personnel availability using Region IV categories. Identify contact person and phone number.
- ☐ Contact Mental Health for CISD Team availability. Identify contact person and

phone number.

- ☐ Contact hospitals/private vendors for any specific supply requests from Region IV. Identify contact person and phone number for each facility/vendor.
- ☐ Identify county assembly sites for the above personnel/resources. Identify transportation modes to main embarkation sites. Plan for a staging area/triage of incoming casualties. Liaison with your OES as needed.
- ☐ Prepare and issue updates to all potential providers about the status and needs of your county's response.
- ☐ Keep accurate records of what activities you performed during each hour you worked.
- ☐ Determine need to open health care agency/department operations center.
- ☐ Seek an overview of the disaster from the EOC Operations Section Chief or the EOC Director.
- ☐ Establish communications linkages with local affected medical/health response agencies, medical/health programs, health care facilities and mental health facilities.
- ☐ Perform an initial assessment of the medical/health needs and possible impact on available county resources. Areas of review should include status of health care infrastructure, injuries and deaths, extent of disaster, availability of shelter and access to potable water.
- ☐ Contact the State Emergency Medical Services Authority (EMSA), Department of Health Services (DHS), and the Regional Disaster Medical Health Coordinator (RDMHC) to provide a brief overview of the event.
- ☐ Request all mutual aid assistance through the RDMHC if mutual aid assistance is required. Include additional information that may help coordinate medical/health disaster response; routing, access problems, etc.
- ☐ Forward Response Information Management System (RIMS) medical/health reports to EOC Plans Section for routing to the Governor's Office of Emergency Services (OES).
- ☐ Implement medical/health disaster response plan.

Resources:

- ☐ Respond to initial requests for resources and coordinate with other Standardized Emergency Management System (SEMS) functions for necessary support.

☐ Activate system to receive and integrate incoming mutual aid and volunteer resources.

Assessments:

☐ Conduct more detailed assessments of the medical/health status of the affected area.

☐ Provide current information to RDMHC and the DHS/EMSA Joint Emergency Operations Center (JEOC).

Action Plan:

☐ Provide input to the EOC Plans Section to develop action plan for the operational period and future operational periods.

Education:

☐ Coordinate issuance of periodic public health & safety information with the EOC IO.

☐ Participate in medical/health issues interagency conference calls.

☐ Coordinate with other response agencies to meet medical and public health needs for sheltered populations.

☐ Maintain records of events, personnel and resource expenditures.

☐ Begin initial recovery activities.

DISASTER RECOVERY CHECKLIST

☐ Participate in critique of activated medical/health disaster recovery plan.

☐ Identify person responsible for preparing after-action report.

☐ Develop action plan to implement report recommendations.

RDMHC/S

OVERVIEW OF RESPONSIBILITIES

PREPAREDNESS

- Assess the ability of each Operational Area to respond to the medical and health consequences of disasters.
- Maintain a contact directory of Medical Health Operational Area Coordinators (MHOACS), Health Officers, and other key emergency managers.
- Develop and maintain a directory of medical and health resources.
- Work and liaison with State OES manager and coordinators.
- Participate in exercises throughout the region.

RESPONSE

- Coordinate the acquisition of medical and health resources in response to requests from Operational Areas or the state.
- Coordinate the acquisition of requested resources from other Region IV counties. If resources are not available within the region, forward the request to the OES Regional Operations Center (REOC) and/or the CDHS/EMSA Joint Operations Center.
- Communicate closely with the state OES Regional Operations Center and the CDHS/EMSA Joint Operations Center.
- Document and track all resources requested and delivered.
- Coordinate activities from the San Joaquin EMS agency Department Operations Center. Relocate to the OES REOC if requested to do so by OES.

RECOVERY

- Work with Operational Areas to determine preparedness of local medical/health facilities, public and environmental health systems to resume routine operation during disaster recovery stage. Assist in obtaining resources to resume normal operations.

PREPAREDNESS CHECKLIST

- ☐ Assess the ability of each Operational Area to respond to the medical and health consequences of disasters.
- ☐ Coordinate with other regional disaster preparations.
- ☐ Maintain, and update as needed, contact information for all Region IV MHOACs, Health Officers, and state emergency managers/operations centers.
- ☐ Maintain and update, as needed the Region IV Disaster Medical Health Plan.
- ☐ Conduct quarterly regional medical/health disaster planning meetings.
- ☐ Conduct quarterly communications exercises with MHOACs.
- ☐ Participate and assist with Operational Area disaster exercises.
- ☐ Act as a resource for Operational Area planners.
- ☐ Attended State OES quarterly Mutual Aid Regional Advisory Committee meetings and maintain contact with regional OES partners.

DISASTER RESPONSE CHECKLIST

- ☐ Respond to requests for resources from Operational Areas or the state.
- ☐ Evaluate conditions and resource availability within the region.
- ☐ Coordinate the dispatch of requested resources from within the region according to this manual. Use MACS 420 Form to track resources.
- ☐ Notify both the State EMSA Duty Officer and the State Department of Health Duty Officer of the known situation and resource status of the region.
- ☐ Request mutual aid resources from the State as necessary to fulfill request(s) initiated by the impacted area or to reinforce seriously depleted resources within the region. Use:
  - RIMS Resource/Mission Tasking Form for making requests
  - MACS Form 420 for tracking requests and resources.
  - RIMS Medical/Health Branch Status Report for informing other jurisdictions via Resource Information Management System (RIMS) of situation

DISASTER RECOVERY CHECKLIST

- ☐ Communicate with Operational Areas to determine preparedness of local medical/health facilities, public and environmental health systems to resume routine operation during disaster recovery stage. Assist in obtaining resources from within or outside Region IV to allow the impacted Operational Area to resume normal operations.