

**CALIFORNIA DISASTER MEDICAL
RESPONSE PLAN
CALIFORNIA EMERGENCY MEDICAL SERVICES
AUTHORITY**



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CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

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CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

PART I

A. Introduction

The California Emergency Medical Services Authority (**EMSA**) developed the *California Disaster Medical Response Plan (CDMRP)* to provide California's Disaster Medical System (**DMS**) with a comprehensive framework for disaster medical preparedness and response.

Incorporated within the DMS, and an integral part of the overall medical preparedness, is the public health component of a total state medical and health response. During all emergency responses, the medical and health components will normally utilize the same processes and personnel to address the local and public needs. EMSA is identified in the California State Emergency Plan (**SEP**) and in its Administrative Order (**AO**) with the Governor's Office of Emergency Services (**OES**) as California's lead state agency for medical response. The California Department of Public Health (**CDPH**) is identified in the SEP and in its Administrative Order with OES as California's lead state agency for public health response. As such, both EMSA and CDPH share responsibility for the lead in the State's Medical and Health Branch and working within the State Medical and Health Mutual Aid System¹.

Revision Basis

The CDMRP updates *EMSA #201, Emergency Medical Services Authority Disaster Medical Response Plan, July 1992*, and incorporates changes made to the *California Emergency Plan, 2005*, the *OES Administrative Order for the EMS Authority, 2007*, and other changes in responsibilities, policies and procedures for DMS. The CDMRP also provides information for the development and updating of regional and local disaster medical plans.

Changes in California Disaster Medical System (DMS)

The CDMRP reflects recent changes in the California DMS, increased level and complexity of threats it must address, and enhancements to day-to-day Emergency Medical Services (**EMS**) systems that provide the basis for DMS response. The CDMRP also reflects changes in the federal emergency management system and is consistent with the National Incident Management System (**NIMS**) and the National Response Plan (**NRP**).

The CDMRP includes an updated multi-hazard approach to medical-disaster planning that gives high priority to new threats such as pandemic disease outbreak, weapons of mass destruction and terrorism, and loss of utilities that support medical operations. The CDMRP also reflects California's change in DMS response philosophy based on California's disaster medical response experience and the response to

¹ The September 2005 SEP indicates that the Medical/Health Mutual Aid System, Discipline Specific Mutual Aid Sub-Systems, and Mutual Aid Channels for medical and health are "*Under Development*". An official State of California Medical and Health Mutual Aid System, which specifically outlines the roles, responsibilities, and functions of the various operational level coordinators, is currently under development.



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9/11 and Hurricane Katrina and other disasters nationwide that demonstrated the importance of State capability to rapidly augment local response with EMS assets and provide sustained support for disaster medical operations.

To meet these challenges, EMSA and its federal, State, and local partners have increased their collective capacity to meet the disaster medical needs of Californians. Resultant DMS enhancements include:

- Improved State and regional coordination for preparedness and response.
- Adoption of new communications and information technology systems.
- Expanded catastrophic event medical planning with federal agencies.
- Enhanced cooperation and coordination between EMS and the CDPH resulting in more effective medical and health operations at the State, regional and local levels including:
 - Strengthened Joint EMSA-CDPH Joint Emergency Operations Center (JEOC) functioning.
 - Merging of elements of the mutual aid system for medical and health resources including joint funding, support, and oversight of Regional Disaster Medical/Health Specialists (RDMHS) to support Regional Disaster Medical/Health Coordinators (RDMHC).
- Clarifying the elements and role of the Medical/Health Operational Area Coordinator (MHOAC) based on recent legislation.
- Expanded EMS capabilities and operational response role through the development of the California's Emergency System for Advanced Registration of Volunteer Health Personnel (ESAR-VHP) known as California Medical Volunteers and resource availability including Ambulance Strike Teams (AST) and Disaster Medical Support Units (DMSU), California Medical Assistance Teams (CAL-MAT), Mission Support Teams (MST), and Mobile Field Hospitals (MFH).

Expanded role of the California Poison Control System (**CPCS**) in disaster related surveillance, system activation, and response.

Plan Goal

To reduce loss of life, injury and other medical consequences of disasters by ensuring a rapid, effective, and coordinated State medical response and recovery to major disasters that impact California.

Plan Structure

The CDMRP is organized into three parts. Part I provides the DMS policy framework and organizational structure and includes the following sections:

- Section A consists of this Introduction.
- Section B describes the CDMRP's purpose, use, scope, and assumptions.
- Section C affirms the CDMRP's all-hazards approach to emergency preparedness and describes the effects of the natural and man-made hazards faced by California.
- Section D describes California's emergency management system.
- Section E presents the CDMRP's concept of operations including descriptions of the DMS organization, roles, responsibilities, and relationships.



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- Section F summarizes CDMRP development and maintenance processes.

Part II describes the medical response resources and summarizes response and recovery procedures for the State's disaster medical response. Specifically:

- *Section A: Disaster Medical Response Resources* includes summary descriptions of DMS response assets, guidance, planning, and coordination bodies, and information management tools.
- *Section B: Disaster Medical Response and Recovery Operations* includes summaries of the procedures employed by the DMS to accomplish critical response objectives.

Part III consists of references and supporting documents including:

- *Glossary and Acronyms*
- *Authorities and References*
- *EMSA's Administrative Order*
- *DMS Guidelines for Local EMS Agencies*

Plan Approval

The Plan has been reviewed by the Governor's Office of Emergency Services and found to be in conformance with the provisions of SEMS/NIMS. The Plan has been approved by the California Health and Human Services Agency.

Relationship to SEP

The CDMRP is a discipline-specific extension of and consistent with SEP. The CDMRP describes the policies and EMSA strategy that other state agencies will employ to prepare for and implement California's medical response to disasters.

Relationship to EMSA Emergency Plans and Procedures

EMSA plans related to the Disaster Medical Response Plan include:

- EMSA Emergency Operations Plan (EOP) which provides the overall policy guidance for all EMSA emergency management activities.
- EMSA Continuity of Operations/Continuity of Government Plan (COOP/COG) that describes how EMSA ensures continuity of its emergency management and other essential functions during an emergency that disrupts normal EMSA operations or requires relocation of EMSA operations.
- The EMSA Disaster Response Plan (DRP) which defines the plans and procedures EMSA employs to implement the CDMRP, perform its lead agency role for the State's medical response and fulfill its responsibilities to respond to the needs of local areas impacted by disasters.
- EMSA Departmental Operations Center (DOC) Plan which provides the procedures for operation of the EMSA DOC in an external disaster or internal emergency.
- JEOC Plan describes how the CDPH and EMSA will jointly manage JEOC operations.

The California Medical Mutual Aid Plan (**CMMAP**) is an Annex to the CDMRP that describes the policies and general procedures for requesting and providing medical mutual aid resources under Standardized Emergency Management System (**SEMS**) and the State



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Medical and Health Mutual Aid System.

The CDMRP is also supported by EMSA's operational plans and guidance for the Mission Support Team (NIMS defined), Ambulance Strike Teams, CAL-MATs, California Medical Volunteers, and deployment of mobile field hospitals.

Other State and local government agencies and medical care organizations have developed similar plans that establish their emergency organizations, provide guidance for their respective responses to emergencies, and promote coordination with other agencies and organizations. In addition, regional-level disaster medical plans define for each Mutual Aid Region RDMHCs will respond to disasters and manage medical mutual aid operations within the scope of the State Medical and Health Mutual Aid System.

Planning Principles

The CDMRP is based on the following principles:

- California's overall emergency management system, and by extension the CDMRP, are consistent with and reflect the federal National Incident Management System (NIMS) and the National Response Plan (NRP).
- Government agencies responding to disasters in California adhere to the Standardized Emergency Management System (SEMS) and employ the Incident Command System (ICS) principles for response management.
- Disaster response is first and foremost a local responsibility.
- Local government remains in charge of their jurisdictional authorities and response to disasters within its geographical area. Local, State and federal officials, agencies, and resources, from outside the jurisdiction, providing support and resources to the response priorities of affected local government will do so in an Assisting Agency role.
- State and federal governmental agencies may have a shared jurisdictional authority to respond to and mitigate the emergency within the affected area. They may have a Jurisdictional Agency role and will coordinate their activities with the local government agencies utilizing the Unified Command principles of ICS.
- The effectiveness of the medical response to disasters depends on the capability, capacity, and preparedness of day-to-day EMS and health care resources and local government agencies. Strong day-to-day systems are usually more capable of responding effectively to any given event.
- The response of private sector entities, including hospitals, ambulance companies, community clinics, and resource vendors to emergencies beyond their day-to-day response capabilities will be coordinated and integrated into the response systems utilized by the local government agencies (i.e. SEMS at the Field, Local, and Operational Area levels). Private sector entities will be encouraged to use ICS principles to manage their response and SEMS to access additional resources outside of their corporate, trade, or customary supply system.



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California Emergency Response

Emergency response in California is carried out under the authorities of the Emergency Services Act (**ESA**) and the SEP. The organization and policies under which public agencies meet their emergency management responsibilities and coordinate their response are defined by SEMS, the California Disaster and Civil Defense Master Mutual Aid Agreement (**MMAA**), Emergency Management Assistance Compact (**EMAC**), NIMS, and NRP.



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B. Purpose, Use, Scope, and Assumptions

The CDMRP provides general policies and procedural guidance for coordinated support to local medical emergency response operations in the event of a natural or manmade disaster. It provides the basis for California's DMS emergency management activities through all emergency management phases (preparedness, response, recovery, and mitigation) and for all SEMS levels (field, local, operational area, region, and State).

- Specifically, the CDMRP and its Annexes and supporting plans:
- Describe California's DMS, its relationship to California's overall emergency response system, and how it conforms to SEMS and NIMS.
- Provide guidance and direction for the development of plans for regional and local disaster response.
- Define California's Medical and Health Mutual Aid System.
- Describe the disaster medical response roles and responsibilities of, and the relationship between EMSA and:
 - OES, CDPH, other state government agencies with disaster medical and health responsibilities.
 - Local Emergency Medical Services Agencies (**LEMSAs**).
 - RDMHC (and RDMHS who support the RDMHC function).
 - Private and public safety EMS provider agencies.
 - Other health care providers including hospitals, the CPCS and community clinics.
- Define the relationship between State and federal disaster medical response operations [Emergency Support Function (ESF) #8].
- Describe interagency and intergovernmental shared responsibilities and support capabilities and provides guidance on interagency coordination.

Support for National Priorities

The CDMRP supports the following overarching and capability-specific national disaster medical and health preparedness priorities.

- Implement the National Incident Management System and National Response Plan.
- Expand Regional Collaboration.
- Implement the Interim National Infrastructure Protection Plan.
- Strengthen information Sharing and Collaboration capabilities.
- Strengthen Interoperable Communication capabilities.
- Strengthen CBRNE Detection, Response, and Decontamination capabilities.
- Strengthen Medical Surge and Mass Prophylaxis capabilities.

SEMS and NIMS Compliance

The Plan conforms to SEMS as required by Government Code §8607 and regulations promulgated by OES. The Plan establishes DMS policies, concepts and general protocols necessary to implement SEMS, NIMS, and EMSA's Administrative Order.



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Plan Use In State Planning

Use of the CDMRP can be summarized as follows:

Who: Local, State, and federal government agencies and EMS and medical care provider agencies with responsibilities for disaster medical preparedness and response in California.

When: During all phases of the emergency management cycle.

Why: The Plan reflects the laws, regulations, plans, policies, and procedures of California related to disaster medical services as well as proven and common operational practices.

Scope of the CDMRP

The CDMRP is applicable to medical preparedness and response for all disaster events, regardless of type, with direct, indirect, or threatened medical consequences that may require application of medical resources beyond those available to the affected jurisdictions on a day-to-day basis or through standing agreements. It does not directly address multi-casualty incidents (**MCI**), which are under local control, do not require State assistance, and are not defined as disasters specifically in the ESA.

The CDMRP:

- Describes the close and frequently overlapping relationship between disaster medical and disaster public health preparedness and response activities, but does not present a comprehensive medical/health plan that directly corresponds to the federal ESF #8 Plan.
- Recognizes the important role of fire and other public service EMS resources that are managed by local fire agencies and augmented through the fire mutual aid system.
- Defines DMS State-level coordination with behavioral health, social service, and care and shelter disaster response functions. The Plan does not; however, encompass these related emergency functions.

Planning Assumptions

California's local jurisdictions vary widely in the threats they face, the vulnerability of their populations, and the response resources immediately available to them to respond to emergencies. They also employ a variety of strategies for coordination and oversight of day-to-day EMS services including LEMSAs that: cover single counties; cover multi-county regions; operate as a government organization, non-profit organization, or under a joint powers agreements; have varying levels of responsibilities for emergency management; and are placed at differing levels of county governments.

The CDMRP assumes that the disaster medical system it defines provides a framework under SEMS and NIMS through which OES, EMSA, and other state agencies can support the disaster operations of California's Operational Areas (**OA**).

Other key assumptions of the CDMRP include:

- Emergency management activities employ SEMS.
- Emergency response is best coordinated at the lowest level of government involved in the emergency.
- Mutual Aid is requested when needed and provided when available.



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- Disaster medical response is time critical. Rapid response is essential at all levels of government.
- California's DMS includes both public and private medical resources that need to operate in a coordinated manner for maximum effectiveness.
- During a major disaster, large numbers of injured, ill, and worried-well persons are likely to converge to medical and health care facilities in or near affected areas.
- Population growth and increased housing development outside of urban areas have increased the risk of illness, injuries, and damage from wildfires, floods, and other disasters, while increasing demands on limited emergency medical and health care assets.
- Disasters often reduce response capacity through their impact on medical care providers, facilities, and other resources.
- Public safety EMS resources frequently have dual roles during disaster response and on a day-to-day basis. Communities may find ambulance service curtailed as ambulance personnel are required to support fire suppression, hazardous material response, communication, and leadership responsibilities.
- Special needs populations, including children and medically fragile and elderly adults, rely on government assistance during disaster situations.
- Older adults, persons with physical and mental disabilities and chronic conditions, and patients recovering from hospitalizations are especially vulnerable in disasters and increasingly utilize home medical care and long-term nursing facilities as alternatives to hospitalization. As a result, emergency shelters may face an increase in this population during disaster evacuation.
- Many California residents have limited proficiency in English.
- California may be impacted by disasters outside of the State.
- While the vast majority of medical disasters faced by California will not be catastrophic in their impact, the potential exists for catastrophic events.



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C. California Hazards

All-Hazards Based Planning

Californians are vulnerable to threats from many natural and man-made events; therefore, this plan uses an all-hazards approach to prepare for medical-disasters

New and Emerging Threats

New threats include terrorist initiated use of chemical, biological, radiological, nuclear and explosive (**CBRNE**) (also known as weapons of mass destruction (**WMD**)) agents; emerging disease complexes (such as Severe Acute Respiratory Syndrome and Pandemic Influenza); or other natural hazards that are not now considered major sources for a statewide medical or health disaster.

Threat Descriptions

Natural Hazards

California's natural hazards and their disaster medical and health consequences include:

HAZARD	CONSEQUENCES
Disease Outbreak	Includes disease outbreak in humans, or disease spreading quickly in animals that can cross to humans. EMS and medical care providers may be at high risk of exposure.
Wildland Fire	May spread rapidly with little warning across urban-wildland interfaces, destroy homes and hospitals and other medical care facilities, create respiratory injuries, and reduce the mobility and availability of EMS resources for routine 9-1-1 response.
Winter Storm	May create dangerous conditions for travel and cause damage from hail, lightning, high winds, fog, tornado, heavy snowfall and destructive runoffs from rain or snowmelts. These events can create medical-disasters through utility disruptions and isolation of communities from access to medical care.
Extreme Heat Emergency	May create dangerous conditions for elderly persons and other vulnerable populations without air conditioning; impacting EMS services and hospital emergency departments.
Extreme Cold Emergency	May create dangerous conditions for children, elderly, and/or homeless persons due to extreme cold conditions; impacting EMS services and hospital emergency departments.
Flooding	May cause levies and dikes to fail. May directly damage hospitals and other medical care facilities or force them to curtail operations and evacuate, creating the need for evacuation shelters, temporary medical care facilities. Also may block roadways preventing ground EMS response or patient evacuation.



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HAZARD	CONSEQUENCES
Landslide /Avalanche	Although adequate warning typically precedes these events, they can occur without notice. Medical care facilities and services in the landslide area may be damaged. Also, may block roadways preventing ground EMS response or patient evacuation.
Earthquake	The most likely hazard to create a major medical-disaster. Past quakes generated localized damage and casualties, or in the worst cases, a regional impact. Quakes can damage medical facilities and the utility, communications, and transportation infrastructure on which medical services depend. Major quakes require assistance from outside the impacted area. Quakes may also generate tsunamis capable of producing injuries and damage in coastal areas.
Volcanic Eruption	California volcanoes may become active and produce earthquakes, fires, lava and pyroclastic flows, and ash fall that damage medical care facilities, create injuries, and cause respiratory emergencies.
Tsunami	Tsunamis threaten coastal areas of California with high speed, massive waves of water that can injure or kill exposed people on impacted beaches, damage coastal roadways, and in severe cases, cause major damage to, and isolation of entire coastal communities.



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Human and Technological Hazards Human and technological hazards include:

HAZARD	CONSEQUENCES
Utility Loss or Failure	Loss of utilities may occur during storms, high wind, rolling black outs and other disasters. Long-term losses of utilities could create local or widespread medical disaster conditions.
Hazardous Material Release	May create a significant threat to human health and safety. Smaller, local events can overwhelm local medical operations, reducing their ability to treat other patients while attempting to quickly identify and treat those with actual chemical exposures.
Nuclear Power Plant Accident	Local exposure and contamination consequences and response are similar to those of hazardous materials releases. Also may create long-term and widespread population health impacts and very high levels of public concern.
Civil Disturbances	May generate multiple casualties, disrupt emergency services, impact medical care facilities, and require high level of security to protect responders.
Dam and Levee Failure	Catastrophic failure of a large dam could create hundreds or thousands of casualties, destroy medical facilities and overwhelm the medical care system as well as create long-term consequences of severe flooding.
Structural Fire/ Explosion	May create large numbers of casualties and overwhelm the medical care system with trauma and burn victims. May also cause explosions and release the hazardous contents of the structures.
Transportation Emergencies (Aircraft / Ship / Train Collisions)	May create large numbers of casualties and overwhelm local medical resources. May require medical mutual aid and State and federal assistance, such as mortuary/coroner support and support for surviving family members.
WMD / CBRNE Events	CBRNE agents may produce large numbers of ill and injured victims. A terrorism event involving CBRNE agents within California would likely result in a State of Emergency, with federal agencies activated for investigation, response and recovery.



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D. California's Emergency Management System

Standardized Emergency Management System

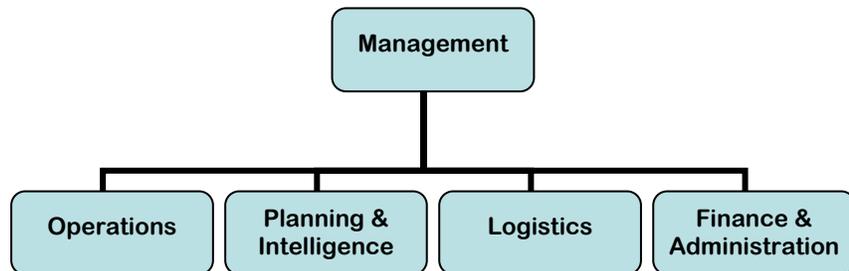
SEMS Components

SEMS is required by Government Code §8607(a) for responding to and managing emergencies and disasters involving multi-agency and multi-jurisdiction responses. SEMS incorporates the use of ICS, the MMAA, existing discipline specific mutual aid, the OA concept, and multi-agency or inter-agency coordination. SEMS helps unify all elements of California's emergency management organization into a single integrated system. Its use is required for State response agencies. Local government agencies must use SEMS to be eligible for disaster assistance program funding of response-related costs resulting from a disaster.

The five SEMS organization levels (field, local, operational area, regional, and State) together with the private sector, are collectively referred to as the California Emergency Organization. Emergency organizations, at all levels of government and the private sector, operate from established Emergency Operations Centers (**EOC**), which are organized under the ICS system. EOC medical operations at each SEMS level are conducted within the Medical and Health Branch of the Operations Section.

SEMS Structure

The SEMS command/management structure has five primary functions. It can expand or contract based on the size and complexity of the emergency.



SEMS Functions

All levels of California government involved in disaster response perform within the five functional elements of SEMS. The five functions are:

- **COMMAND/MANAGEMENT** -- Command at the field level and management at the local, operational area, region, and State- levels, includes overall emergency response policy, oversight of emergency response planning and operations and coordination of response efforts among the various responding agencies and, at the field level, overall command of emergency response tactical decisions.
- **OPERATIONS** -- Coordinates all multi-agency and multi-jurisdictional disaster operations in support of the emergency response. Implements the Action Plan for a defined operational period for response.

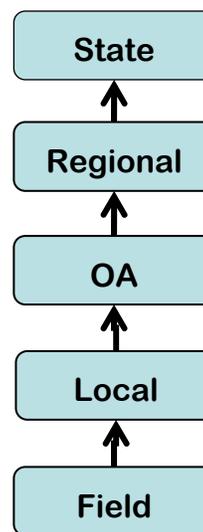


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- **PLANNING/INTELLIGENCE** -- Collects, evaluates and disseminates information related to the response; develops Action Plans in coordination with other SEMS functions; performs advanced planning and documents the response status.
- **LOGISTICS** -- Provides facilities, services, personnel, equipment and materials to support response operations.
- **FINANCE/ADMINISTRATION** -- Tracks personnel and other resource costs associated with response and recovery; provides administrative support to response operations.

SEMS Levels

SEMS organizes government emergency response roles, including DMS roles, by levels, based on government jurisdiction and authority. The following diagram summarizes those levels.



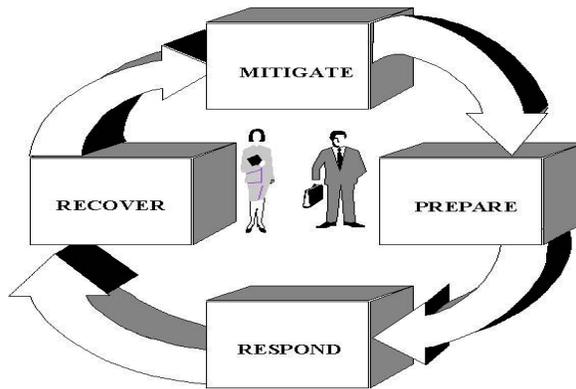


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Phases of Emergency Management

Emergency management activities can be categorized into a series of phases. Each management phase is unique as described below.

Emergency Management Cycle



Preparedness

Day-to-Day: The preparedness phase involves activities undertaken in advance of an emergency. These activities develop operational capabilities and improve effective response to disasters. Disaster plans are developed and revised to guide disaster response and increase available resources. Planning activities include developing hazard vulnerability assessments and other analyses, writing mutual aid operational plans, training response personnel, and improving public information and communications systems.

Preparedness activities are part of the implementation of the ESA, MAAA, and SEP.

Response

Increased Readiness: As a crisis begins to develop, government response agencies take action to increase their readiness. Actions taken during the buildup of a crisis situation are designed to increase an organization's ability to respond effectively to a disaster. Increased readiness actions include briefing government officials, reviewing plans, preparing information for release to the public, updating resource lists, and testing warning and communications systems.

Pre-Impact: When emergency managers are able to recognize the approach of a potential disaster, actions are taken to protect lives and response assets. The response phase is activated to coordinate disaster response activities. During this phase, emergency managers may activate warning systems, mobilize resources, activate EOCs, and initiate evacuations.

Immediate Impact: During this phase, emphasis is placed on saving lives, controlling the situation, and minimizing the effects of the disaster. Immediate response actions are accomplished within affected areas by government agencies (including requests for mutual aid) and use of private



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responders. During this phase, Incident Command Posts (**ICP**) will be established and EOCs may be activated, and emergency instructions issued to the public.

Sustained: As the emergency continues, assistance is provided to victims of the disaster and efforts are made to reduce additional casualties or secondary damage. Regional or statewide mutual aid may be provided to assist with these efforts. Response support facilities may be established. The incident's resource requirements continually change to meet the needs of the incident.

Recovery

At the onset of an emergency, actions are taken to enhance the effectiveness of recovery operations. Recovery is both a short-term activity, intended to return vital systems to operation, and a long-term activity designed to return vital systems to pre-disaster conditions. Recovery also includes cost recovery activities.

Mitigation

Mitigation planning includes a review of ways to eliminate or reduce the impact of future disasters. Specific hazard mitigation plans are prepared following a federally declared disaster. They reflect the current risk analysis and mitigation priorities specific to the declared disaster.

Emergency Proclamations

There are three types of proclamations of emergency in California: local emergency, state of emergency, and state of war emergency. Local governments, including counties, cities, and other local jurisdictions, may declare local emergencies.

Local Emergency

A local emergency may be proclaimed by the local governing body or a duly authorized local official, as described in the California ESA and as provided for in its local emergency ordinance. A local emergency means "the duly proclaimed existence of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation 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, which conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission." Local proclamations may authorize additional emergency authorities to local officials per local ordinance.

State of Emergency

A disaster may be of such magnitude that it requires extraordinary action by the State in order to protect the lives, property, and environment of its citizens. The ESA allows the Governor to proclaim a state of emergency "...when the existence of conditions of disaster or of extreme peril to the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation 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 or conditions causing a 'state of war emergency which



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conditions, by reasons of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission.”

State of War Emergency

If a state of war emergency exists, all provisions associated with a state of emergency apply as stated above. All state agencies and political subdivisions are required to comply with the lawful orders and regulations of the Governor, as provided in the ESA.

A state of war emergency “exists immediately, with or without a proclamation thereof by the Governor, whenever this State or nation is attacked by an enemy of the United States, or upon receipt by the state of a warning from the federal government indicating that such an enemy attack is probable or imminent.”

Continuity of Government

A major disaster could result in the death, injury, or incapacitation of key government officials, partial or complete destruction of established seats of government, and the destruction of public and private records essential to continued operations of government and industry. Law and order must be preserved and government services maintained. The California Government Code and the Constitution of the State of California provide authority for the continuity and preservation of State and local government.

Continuity of leadership and government authority is particularly important with respect to emergency services, direction of emergency response operations, and management of recovery activities. Under California’s concept of mutual aid, local officials remain in control of emergency operations within their jurisdiction while additional resources may be provided by others upon request. A key aspect of this control is to be able to communicate official requests, situation reports, and other emergency information throughout any disaster condition.

To ensure continuity of government and maintenance of essential government services, nine elements must be addressed by government at all levels:

- (1) Succession to essential positions required in emergency management.
- (2) Pre-delegation of emergency authorities to key officials.
- (3) Emergency action steps provided in emergency plans and emergency action plans.
- (4) Emergency operations centers.
- (5) Alternate emergency operations centers.
- (6) Safeguarding vital records.
- (7) Protection of government/industrial resources, facilities, and personnel.
- (8) Devolution of direction and control.
- (9) Reconstitution of normal operations.



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Office of Emergency Services (OES)

Roles and Responsibilities

The OES is part of the Governor's Office and performs executive functions assigned by the Governor. OES is the lead State agency for all aspects of emergency management, including planning, response coordination, recovery coordination, mitigation efforts, and training. OES is responsible for development of the SEP. The Director coordinates the State's disaster preparedness and response activities, assisted by representatives of state agencies, under the authority of the ESA and Executive Order W-9-91.

State emergency management staff, headed by the OES Director, or the OES Director's designated representative, is assisted by coordinators designated by state agencies. OES activates and operates the State Operations Center (**SOC**) and Regional Emergency Operations Centers (**REOC**), and participates in Disaster Field Office (**DFO**) activities. OES coordinates emergency response and recovery activities with the Federal Regional Operation Center (**ROC**) and the Joint Information Center (**JIC**). In conjunction with the federal government, it directs and coordinates recovery programs to mitigate future disasters and to recover disaster costs.

When the OES SOC and REOCs are activated, the ten (10) items listed below constitute the initial response actions to be taken:

- (1) Establish formal activation time and initial staffing pattern for EOC.
- (2) Establish and maintain communications with other EOCs and DOCs.
- (3) Deploy field representatives as needed to assess the situation.
- (4) Coordinate and deploy immediate assistance, as requested, through established mechanisms, including mutual aid assistance by hire, purchasing, renting, or mission tasking.
- (5) Assist affected jurisdictions with establishing and/or confirming air and ground routes into affected area.
- (6) Assist affected jurisdictions and supporting EOCs with/and determine the need for staging areas, mobilization centers, and disaster support areas, and coordinate their establishment.
- (7) Provide/deploy technical assistance to supported elements as needed.
- (8) Mobilize and stage key resources required to address the potential threat.
- (9) Determine the operational periods and develop action plans for those periods, adjusting the time frame as necessary.
- (10) Monitor and prioritize scarce resources as the situation dictates.

Administrative Practices

OES has the authority for coordinating State-level disaster response and recovery at the SOC.

Mutual Aid

State OES established six mutual aid regions in California. OES then developed three regional administration offices to manage those regions more effectively on a day-to-day basis, as well as during disasters. The Coastal Region office in Oakland administers Mutual Aid Region II. The Southern Region office in Los Alamitos administers Mutual Aid Regions I and VI. The Inland Region office in Sacramento administers Mutual Aid Regions III, IV, and V. A map of the mutual aid administrative regions is provided below.

Regional disaster management personnel coordinate information and resources among OAs within the mutual aid regions designated pursuant



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to Government Code §8600, and between the OAs and the State-level. The regions, along with the State, coordinates overall state agency support for emergency response activities.

State Agency Tasking

When mutual aid resources are not available locally within the OA, or through mutual aid regions, OES may use mission tasking to direct state agencies to provide disaster resources to local government.

The State of California Department of General Services (**DGS**) may be tasked to procure needed supplies and materiel, as described in the DGS/EMSA/CDPH Memorandum of Understanding (**MOU**).

State Agency Funding

State agencies that are tasked to perform missions by OES may be able to recover costs for personnel and equipment. The methods of cost recovery depend on whether there is solely a state of emergency proclaimed, or whether actions are taken under a federally declared disaster. State OES assists with cost recovery.



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California Mutual Aid Regions





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E. Concept of Operations

California Disaster Medical System (DMS)

The California DMS operates within California's Emergency Organization and defines disaster medical resources available within the State, which may be applied in disaster response and recovery phases. DMS organizations, at all levels of government and the private sector, operate from established EOCs.

The SEP designates EMSA as the lead state agency for medical response. The Director of EMSA manages EMSA's disaster response and coordinates California's DMS including the provision of mutual aid.

DMS Operational Priorities

The CDMRP addresses the following DMS operational priorities:

- Protecting and preserving human life (highest priority).
- Meeting emergency medical needs, through medical rescue, transport, and medical care services in hospitals, shelters, and other facilities.
- Restoring medical care facilities and capabilities, whether publicly or privately owned that are essential to the health, safety, and welfare of public.
- Protecting property and the environment.
- Mitigating hazards that pose a threat to disaster medical operations.

Goal and Objectives of the California DMS

The goal of the California DMS is to ensure a rapid, effective, and coordinated medical response and recovery to major disasters that impact California.

The following objectives support this goal:

- Ensure DMS emergency management complies with SEMS.
- Establish and maintain an operational capability at all SEMS levels to respond to requests for medical resources and other support in a timely and coordinated manner.
- Ensure field, hospital, and other disaster medical responders remain safe from injury and are protected from communicable diseases and hazardous substances.
- Establish and maintain an augmented disaster communications capability.
- Request and coordinate provision of mutual aid according to established procedures.
- Maintain liaison with local, State, and federal government agencies and the private sector, ensuring that all response agencies have current information and medical resources are available to support mutual aid.
- Coordinate the safe movement, reception, and care of injured and ill persons during an evacuation.
- Restore essential medical services.



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Transition from Normal to Disaster Operations

The initial medical response to disasters in California is conducted by local EMS and other medical care resources under the direction of local governments or their agents. This initial response is an extension of their day-to-day operations and its effectiveness depends primarily on:

- The effectiveness of day-to-day emergency and other medical care services.
- The ability of affected area government agencies and medical care providers to transition to a disaster organization that supports rapid and effective priority setting, decision making and resource mobilization and response.

While the local level is most critical to life saving, DMS responders at all levels of government and throughout California must make the transition from day-to-day to disaster operations as rapidly as possible.

Disaster Medical System Activation

California's DMS is activated when an event occurs, or threatens to occur, that has the potential to create emergency medical or health needs that exceed local response capabilities. State OES, EMSA, or CDPH may become aware of a disaster through notification and request for assistance by a local agency or through remote monitoring (seismic activity) or news reports.

This plan will be activated in part or in full when:

- OES activates the State Emergency Plan.
- The EMSA Director determines that EMSA support to a local medical response is essential to save lives and prevent injury.
- The State Public Health Officer determines that state support to a local medical or health response is essential to save lives and prevent injury.

Plan activation may be in response to:

- An alert to EMSA from the OES Warning Center.
- Notification and request for medical assistance from an OA to State OES at the region level.
- A request from CDPH.
- Notification of EMSA by a LEMSA or RDMHC.
- Notice from CPCS of trend that may reflect population-level poison exposure.

OES and alerted agencies will assess the situation and determine appropriate response actions that may include:

- Cancel the alert and issue an "All Clear" message.
- Monitor the situation.
- Activate the state emergency management system on a full or partial basis.

OES may take the following actions to activate the SEP in response to an emergency:

- Activate the SOC and one or more REOCs.
- Notify additional state agencies of their activation or potential for activation.



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- Recommend a Governor's State of Emergency Proclamation.
- Alert or request activation of federal response agencies.

Initial EMSA response actions may include:

- Activating the EMSA DOC or JEOC, in coordination with CDPH.
- Dispatching staff to the SOC or a REOC, if activated.
- Gathering additional information on the emergency or threat.
- Alerting RDMHCs / RDMHSs.
- Alerting LEMSAs that may be impacted by the event.
- If the situation warrants, alerting AST leaders, MST staff, or CAL-MATs and other personnel.

EMSA/CDPH Joint Emergency Operations Center (JEOC)

In major disasters with both medical and public health consequences, EMSA and CDPH co-locate and jointly manage the JEOC. Under a Memorandum of Understanding (MOU) between the CDPH and EMSA, CDPH supports the State medical response by maintaining the JEOC that serves as the State medical and health operations center during a disaster. The JEOC in coordination with the SOC Medical/Health Branch provides state policy and program direction, and locates, acquires, and arranges for delivery of state-owned and controlled disaster medical and health supplies, equipment, and personnel and assists in the coordination of resources from unaffected areas of the State.

In cases where the magnitude of the event is not severe, both EMSA and CDPH may support the JEOC operations by directing staff to work out of their respective offices rather than at the JEOC facility. This might occur when there is a threat but an event has not occurred, when the JEOC is deactivating or when there is a reduced need for medical and health coordination in the JEOC.

California's Medical Mutual Aid System

EMSA and CDPH are developing a Statewide Mutual Aid System for both medical and public and environmental health resources. This plan describes the operations of that system as it applies to medical resources.

California's Medical Mutual Aid System is governed by SEMS, SEP, MMAA, and the CMMAP. The Medical Mutual Aid System supplements cooperative agreements, contracts, and other mechanisms employed by LEMSAs, hospitals and other entities to augment day-to-day emergency and disaster medical resources.

Resource requests for response and recovery originate at the lowest level of government (field and local) and are progressively forwarded to the next level until filled. If an OA is unable to provide the necessary requested assistance from within the OA, the OA Medical/Health Operational Area Coordinator (**MHOAC**) will contact the RDMHC at the mutual aid regional level to obtain support. If resources are not available within the mutual aid region, the RDMHC will forward the request to the REOC, which in turn, will fill the request from within its administrative region or forward the request to the SOC. The SOC will seek to find the requested resources from state agencies or through mutual aid from unaffected areas of the State. If the resources are not available within California, the SOC will request federal or EMAC support for the requested resources.



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DMS Roles and Responsibilities State Level

EMSA Disaster Medical Roles and Responsibilities

EMSA is designated by OES as the lead state agency for disaster medical preparedness, response, recovery, and mitigation. EMSA's disaster medical responsibilities are defined in legislation (Division 2.5, Health and Safety Code), the *State Emergency Plan*, and the *respective OES Administrative Order*. EMSA also supports the CDPH response to public and environmental health emergencies. Other responsibilities are defined in a variety of plans and agreements, including a Memorandum of Understanding with CDPH.

EMSA has the following responsibilities through each emergency management phase:

Preparedness Phase

1. Strengthen coordination among DMS elements at each SEMS level and between SEMS levels:
 - Maintain working relationship with OES for planning and preparedness.
 - Establish liaison with government and private sector medical and health agencies and organizations and involve them in planning, training, and exercise activities. Promote coordination between medical and public health organizations at the local government level.
 - Support RDMHC efforts to enhance preparedness and coordination among LEMSAs, hospitals, and other medical care providers in OES mutual aid regions and to integrate public and private sector medical resources into mutual aid system.
 - Support MHOAC efforts to enhance preparedness and coordination among operational area resources and assets including the Public Health Department, LEMSA, hospitals, other medical care providers, private ambulance services, physicians, nurses, fire, law, EMS providers, pharmacies, and local aid organizations to integrate public and private sector medical and health resources into mutual aid response.
 - Ensure coordination and jointly develop and exercise plans with CDPH and other partner state agencies for joint operations at the SOC, JEOC, and EMSA DOC.
 - Encourage ongoing dialogue, coordinated planning, and joint exercises among medical response agencies and resources throughout California.
2. Strengthen the operational capacity of medical response agencies and organizations:
 - At the local level, enhance the preparedness of LEMSAs, pre-hospital providers, hospitals and other health facilities, and other medical care providers for all disasters through policies, plans, guidelines, training, and exercises. Guidelines include LEMSA Disaster Medical System Guidelines, the Hospital Incident Command System (HICS), the Community Clinic & Health Center Emergency Operations Plan Template, and recommendations for use of the Simple Triage and Rapid



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Treatment (START) system to expedite field care and transport to health facilities.

- At the State-level, establish and maintain the operational response capability of EMSA through development and maintenance of state assets and deployable field resources, support units and management resources (See Part II of CDMRP).
 - Enhance communications and information management systems for rapid disaster status assessments and resource tracking to support resource deployment decision making.
3. Develop and maintain with CDPH a Statewide Medical and Health Mutual Aid System for sharing medical and health resources:
- Implement information management system to rapidly identify local medical response resources available for deployment and track their status during response.
 - Strengthen operational area response capability through support of the MHOACs for all operational areas.
 - Strengthen regional response capability through support of RDMHCs for all OES Mutual Aid Regions.
 - Develop plans, policies, and procedures for assisting with the evacuation of ill and injured patients to unaffected areas within California and externally, if necessary.
 - Develop policies, procedures, and systems for tracking the movement and location of patients.
4. Ensure the DMS addresses the unique needs of children, frail elderly, and other vulnerable populations through research, education and training, and demonstration projects at all SEMS response levels.

Response Phase

1. Provide leadership for the DMS response:
- Support and participate within the regional and State multi-agency coordination process for establishing priorities and allocation of State coordinated mutual aid and other disaster medical resources.
 - Monitor disaster medical system performance, making adjustments as necessary, and identifying the need for federal medical response resources.
 - Provide technical advice and information to local, state, and federal response agencies on areas where medical assistance is needed and where medical resources are available.
 - Support development of the SOC Incident Action Plan (IAP).
2. Ensure the coordination of the DMS response:
- Activate the JEOC (with CDPH) and/or the EMSA DOC depending on the nature and demands of the emergency.
 - Ensure coordination with OES by staffing the Medical and Health Branch of the SOC, and REOC if necessary, with EMSA and CDPH staff.
 - Support CDPH public and environmental health response activities.
 - Share medical intelligence with all State partner agencies. Support the operations of CDPH, CDSS, Department of Mental



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Health (DMH), Office of Statewide Health Planning and Development (OSHPD), and other agencies with health and medical response responsibilities.

- Support regional operations by ensuring Medical and Health Branch representation at the REOCs.
 - Coordinate with State, federal and local agencies, for the procurement of medical assistance from other state departments, hospitals, ambulance providers, and other providers of medical services and supplies.
 - Promote coordination of local disaster medical response elements with local emergency services.
 - Provide Medical and Health contact information to the SOC and REOC.
 - Ensure all resource requests follow appropriate channels and receive immediate processing at each SEMS level.
 - Coordinate public information activities with the SOC JIC.
3. Ensure rapid delivery of disaster medical resources to affected areas.
- Conduct a rapid assessment of the impact of the disaster using all possible sources of information.
 - In response to requests, activate and deploy EMSA disaster medical resources including MFHs, CAL-MATs, and MSTs.
 - Assist with the availability of pre-established medical assets within the local areas and coordination of their deployment, including ASTs, DMSUs, California Medical Volunteer personnel, etc.
 - Respond to requests for medical resources from RDMHCs through the medical mutual aid system.
 - Monitor the State's medical mutual aid process to ensure local medical needs are met in a timely manner.
 - Establish communication channel for OA to provide the REOC and subsequently the JEOC or SOC with advance notice of potential requests for medical resources that have been submitted through the formal OA medical mutual aid approval process.
 - Coordinate requested medical support required for hazmat/radiological incidents.
 - Coordinate with CDPH and DGS for the procurement and distribution of medical equipment, supplies, and pharmaceuticals obtained from outside affected areas.
4. Ensure that State and local response elements provided to the affected areas receive necessary logistic support.
- Maintain required SEMS requesting and notification procedures to provide the requesting and receiving entities with necessary resource information to allow for needed logistical support.
 - Provide MST support, when necessary, to the local field logistics function to assist with the needs of EMSA dispatched field response units and other personnel resources.
 - Coordinate emergency travel and related expenditures with the requesting and supporting entities for public and private medical and health personnel.



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5. Manage information essential for an effective coordinated response:
 - Gather and disseminate information from affected areas to provide OES, CDPH, and other state response agencies with comprehensive intelligence concerning medical needs and response status.
 - In coordination with OSHPD, CDPH Licensing and Certification (L&C) Division, gather information on the impact of the disaster on affected areas' medical care system and provide this information to RDMHCs, OES and other response agencies.
 - In coordination with CDPH L&C, gather information on the availability of medical facilities outside of affected areas capable of handling injured patients or patients contaminated by or exposed to hazardous material or radiation sources.
 - Share information with all RDMHCs, OES, CHHS, CDPH, and other state agencies, and other DMS elements to ensure the overall system is basing decisions on a common knowledge base and that gathered information is current and accurate.
6. Coordinate the evacuation of injured persons to medical facilities outside affected areas.
7. Support the operations of the CDPH, California Department of Social Services, and other state agencies that may require disaster medical resources.

Recovery Phase

1. Assist affected areas to establish and maintain temporary EMS and medical care services until normal service levels can be restored:
 - Maintain JEOC or EMSA DOC operations during recovery period.
 - Continue to support medical mutual aid operations.
 - Continue to support field units that have transitioned from providing emergency medical care to day-to-day medical care services.
2. Assist LEMSAs, EMS systems, hospitals and other health facilities to return to normal operations.
 - Assist affected areas to restore essential medical services following a disaster by providing personnel, medical resources, technical information, and advice.
 - Support local efforts to define, document, and recover disaster-related costs from insurance, State, and federal sources.
3. Support CDPH efforts to restore public and environmental health services following a disaster.

Mitigation Phase

1. Ensure capability of EMSA to respond to disasters even when its headquarters facility is made unusable by an emergency through COOP/COG planning.
2. Encourage medical facilities to mitigate non-structural earthquake hazards to prevent injuries to patients, visitors, and staff and develop effective business continuity plans.
3. Promote use of personal protective equipment by ambulance personnel through grant programs, guideline development, and training.



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State Agencies Participating in DMS

California Health and Human Services Agency (CHHS) The California Health and Human Services Agency is the State political entity under which EMSA and CDPH operates on a day-to-day basis. CHHS's role in disaster medical response is to:

- Assist by providing policy direction and procedures for response decisions.
- Participate in the JIC and the JEOC.
- Ensure information sharing and coordination with CHHS departments.

California Department of Public Health (CDPH) The California Department of Public Health is the lead agency for response to public and environmental health emergencies. The CDPH L&C ensures that health facilities comply with licensing and operating regulations. EMSA and CDPH share responsibility for staffing the Medical and Health Branch of the SOC, REOCs and the JEOC and maintaining California's mutual aid system for medical and health resources.

Other State Agencies

The California State Emergency Plan identifies the following state agencies as having medical and health response support roles:

- Air Resources Board (**ARB**): Technical input on the implications of air quality conditions for emergency operations. Personnel for general duties.
- California Department of Corrections and Rehabilitation (**CDCR**) / California Youth Authority (**CYA**): Medical staff. Emergency medical treatment at correctional facilities.
- California Department of Forestry and Fire Protection (**CALFIRE**): Trained "first responders".
- California Department of Social Services (**CDSS**): Ensures that health concern needs are addressed among mass care and shelter populations during disasters. Also assists with welfare inquiries.
- California National Guard (**CNG**): Medical resources, logistic support including air/ground transport, and medical evacuation support.
- Department of Food and Agriculture (**DFA**): Assistance with vector control, food quality assurance, and other issues.
- Department of Mental Health (DMH): Mental health services for EMS responders and victims.
- Department of Toxic Substances Control (**DTSC**): Can declare health-related emergencies stemming from hazardous substances releases.
- Department of Veterans Affairs (**DVA**): Limited medical staffing and facilities.
- Office of Environmental Health Hazard Assessment (**OEHHA**): Risk evaluations and recommendations regarding health hazards posed by hazardous substances.
- Office of Statewide Health Planning and Development (**OSHPD**), CDPH, CDSS & CALFIRE: Coordinate/conduct inspections of hospitals and other licensed care facilities for structural integrity, fire/life safety, and/or other licensing requirements; provides data to appropriate levels.



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DMS Roles and Responsibilities

Local Government

Local governments employ a variety of organizational models to manage day-to-day emergency and disaster response resources. "Local government" may include representative State, federal, and tribal entities at the local level that have jurisdictional authority and are also partners in the emergency response. Local government (county, city, and special district) emergency medical services may be provided by private, volunteer, fire service, other public agencies, or a combination of various entities. Multiple casualty incidents are directed by an Incident Commander (**IC**) or a Unified Command (**UC**) structure that includes individuals from appropriate fire service, law enforcement, or public health/EMS agencies. The emergency response activities at the field level are directed by the IC or UC located at a specified Incident Command Post (ICP). Distribution of patients among local hospitals is often directed from a centralized facility (control facility) that covers a region of a county, a multi-county region, or an entire county. Depending on the scale and nature of an incident, the Local Health Officer (**LHO**) or LEMSA may participate in the direction of the incident at the local government level.

Local Government (OA) Medical and Health Operations

If a medical disaster is of sufficient scale or complexity that resources within a local jurisdiction are insufficient to meet medical needs, the OA EOC, LEMSA, LHO or local health director will activate the OA's Disaster Medical Plan and request the MHOAC coordinate OA-level mutual aid and support.

Mutual aid response and recovery activities are coordinated through the local government's respective Operational Area. In some cases, the nature and impact of the disaster may require the field Incident Command to join with regional, State, or local jurisdictions to establish a Unified Command and work through the established OA and their respective Multi-Agency Coordination (**MAC**) Group.

OA EOC Medical and Health Branch Director

OAs coordinates the medical and health response through the OA's EOC Medical and Health Branch Director. The EOC Medical and Health Branch Director position may be assigned to the LHO, Health Department Director, LEMSA Director, LEMSA Medical Director, an Assistant Health Officer, the Public Health Department Director, or other county official or designee.

Medical/Health Operational Area Coordinator

In the event of a local, State, or federal declaration of emergency, the MHOAC would coordinate disaster medical and health resources within the operational area, and be the point of contact for coordination with the RDMHC. The MHOAC role is established by statute in California Health and Safety Code, Division 2.5, Chapter 3, Article 4, Section 1797.153. Each local health officer and LEMSA administrator may function as, or appoint, a MHOAC to provide a 24-hour, seven day a week single point of contact for disaster medical and health operations within the OA. Responsibilities of the MHOAC include:

- Ensuring a system (plan) for staffing and operations of the medical and health branch of the OA EOC, including authorizing and directing the activation of the medical and health branch of the OA EOC.
- Identifying resources and coordinating the procurement and allocation of public and private medical, health and other resources required to



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support disaster medical and health operations in affected areas.

- Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, and to hospital and medical care entities and providers.
- Participating in periodic training and exercises to test plans, policies, procedures, and structures for the activation and implementation of the disaster medical and health response system.
- Contacting the RDMHC to obtain mutual aid support from other OAs within the mutual aid region or from local and state resources from OES Administrative Regions.

Private Sector Medical Care Resources

California's medical and medical care resources are primarily in the private sector. EMSA and LEMSAs work closely with these resources and facilities to promote emergency preparedness and a coordinated response.

Private sector medical facilities and other resources in affected areas may have response obligations to their patients, clients, or communities. During emergencies with significant impacts, private sector entities may be incorporated within the local level response and field level activities and requests for assistance would be processed through the respective local government entity to the OA to support the private entity's response efforts. The OA may also request these resources to accept response tasks identified by the MHOAC. Private sector medical resources should plan to share status information, coordinate their response and request for support within their respective local government jurisdiction and OA, and use ICS to manage their response activities.

Affected areas may require assistance from private sector resources in unaffected areas. These resources may be acquired through three methods:

- Government requests through SEMS.
- Pre-established mutual assistance agreements (generally for ambulance services).
- Through pre-existing contractual or corporate relationships (e.g., hospital to hospital under the same corporate umbrella).

During the response to a disaster, the MHOACs in both the receiving area and the area sending resources should be notified of the request for resources and the intent to provide those resources.

Private sector entity's support from outside the affected areas should be coordinated through and with the knowledge of the supporting entity's respective MHOAC and the affected area's MHOAC.

During response to emergency requests for private sector resources outside of the OAs, that can not be filled through the respective RDMHC, the State REOC, SOC, and JEOC will coordinate the acquisition of needed resources through the respective Medical/Health Branches to the OAs that have those resources available. EMSA encourages developing pre-event agreements and relationships.



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DMS Roles and Responsibilities Regional Level

Regional Disaster Medical/ Health Coordinator and Specialist (RDMHC/S)

During major disasters, RDMHCs in affected and unaffected mutual aid regions coordinate the medical response at the mutual aid regional level. The RDMHC role is established by statute in California Health and Safety Code, Division 2.5, Chapter 3, Article 4, Section 1797.152. The RDMHC may be a county health officer, county coordinator of Emergency Services, or administrator or medical director of a local EMS agency. Each RDMHC may be supported by a RDMHS, whose position is jointly funded by EMSA and CDPH.

The responsibilities of the RDMHC, with support from the RDMHS, include:

1. Developing plans for the provision of medical or public health mutual aid among the counties (OAs) within their mutual aid region.
2. If inside the affected mutual aid region, coordinating with the MHOAC(s) from the affected and unaffected OA(s) to manage sharing of mutual aid resources.
3. Coordinating medical mutual aid operations with their respective REOC.
4. Managing and communicating information about the availability of medical resources.
5. For disasters outside the RDMHC's mutual aid region, coordinating the acquisition of requested medical, public, and environmental health resources from OAs within the administrative region to send to an affected mutual aid region.
6. The RDMHS may provide staff support at the REOCs established in OES Administrative Regions.

If unaffected administrative regions cannot provide the needed resources, requests for the needed materiel or personnel would be made for State, EMAC, or federal resources.



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DMS Roles and Responsibilities

Federal Level

EMSA and other state medical and health agencies work with a variety of federal government agencies involved in disaster preparedness:

- Department of Health and Human Services (**DHHS**) Office of the Assistant Secretary for Preparedness and Response (**ASPR**)
 - National Disaster Medical System (**NDMS**)
 - Centers for Disease Control and Prevention (**CDC**)
- Federal Emergency Management Agency (**FEMA**)
- Department of Veterans Affairs (DVA)

When disaster medical resource needs cannot be met by resources within California, OES may request assistance from federal agencies having statutory authority to provide assistance in the absence of Presidential Declarations. The Governor may also request a Presidential Declaration of an Emergency or Major Disaster. A federal declaration allows access to federal disaster medical assets and for federal disaster recovery funding for disaster medical response activities.

Acquiring Federal Resources

EMSA will work with the Medical and Health Branches at the REOC and SOC and with the JEOC to anticipate the need for federal assistance and to coordinate the delivery and application of federal resources. Requests for federal assistance are coordinated and processed by OES through the SOC.

Federal Coordination ESF #8

ESF #8 provides the mechanism for coordinated federal assistance to supplement State, local, and tribal resources in response to public medical and health care needs for potential or actual Incidents of National Significance and/or during a developing potential medical and health situation. ESF #8 is coordinated by the Secretary of the Department of Health and Human Services (**HHS**) principally through the Office of the Assistant Secretary for Preparedness and Response (ASPR). ESF #8 resources can be activated through the Robert T. Stafford Act or the Public Health Service Act (pending the availability of funds) for the purposes of federal-to-federal support or in accordance with the memorandum for federal mutual aid included in the National Response Plan (NRP) Financial Management Support Annex.

ESF #8 provides support in the following core functional areas:

- Assessment of public health/medical needs (including behavioral health);
- Public health surveillance;
- Medical care personnel; and,
- Medical equipment and supplies.

The ESF #8 team will locate first at the federal Regional Response Coordination Center (**RRCC**) and, when established, at the federal Joint Field Office (**JFO**) which will be established in or near affected areas.

ESF #8 resources include civilian and U.S. Public Health Service (USPHS) medical, Applied Public Health Teams (**APHT**), Applied Mental Health



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Teams (**AMHT**), EMS responders, and other medical care personnel who can help to establish temporary medical shelters and treatment sites and reestablish local medical services. Depending on the requested resource and the quantity needed, medical support can be provided as early as 12 hours after the request. Other resources may require several days for delivery.

If large scale patient evacuation is necessary, the Federal NDMS program may assist in moving patients identified by local health officials to unaffected communities. The NDMS Reception Areas will provide acute care for these patients until they can return. A federal Incident Response Coordination Team (**IRCT**) will be activated if federal medical assets are placed in the field. This team provides logistical support to deployed federal medical teams, in coordination with local incident command.



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F. Plan Development and Maintenance

The California Disaster Medical Response Plan is developed, maintained and administered by EMSA and reviewed by the Commission on EMS. The Plan is updated annually by EMSA and submitted for approval to OES in accordance with State requirements.

During the plan development and updating processes, EMSA elicits input from OES, CDPH, LEMSAs, RDMHCs, hospitals, and ambulance providers as well as other local and state government agencies and private medical care organizations. EMSA also seeks input from academic and professional experts in the field.

EMSA distributes the approved plan to all of its state agency partners including CHHS Agency, CDPH, DMH, and CDSS. EMSA also distributes the plan to local emergency response agencies including LEMSAs, local public health officers, local OES Offices and RDMHCs and to the associations representing these entities. The plan is also distributed to trade associations representing ambulance providers, hospitals, community clinics and skilled nursing facilities, and is available on the EMSA website.



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PART II

A. Disaster Medical Response Resources

Introduction

EMSA has developed, or is in the process of developing, and typing; a variety of disaster medical resources at all SEMS levels to ensure the DMS meets its operational priorities in a coordinated and effective manner. These resources will include logistical support elements; medical supplies, equipment, and personnel; mobile facilities; patient transportation assets; and information management systems. EMSA and its disaster response partners throughout California have developed plans and guidance, and training and exercise programs to ensure effective response of these resources and to strengthen the DMS statewide.

Logistics

Mission Support Team (MST)

The MST is a team that provides support and specific logistical functions for field disaster medical resources such as CAL-MATs, ASTs, Mobile Field Hospitals, and individuals deployed by the State in response to local requests from an OA for support. The MST provides communication and coordination between State-deployed resources and the IC/UC or OA through the Liaison Officer and the Incident Logistics Function, and links the deployed units to the OA EOC, REOC, SOC, JEOC, or EMSA DOC.

The MST may support one or more response units simultaneously, while performing the following tasks:

- Provide administrative support for responding personnel, including registration and briefing on arrival, establishing and maintaining personnel and time records, and performing workers compensation claims administration in coordination with the respective ICP functions.
- Receive mission assignments and coordinate re-assignment or release from field level IC/UC and manage personnel and teams to meet objectives.
- Establish communication and coordinate activities with OA EOC Medical and Health Branch.
- Obtain/provide transportation, lodging, feeding, and other logistical support through and in coordination with the ICP Logistics Function for responding personnel.
- Provide communications support for field units.
- Conduct situation and needs assessment. Request deployment of additional medical response resources through the appropriate field ICP Logistics Function as needed to meet mission objectives.
- Determine appropriate use of ad hoc/convergent medical volunteers.
- Conduct advanced planning to anticipate resource demands and track environmental conditions.
- Establish a system through the field ICP and local jurisdiction for re-supply for the MST and field units.
- Establish a system through the field ICP and local jurisdiction for the receipt and distribution of pharmaceuticals and other medical supplies



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to field units.

- Perform safety and security function for personnel, equipment, and other resources.
- Coordinate demobilization of response teams through the field ICP and local jurisdiction.
- Provide medical, mental health, and other support through the field ICP and local jurisdiction for responding personnel.
- Coordinate resource support provided by the field ICP and local jurisdiction, other local sources, or through State channels.

Disaster Medical Manager (DMM) Mutual Aid Program

During major emergencies, especially those that require 24-hour disaster management operations, OA disaster medical managers may require augmentation of their staff to maintain extended Medical/Health Branch operations at DOCs or EOCs. The Disaster Medical Manager Mutual **(DMM)** Aid Program supports disaster medical operations in affected jurisdictions by providing trained professional disaster medical response management personnel. Requests for DMM Mutual Aid will follow normal medical mutual aid channels consistent with the MMAA and SEMS. EMSA defines training standards and provides for training for potential DMM Mutual Aid responders.

Operations

Disaster Medical Personnel

Physicians, registered nurses, paramedics, EMTs, support personnel, other medical and human services providers, and additional medical emergency managers from outside affected areas may be needed to provide services or support emergency medical operations within affected areas.

California has multiple resources and strategies for augmenting disaster medical personnel resources in disaster areas. These include:

- Pre-formed and trained teams of volunteer medical personnel (e.g., CAL-MATs).
- Medical care and other human services volunteers registered pre-disaster through the California Medical Volunteers Program.
- Medical mutual aid system for individual personnel and teams from unaffected areas.
- Disaster Medical Assistance Teams **(DMATS)** requested through the federal government.
- Ad hoc volunteers identified during the response to disaster.

EMSA disaster medical personnel preparedness priorities are:

- Recruiting medical care professionals who can rapidly transition from their day-to-day roles to disaster responders.
- Organizing medical personnel into self contained and highly self-sufficient comprehensive medical teams (CAL-MATs).
- Enrolling all volunteers pre-disaster, including members of medical teams, through California Medical Volunteers Program to facilitate credential checking, training and orientation, and rapid mobilization.

Disaster Service Workers (DSW)

Each person who wishes to work as a volunteer in declared disaster areas must be registered as a disaster service workers **(DSW)** through state or local OES pursuant to title 19, California Code of Regulations



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§2573.1. The OES approves DSW applicants, approves emergency training programs, and issues identification cards to DSWs. Authorized and registered DSW must carry identification when responding to an emergency. DSWs are eligible for workers' compensation for disaster response-related injuries when they comply with DSW regulations.

California Medical Volunteers

California Medical Volunteers is an emergency personnel management system developed to enroll California medical care personnel with active unrestricted licenses as volunteers for disaster service. The system validates enrollee licenses and credentials prior to an emergency and provides a mechanism for contacting and mobilizing needed personnel. The system is maintained by EMSA and may be accessed by authorized Medical and Health Branch personnel at the SOC, JEOC, or EMSA DOC. Each OA will be given system administrative rights to allow access for requesting volunteers within their jurisdictions. The system may also be accessed by administrators or local medical groups and teams who have some jurisdiction of those groups (e.g., a specific hospital-based team).

California Medical Assistance Teams (CAL-MATs)

CAL-MATs are 120-person teams that operate under State direction for response to local requests for assistance and assignment to field operations to assist with mitigation of catastrophic disasters. CAL-MATs are assets of California's disaster medical mutual aid system and can augment medical care in disaster areas where hospitals and medical care systems have been damaged or overwhelmed.

CAL-MATs:

- Maintain caches that contain medical supplies and equipment, tents, pharmaceuticals, and interoperable communications.
- Are supported in the field by the EMSA MST.
- Have members who register pre-event through California Medical Volunteers system.

Medical Reserve Corps

Medical Reserve Corps (MRC) are community-based networks of volunteers that assist medical and public health efforts in times of special need or disaster, e.g. during a major communicable disease outbreak, earthquake, flood, or act of terrorism.

EMSA, California Volunteers, CDPH, and the Office of the Surgeon General (**OSG**), Region IX are the primary lead agencies responsible for MRC coordination in California.

Personal Protective Equipment (PPE)

To promote the safety of EMS pre-hospital responders operating in hazardous environments, EMSA has established guidelines for personal protective equipment (**PPE**) for ambulance personnel. The recommended equipment is based on standards from OSHA, Cal OSHA, and FIRESCOPE.

EMSA ambulance PPE guidelines recommend that:

- Every person working on an ambulance in California (public or private, emergency or non-emergency) should have available at least the *minimum* equipment, supplies, and PPE – per responder – to ensure safety, readiness, and the ability to meet surge capacity.



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- Use of respiratory equipment must be preceded by fitting and fit-testing (where required), training, demonstration of proficiency, and display of core competencies in its use, for each responder, prior to provision, and periodically thereafter.
- Ambulance personnel should not respond to an incident requiring PPE beyond their level of provision and training, without adhering to published standards.

Patient Transport

In a disaster, EMS resources may face large numbers of casualties and damage to roads, facilities, and vehicles. Dispatch, 9-1-1 services, medical direction, and other EMS communications may be damaged or overloaded.

California's use of large numbers of dual-role fire personnel (i.e., firefighter/EMT) who may have fire suppression assigned as their disaster priority may further reduce a local jurisdiction's pre-hospital care capability. In addition, both public and non-public safety EMS personnel may need to perform alternative response functions such as:

- Information gathering and reporting.
- Staffing Field Treatment Sites.
- Using vehicle radios to establish communications links among hospitals, FTSS, and medical EOCs.
- Supporting the evacuation of medical facilities.
- Providing medical staffing for shelters, Alternate Care Facilities (**ACFs**), and other facilities.
- Providing medical care aboard improvised medical transport vehicles (e.g., buses).

In areas unaffected by the disaster, pre-hospital providers may support disaster operations by providing:

- Personnel and vehicle mutual aid.
- A Regional Medical Transportation Coordinator to assist RDMHCs to mobilize vehicles and personnel.
- Medical transportation for casualties evacuated from the impacted areas.

Response of out-of-area ambulances to affected OAs is provided only in response to official requests and/or through officially established mutual aid plans or automatic and cooperative aid agreements. Ambulance providers responding without valid authorization will likely hinder the response to the disaster and not receive reimbursement.

Ambulance Strike Teams (AST)

Ambulance strike teams ensure the rapid availability of EMS transport assets to disaster areas throughout California. ASTs are established throughout California in cooperation with California's ambulance providers, the California Ambulance Association, LEMSAs, and RDMHCs/RDMHSs. California has implemented a statewide system of 25 ASTs each consisting of five ambulances (an approved vehicle with 2 personnel) with common communications and a leader which are typed according to FEMA typing for medical and health resources. Each AST includes a Disaster Medical Support Unit (DMSU) to serve as a Strike Team Leader platform and communications/support center.



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ASTs are available through California's Medical Mutual Aid System. They will form at predesignated rally points for travel to the disaster site within 2 hours of notification. ASTs are available for direct response within the jurisdictional area in which they are based as well as elsewhere in the State.

An MST may be provided to support dispatched ASTs.

Air Ambulance

The air-ambulance service within California functions on a day to day basis doing routine patient transport. They also respond to 9-1-1 emergency calls for time sensitive and remote location transportation of critical patients. During a disaster, fixed winged aircraft could be used for transporting patients out of the affected area. Rotor-wing aircraft could be used within the disaster to inaccessible areas and/or for the removal of patients from the affected area.

Non-EMS Transport

In major disasters, local jurisdictions may be required to use non-EMS transport to evacuate patients from hospitals, residents of skilled nursing facilities, and, in worst case situations, disaster casualties. Non-EMS transport can include buses, flat-bed trucks, vans, automobiles, and other vehicles. Local plans should be developed to acquire these vehicles and their drivers along with sufficient fuel to use them when necessary.

Medical Care Facilities

Hospitals

Hospitals play a critical role in the response to disasters with medical consequences. California's hospitals provide general acute care and specialized services for trauma, pediatric care and burns. Some facilities have received formal designation as centers for these services through licensing and accreditation processes.

Effective hospital response requires a high level of integration with local jurisdiction and OA preparedness and response efforts. To achieve that goal, California's hospitals use HICS to manage their response to emergencies.

California licensing regulations and Environment of Care standards of the Joint Commission for the Accreditation of Health Organizations (**JCAHO**) require hospitals to develop disaster response plans consistent with those of their jurisdictions. Hospital emergency plans and preparedness activities address four goals:

- Protection of employees and visitors;
- Protection of and continuation of services to patients and clients;
- Provision of medical care to the community; and,
- Restoration of hospital service capability by recovering disaster related costs and restoring revenue generation.

Hospitals perform the following tasks in responding to disasters:

- Assess damage to and level of functionality of the facility.
- Communicate hospital capabilities and needs to local jurisdiction and OA officials.



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- Restore utilities.
- Obtain food and water.
- Augment and relieve staff.
- Acquire medical supplies and replace damaged equipment.
- Implement emergency plans to increase surge capacity for the treatment of disaster victims. This may include discharge, evacuation, transfer, and or diversion of patients to other facilities.
- Provide medical care to converging casualties.
- Maintain standards for medical care and record keeping.

In a major disaster, hospitals in unaffected areas may be asked to assist in the recruitment of volunteer medical personnel from their facilities or to receive casualties or patients evacuated from disaster areas.

Community Clinics and other Non-Hospital Health Facilities

Community clinics, including Indian Health Clinics operated by Tribal Government entities, have a significant role in providing medical care to underserved urban and rural communities. While their capabilities are limited, they are likely to be significant points of convergence for ambulatory patients seeking care. Increasingly, licensing, accreditation, and funding agencies require community clinics to develop disaster response plans and perform hazard vulnerability assessments. Community clinics are also incorporated into local plans as resources for increasing medical system surge capacity.

Urgent care centers, dialysis clinics, and other non-hospital facilities also provide essential medical services. Following a catastrophic disaster, these facilities, along with community clinics, have several potential response roles and responsibilities:

- Protection of staff and patients.
- Stabilization of casualties who are injured on site or converge to the facility.
- Participation, consistent with the organization's mission, capability, and role as planned and provided for in the local system, in the local jurisdiction and OA's medical and health response.
- If unable to provide services, referring both usual patients and disaster victims to appropriate alternative sources of medical care.
- Assistance with recruiting medical personnel or volunteers to augment staff at other health care facilities or service sites.
- Supporting local jurisdiction and OA medical response through language services and outreach and information dissemination to limited-English proficient and isolated communities.
- Rapid restoration of function to provide services to its usual patient population.

To meet these responsibilities, non-hospital facilities:

- Develop and exercise disaster plans for internal and external emergencies both separately and simultaneously.
- Train staff in disaster operations including operating under ICS.
- Establish communication and coordination links with their MHOAC and as specified in local plans.
- Prepare their facilities by mitigating non-structural hazards.



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Field Treatment Sites (FST)

Field Treatment Sites (**FTS**) are approved, identified, and established by the local jurisdictions and coordinated through the OA for the congregation, triage, temporary care, holding, and evacuation of injured patients in a multiple or mass casualty situation consistent with EMSA developed guidelines.

FTS may be established:

- At an incident scene.
- Near a hospital to triage injured patients arriving by ambulance or by self-referral.
- At any pre-designated or ad hoc facility or site capable of receiving injured patients and providing short-term emergency care.

FTS are designed to operate for up to 48 hours, or until:

- New patients are no longer arriving at the site.
- The FTS transitions to a fixed or temporary medical care facility capable of more extended operations.

The local jurisdiction ICP Operation Section in coordination with the OA Medical and Health Branch would determine the need to activate Field Treatment Sites and their number and location based on:

- The number and location of injured patients.
- The rate of casualty convergence.
- Level of surviving hospital capacity.
- Availability of logistic support, personnel, and other medical resources for field casualty care.

Mobile Field Hospitals (MFH)

Mobile Field Hospitals (MFH) may be deployed to major disasters in which local medical care capability is overwhelmed and/or substantially reduced. The MFH can be staffed and equipped to provide basic emergency, surgical and recovery services. An MFH is deployed when there is a need to replace acute hospital care capacity for a period of several weeks. Each MFH may be deployed as a 50- to 200-bed facility or in combination with other MFH to provide up to 600 beds at a single site.

Information Management Systems and Resources

Response Information Management System (RIMS)

Response Information Management System (RIMS) is an electronic data management system developed and maintained by OES that links emergency management offices throughout California. All 58 county emergency operations centers and a growing number of federal, State, and local agencies now use RIMS. RIMS supports emergency response information and resource management by:

- Expediting resource requests
- Ensuring that resources are sent to the areas most in need.
- Creating up-to-date status reports.
- Generating clear historical records.



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- California Poison Control System (CPCS)** On a day-to-day basis, California Poison Control System (CPCS) provides poison control information and services to California communities, households, and medical providers. CPCS also provides support for the California DMS. Disaster functions include provision of:
- Technical advice to responders and response agencies for CBRNE events.
 - Alerts of emergent health-related emergencies to public health and emergency medical response agencies through data mining of the CPCS database.
 - Information to the public during emergencies.
- State Terrorism Liaison Officer (TLO) Program** EMSA participates in California's Terrorism Liaison Officer (TLO) Program. EMSA through its TLOs provides the Governor's Office of Homeland Security (OHS) with information to assess the medical implications of potential terrorist activity. EMSA has also established a stakeholders group bringing together OHS, CDPH, California Ambulance Association, and the CA Hospital Association (CHA).
- Disaster Medical Guidance**
- LEMSA Disaster Medical Systems Guidelines** In conjunction with stakeholders from LEMSAs, hospitals, ambulance providers, fire service, health departments, and other organizations, EMSA developed and ratified an extension to the EMS Systems Guidelines that addresses LEMSA disaster preparedness and response. These disaster standards promote disaster medical practice standardization, including use of the START triage system, across California to enhance the effectiveness of mutual aid responses. They also provide LEMSAs with minimum standards and a template for developing local disaster medical plans.
- Hospital Incident Command System (HICS)** Hospital Incident Command System (HICS) is an emergency management system for hospitals, which employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature. HICS assists hospitals to integrate their emergency response with community emergency responders. HICS is based on ICS and provides hospitals with:
- A predictable chain of management.
 - A flexible organizational structure that allows a flexible response to various emergencies.
 - Prioritized response checklists.
 - Accountability of position function.
 - Documentation for improved accountability and cost recovery.
 - Common language to promote communication and facilitate outside assistance.
 - Cost effective emergency planning within medical care organizations.
- Community Clinic Emergency Management Guidance** The *Community Clinic & Health Center Emergency Operations Plan Template* (California Primary Care Association, 2004), provides extensive guidance to community clinics in the development of their emergency management plans and programs.



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B. Disaster Medical Response and Recovery Operations

Assessing Immediate Medical Needs and Initiating Response

Medical responders at all SEMS levels require information about the impact of the disaster to anticipate resource needs and response strategies. The key information elements for an initial assessment include:

- The status of medical care facilities and providers.
- Estimates of the number of people who will require medical care.
- Need for special services including decontamination, burn care, negative pressure isolation, etc.
- Assessment of the ability of the local jurisdiction and OA resources to meet the expected demand for medical services.

This information is gathered by public health and LEMSA officials from local hospitals, field responders and health departments and provided to the MHOAC and OA Medical and Health Branch if activated and shared with other response elements at the local level and ultimately with the RDMHC, REOC, SOC, and JEOC at the regional- and State-levels.

Initial assessment information may be incomplete and inaccurate requiring ongoing re-assessment and focus on facilities and geographic areas that are not reporting. Working within the established intelligence gathering and reporting system will ensure timely and accurate information.

Assessments should be updated and communicated at regular intervals since disaster situations are dynamic. Also, since State and federal assistance requires time to arrive, local officials should continue to reevaluate their ability to meet medical needs without external assistance.

Response Coordination

The CDMRP is designed to improve coordination among all response agencies involved in the medical response at all SEMS levels. Coordination requires sharing status information, consultation on response priorities and major operations, and alignment of action plans across response elements.

EMSA staff or representatives work from the following emergency operations centers to ensure coordination:

- EMSA DOC to coordinate EMSA medical field operation response.
- JEOC to coordinate with local and State medical, health, mental health, and other human services response agencies.
- REOC to ensure responsiveness to OA processed local requests for medical needs and assist with medical mutual aid coordination.
- SOC to ensure coordination with OES, other state agencies, and ESF #8.

To enhance coordination in major disasters, EMSA may request that a federal ESF #8 Agency Representative be assigned to the JEOC or EMSA DOC, if the JEOC is not activated. EMSA may also recommend to the MHOAC that a State Agency Representative be assigned by EMSA or CDPH to the appropriate OA EOC to coordinate with the OA's activities.



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Managing Disaster Medical Resources

Resource management includes resource identification and mobilization, mission assignment and release, coordination with other resource elements, logistic support, resource tracking, and assessment of effectiveness.

Disaster medical resources include local pre-hospital and hospital responders and facilities, mutual aid resources from unaffected areas, and State-organized ASTs and medical teams. All resources from outside the affected local jurisdiction and/or OA are provided through SEMS or through pre-existing automatic aid agreements. The response of medical resources in the OA is coordinated by the Medical and Health Branch at the OA EOC. If additional assistance is required, requests for medical mutual aid will follow medical mutual aid procedures defined by the MMAA, SEMS, and the CMMAP.

The Medical and Health Branch of the OA EOC will coordinate all non-local jurisdiction responding medical resources, including those from outside the area provided through mutual aid. The OA EOC will fill local requests for resources and coordinate release of assigned resources from the incident and/or local jurisdictions, coordinate changes in mission assignment, and assist the local jurisdictions with resource support. EMSA will activate an MST to support medical resources it dispatches and provide an Agency Representative to the affected OA's EOC to assist with mission assignments, coordination, and support.

When federal medical resources are deployed into the disaster area, the federal government may deploy its Incident Response Coordination Team (IRCT) to provide coordination and support for the federal assets. Deployment of these teams will be coordinated by the federal Secretary's Operations Center (SOC) and the ESF #8 lead for Region IX.

Field Treatment

Field treatment in disasters is performed by local EMS, fire, and other emergency response services and volunteers, augmented by out-of-area medical personnel. Field treatment is coordinated by the impacted local jurisdiction and OA. Disaster patient transport is coordinated by the Medical and Health Branch of the OA EOC, by the LEMSA or its designee, or through standing orders.

FTSs may be established locally to more effectively concentrate response assets if demand for hospital services exceeds capacity, casualties are concentrated at an incident site, or large numbers of persons with minor injuries converge on health facilities.

Local ambulance resources may be augmented by ASTs dispatched in response to a local jurisdiction request. Local field medical resources may be augmented by CAL-MATs and other medical personnel resources. ASTs and personnel teams will be supported by a State MST.

Field-level treatment activities are managed within the ICS system. The overall field medical response in major disasters is coordinated through the Medical and Health Branch of the OA EOC



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Patient Distribution and Evacuation

If the demand for local jurisdiction or an OA hospital services exceeds the supply, the IC or UC may request the MHOAC obtain regional or State support for evacuating patients and casualties to unaffected areas of the region, State, or nation. Evacuees may include persons with disaster caused injuries or illnesses who may have been treated at the site of their injury, at a hospital, or at an ad hoc medical care facility and patients from hospitals and other health facilities who must be evacuated because the facility can no longer provide the level of care they require or that need to increase surge capacity. The RDMHC will assist with locating receiving facilities and transportation resources within the affected region.

Depending on the level of the unmet need and the availability of patient transportation, the IC or UC, in coordination with the Medical and Health Branch of the OA, REOC, and SOC, may employ the following options for evacuation of patients to areas outside the local jurisdiction and affected OA:

- General casualty evacuation, in which all casualties with appropriate medical condition are evacuated;
- Partial casualty evacuation, for patients with the most severe conditions that can withstand evacuation; and,
- Selective evacuation, for patients requiring specialty medical care unavailable in the impacted area or patients discharged or transferred to a lower level of care.

Evacuating patients in disasters is a highly complex task requiring close coordination among local, State, and federal law enforcement, medical and health, and other supporting agencies at all points in the evacuation chain.

Regional Evacuation Points (REP)

Regional Evacuation Points (**REP**) (referred to in previous plans as the medical operations at Disaster Support Areas) are intermediary sites for the evacuation of casualties and the provision of mutual aid support to OAs. REPs and Reception Areas are specialized ad hoc facilities that may be established for managing patient evacuations. They require substantial time to establish, staff, and outfit and will be employed only as a last resort in a catastrophic disaster. These facilities may be staffed by combination military and civilian personnel from local, State, and federal agencies.

If established, REPs will be located at airports with both fixed and rotary wing capability and operated by State or federal military. Under worst-case conditions, REPs require sufficient size and facilities to support holding and/or evacuating casualties. REPs will also serve as the principal point of contact and support for nearby OAs.



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Reception Areas

Reception Areas are receiving points for evacuated patients. They may be located in unaffected areas of California or out of state. Local EMS and other officials in reception areas provide for:

- Receipt and unloading of fixed wing aircraft carrying evacuated patients.
- Re-triaging, staging, and transporting those patients to appropriate medical facilities.
- Providing information to EMSA to support its patient tracking/locating function.
- Assisting with the logistical arrangements for returning patients to their homes.

Casualty Regulation

Casualty regulation is the process of matching patients requiring evacuation to facilities in unaffected areas with the capacity to provide the care they need. California may use a state system or the federal NDMS for regulating the evacuation of casualties. These systems may work concurrently, with the state regulating in-state evacuations and NDMS out-of-state patient movement. Alternatively, NDMS may also regulate in-state evacuation. With both State and federal casualty regulation, priority should be given to sending evacuees to California destinations consistent with the medical care needs of the patient.

State Casualty Regulation System

The State's casualty regulation system relies on RDMHCs, MHOACs and OES staff in unaffected areas to identify hospital resources and appropriate landing facilities and to coordinate distribution of evacuees from the airfield to appropriate facilities.

Federal Casualty Evacuation System

The federal casualty evacuation system is operated under the auspices of the NDMS. The Federal Coordinating Center (**FCC**) select VA and Department of Defense (**DOD**) coordinating hospitals obtain agreements from other hospitals in their area to receive evacuees from either an overseas conventional conflict or a stateside civilian disaster. These coordinating hospitals, working with local officials, develop and test plans for the receipt and distribution of casualties.

The coordinating hospitals, in cooperation with local Medical and Health officials, poll local NDMS hospitals and provide the results of their tally to Global Patient Movement Requirements Center (**GPMRC**). GPMRC uses this information to determine the destination for casualties awaiting evacuation.

Patient Tracking

The primary purpose of patient tracking is to locate evacuated persons for unification with their families. Patient tracking may also provide useful information on injury and illness patterns in disasters provide information needed by the American Red Cross to answer inquiries, and facilitate payment for hospital services.

Tracking patients within OAs is managed by the OA Medical and Health Branch. Tracking patients evacuated outside the OA is managed by EMSA or federal casualty regulation personnel using information from evacuation sites, OAs, and Reception Areas.



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PART III Glossary and Acronyms

Glossary of Terms

Affected Areas	Affected Areas are any areas directly impacted by a disaster.
Alternate Care Sites (ACS)	ACSs in California are designed to treat patients who need more extensive care such as hydration, ventilatory assistance, or pain management. Patients admitted to an ACS may be admitted for end of life care utilizing the hospice concept. The ACS concept also facilitates co-mingling of patients with the same infectious process or exposure.
Auxiliary Communications Services (ACS*)	<p>ACS* is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications. ACS* works with agencies and cities within the OA, neighboring governments and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response and recovery with telecommunications resources and personnel.</p> <p><u>ARES:</u> The Amateur Radio Emergency Service (ARES) consists of licensed amateurs who have voluntarily registered their qualifications and equipment for communications duty in the public service when disaster strikes.</p> <p><u>CARES:</u> California Amateur Radio Emergency Services CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to State government.</p> <p><u>RACES:</u> Radio Amateur Civilian Emergency Services RACES is a local or State government program established by a civil defense official. It becomes operational by: 1) appointing a radio officer; 2) preparing a RACES plan; and 3) training and utilizing Federal Communications Commission (FCC) licensed Amateur Radio operators. RACES, whether part of an ACS* or as a stand alone unit, is usually attached to a State or local government's emergency preparedness office or to a department designated by that office, such as the sheriff's or communications department.</p>
California Blood Bank Society (CBBS)	An organization of individuals who serve in all aspects of blood collection and transfusion. CBBS blood centers are primarily designated as community blood centers; however, some centers are affiliated with ARC or United Blood Services. The CBBS Disaster Plan extends nationally to an Inter-Agency Task Force in the event of major disasters or acts of terrorism.
California Medical Mutual Aid Plan (CMMAP)	Annex A to the California Disaster Medical Response Plan.
California Poison Control System (CPCS)	CPCS is the statewide provider of immediate, free and expert treatment advice and assistance over the telephone in case of exposure to poisonous, hazardous, or toxic substances on a day-to-day basis and during disasters.



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Glossary of Terms

Emergency	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, an earthquake, volcanic eruption or terrorist event.
Emergency Management	The organized analysis, planning, decision making, assignment and coordination of available resources to the mitigation of, preparedness for, response to or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center (EOC)	The physical centralized location at which the coordination of information and resources to support incident management activities can be performed. EOC facilities are established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response and support to an emergency.
Exercise	<p>Communications: The communications exercise is designed to test and evaluate communication systems, including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell and satellite systems, among others.</p> <p>Tabletop: An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency management plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.</p> <p>Functional: The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages.</p> <p>Full Scale: This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.</p>
Field Treatment Site (FTS)	Temporary sites utilized for emergency situations where permanent medical facilities are not available or are not adequate to meet the community's emergency medical care needs.
Hospital Incident Command System (HICS)	HICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS/HICS can be obtained through the California EMSA website at www.emsa.ca.gov .



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

Glossary of Terms

Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept is specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility of managing resources to effectively accomplish stated objectives pertinent to an incident.
Joint Commission on Accreditation of Health Care Organizations (JCAHO)	JCAHO evaluates and accredits nearly 15,000 medical care organizations and programs in the United States. An independent, not-for-profit organization, the Joint Commission is the nation's predominant standards-setting and accrediting body in medical care.
Long-Term Care Facilities	A collective term for health care facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Public Health, Licensing and Certification Division licenses these facilities.
Medical/Health Operational Area Coordinator (MHOAC)	The MHOAC is responsible for coordinating mutual aid resource requests, facilitating the development of OA Medical/Health response plans and implementing the Medical/Health plans during a disaster response. During a disaster, in most OAs, the MHOAC coordinates the Medical/Health Branch of the OA EOC and facilitates the establishment of priorities through the Multi-Agency Coordination Group for Medical/Health requests and response.
Neighborhood Alternate Care Sites (NACS)	NACS is designed to be the entry point into the medical system for casualties, asymptomatic exposed and non-exposed individuals who present for care when the system is activated. The purpose is to keep non-critical victims away from local Emergency Departments. Basic triage is performed. Medical treatment is limited to advanced first aid, distribution of prophylactic medications, self-help information and instructions. Medical stabilization may be performed for those needing transfer to an ACS or a hospital.
National Incident Management System (NIMS)	Developed under Homeland Security Presidential Directive 5 provides a consistent nationwide approach for federal, State, local and tribal governments to work effectively to prepare for, respond to and recover from domestic incidents. California has incorporated NIMS into the State's SEMS process.
Operational Area (OA)	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
OA Medical/Health Point of Contact (POC)	Disaster planning in the Medical/Health discipline in California has been moving toward a single POC for communications and coordination of resources within the OA. While individual OAs may have different approaches, reporting structures, position descriptions, and names or acronyms for Medical/Health Emergency Operations Centers (EOCs), for the purpose of this document the term <u>OA Medical/Health POC</u> is used as a generic indicator for consistency and clarity.



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Glossary of Terms

Regional Emergency Operations Center (REOC)	The physical regional location at which the coordination of information and resources to support incident management activities among operational areas within the OES administrative region designated pursuant to Government Code §8600 and between the operational areas and the State-level can be performed. This is the intermediate State-level that along with the upper State-level (State Operations Center) coordinates overall state agency support for emergency response activities.
Regional Disaster Medical/Health Coordinators (RDMHC)	At the mutual aid region level, EMSA and the CDPH jointly appoint the RDMHC whose responsibilities include supporting the mutual aid requests from the MHOAC for disaster response within the region and providing mutual aid support to other areas of the State in support of the State medical response system. The RDMHC also serves as an information source to the State medical and health response system.
Regional Disaster Medical/Health Specialist (RDMHS)	A full-time State funded contract position through EMSA and CDPH assigned to a participating LEMSA to provide the day-to-day planning and coordination of medical and health disaster response in the six mutual aid regions. During disaster response, the RDMHS may serve as the key contact for OAs to process local jurisdiction requests to and/or to provide medical and health resources from other OAs within their respective mutual aid region.
Response Information Management System (RIMS)	RIMS is an Internet-based information management system and consist of a set of databases designed to collect information on the disaster situation, communicate action plans, and receive mission requests. RIMS is accessed and utilized by OAs, regional and State governmental agencies only.
Standardized Emergency Management System (SEMS)	The emergency management system identified by California Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the ICS and is intended to standardize response to emergencies in the State.
State Operations Center (SOC)	Established by OES to oversee, as necessary, the REOC, and is activated when more than one REOC is opened. The SOC establishes overall response priorities and coordinates with federal responders.



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

ACRONYMS

ACF	Alternate Care Facilities
ACS	Alternate Care Sites
ACS*	Auxiliary Communications Services
AO	Administrative Order
ARB	Air Resources Board
AST	Ambulance Strike Team
AMHT	Applied Mental Health Teams (federal)
APHT	Applied Public Health Teams (federal)
ASPR	Assistant Secretary for Preparedness and Response (HHS)
BCP	Budget Change Proposal
BCP	Business Continuity Plan
BEP	Building Evacuation Plan
BIA	Business Impact Analysis
BIA	Bureau of Indian Affairs
CALEPA	California Environmental Protection Agency
CALFIRE	California Department of Forestry and Fire Protection
CAL-MAT	California Medical Assistance Team
CALOSHA	California Occupational Safety and Health Agency
CBBS	California Blood Bank Society
CBP	Continuity of Business Plan
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CCR	California Code of Regulations
CDC	Center for Disease Control and Prevention
CDCR	California Department of Corrections and Rehabilitation
CDHS	California Department of Health Services (Prior to 07/01/07)
CDMRP	California Disaster Medical Response Plan
CDPH	California Department of Public Health (As of 07/01/07)
CDSS	California Department of Social Services
CEQA	California Environmental Quality Act
CFR	Code of Federal Regulations
CGC	California Government Code
CHP	California Highway Patrol
CHHS	California Health and Human Services Agency
CMMAP	California Medical Mutual Aid Plan
CNG	California National Guard
COG	Continuity of Government
COOP	Continuity of Operations
CPC	California Penal Code
CPCS	California Poison Control System
CPR	Cardiopulmonary Resuscitation
CYA	California Youth Authority
DFA	Department of Food and Agriculture
DFO	Disaster Field Office
DGS	Department of General Services
DHCS	California Department of Health Care Services (As of 07/01/07)
DHHS	Department of Health and Human Services



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

ACRONYMS (Continued)

DMAT	Disaster Medical Assistance Team
DMH	Department of Mental Health
DMM	Disaster Medical Manager
DMS	Disaster Medical System
DMSU	Disaster Medical Support Units
DSW	Disaster Service Worker
DOC	Department Operations Center
DOD	Department of Defense
DOF	Department of Finance
DOI	United States Department of the Interior
DPA	Department of Personnel Administration
DRP	Disaster Response Plan
DTSC	Department of Toxic Substances Control
DVA	Department of Veterans Affairs
EAC	Emergency Action Committee
EAS	Emergency Alert System
EFR	External Field Response
EMAC	Emergency Mutual Assistance Compact
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERT	Emergency Response Team
ESA	Emergency Services Act
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals (Known as California Medical Volunteers)
ESF #8	Federal Emergency Support Function 8 (Medical and Health)
FBI	Federal Bureau of Investigation
FCC	Federal Coordinating Center
FEMA	Federal Emergency Management Agency
FERC	Federal Energy Regulatory Commission
FRERP	Federal Radiological Emergency Response Plan
FTS	Field Treatment Site
GIS	Geographic Information System
GPS	Global Positioning System
GPMRC	Global Patient Movement Requirements Center
HHS	Department of Health and Human Services (federal)
HICS	Hospital Incident Command System
HS	Human Services
HWC	Health and Welfare Code
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IIPP	Injury and Illness Prevention Plan
IRCT	Incident Response Coordination Team (in place of federal MST)
IT	Information Technology
ITAC	Information Technology Advisory Committee
IT-ORP	Information Technology Operational Recovery Plan
JCAHO	Joint Commission on Accreditation of Healthcare Organizations



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

ACRONYMS (Continued)

JEOC	Joint Emergency Operations Center
JFO	Joint Field Office (federal)
JIC	Joint Information Center
LAN	Local Area Network
L&C	Licensing and Certification Division (California)
LEMSA	Local Emergency Medical Services Agency
LHO	Local Health Officer
MACS	Multi-Agency Coordination System
MAC	Multi-Agency Coordinating Group
MCI	Multi-Casualty Incidents
MFH	Mobile Field Hospital
MHOAC	Medical/Health Operational Area Coordinator
MMAA	Master Mutual Aid Agreement
MST	Mission Support Team (California)
MOB	Mobilization Operations Center
MOU	Memorandum of Understanding
NACS	Neighborhood Alternate Care Sites
NDAA	Natural Disaster Assistance Act
NDMS	National Disaster Medical System
NFPA	National Fire Protection Association
NIMS	National Incident Management System
NRP	National Response Plan
NTC	National Tele-registration Center
OA	Operational Area
OEHHA	Office of Environmental Health Hazard Assessment
OES	Office of Emergency Services
OPR	Office of Planning and Research
ORP	Operational Recovery Plan
OSG	Office of the Surgeon General (federal)
OSHPD	Office of Statewide Health Planning and Development
PDA	Preliminary Damage Assessments
PERS	Public Employees Retirement System
PIO	Public Information Officer
POC	Point of Contact
PPE	Personal Protective Equipment
RAPID	Railroad Accident Prevention and Immediate Deployment
RDMHC	Regional Disaster Medical/Health Coordinator
RDMHS	Regional Disaster Medical/Health Specialist
REOC	Regional Emergency Operations Center
REP	Regional Evacuation Points
RIMS	Response Information Management System
ROC	Regional Operation Center (federal)
RRCC	Regional Response Coordination Center (federal)
SAM	State Administrative Manual (California)
SCIF	State Compensation Insurance Fund
SCO	State Controllers Office
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan (California)
SOC	State Operations Center



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ACRONYMS (Continued)

SOP	Standard Operating Procedures
SSCOT	State Strategic Committee on Terrorism
START	Simple Triage and Rapid Treatment
STTAC	State Terrorism Threat Assessment Center
TLO	Terrorism Liaison Officer
UC	Unified Command
WIC	California State Welfare and Institutions Code
WMD	Weapons of Mass Destruction



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References and Authorities

References	<ul style="list-style-type: none">• Constitution of the State of California• Executive Order D-63-87• Executive Order W-9-91• Executive Order W-40-93• Standby Orders• Administrative Orders
State Law	<ul style="list-style-type: none">• AB 586 California Health and Safety Code §1797.153• Emergency Services Act, Government Code §8550• Division 2.5, California Health and Safety Code §1797• Natural Disaster Assistance Act, Government Code §8680• Hospital Facilities Seismic Safety Act, Health and Safety Code §129675• California Health and Safety Code, §§ 205-207, 470-474, 3050-3053• California Health and Safety Code, Division 101, Administration of Public Health• California Health and Safety Code, §§1797.150-151
California Code of Regulations	<ul style="list-style-type: none">• Title 19, Public Safety, Division 2, Chapter 1, The Standardized Emergency Management System, §2400• Title 19, Public Safety, Division 2, Chapter 2, Emergencies and Major Disasters, §2501• Title 19, Public Safety, Division 2, Chapter 6, Natural Disaster Assistance Act, §2900• Disaster Service Worker Regulations
Federal Law	<ul style="list-style-type: none">• The Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288 as amended• 32 CFR Department of Defense (DOD), national defense, military resources in support of civil authorities• 44 CFR FEMA federal disaster assistance programs, emergency and major disaster declarations, disaster field offices, state and federal coordinating officers• 45 CFR Public Welfare, Health and Human Services, emergency energy conservation program
Guidance	<ul style="list-style-type: none">• EMSA Policy for Funding Regional Disaster Medical/Health Specialist (RDMHS) with State General Funds, June 2001, EMSA #115• Disaster Medical and Public Health Personnel Guidelines, Emergency Medical Services Authority, July 1989.• Disaster Medical Supplies and Equipment Procurement Guidelines, Emergency Medical Services Authority, July 1990.• Regional Disaster Medical/Health Coordinator Guidelines, Emergency Medical Services Authority, 1985.• Multi-hazard Functional Planning Guidance, Office of Emergency Services, 1985.• EMSA Ambulance Personal Protective Equipment Guidelines, June 2005• Disaster Medical Systems Guidelines Summary, June 2003



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Plans	<ul style="list-style-type: none">• 1991 California State EMS Plan• Federal Response Plan, ESF #8, Federal Emergency Management Agency, April 1999.• Regional Disaster Medical Plans• Earthquake Disaster Plan, US Public Health Service, Region IX.• Emergency Planning Guidance for Local Government, OES• Federal Radiological Emergency Response Plan (FRERP)• California Earthquake Advisory Plan, OES, 1990• California Emergency Resources Management Plan, OES 1968• California Energy Shortage Contingency Plan, CEC, 1988• California Fire and Rescue Emergency Plan, OES, 1993• California Utilities Emergency Plan, OES, 1990• Hazardous Material Incident Contingency Plan, OES, 1991• Nuclear Emergency/Terrorism Response Plan, 1991• Nuclear Power Plant Emergency Response Plan, OES, 1993• Railroad Accident Prevention and Immediate Deployment (RAPID) Plan, DTSC, Draft April 1994• California Coroners' Mutual Aid Plan, OES, 1985• Emergency Managers Mutual Aid Plan, OES 1997• Fire and Rescue Mutual Aid Plan, OES 1988• California Medical and Health Mutual Aid System (2007 Under Development)• California Medical Mutual Aid Plan, EMSA 2007
Procedures	<ul style="list-style-type: none">• EMSA DOC Plan and Procedures• CDPH and EMSA JEOC Plan and Procedures• EMSA REOC Plan and Procedures• State OES SOC Plan and Procedures
Reports	<ul style="list-style-type: none">• "Shelter Medical Group Report: Evacuation, Care, and Sheltering of the Medically Fragile," February 18, 2000• "Overview of the Hospital/EMS Crisis Winter 1997/98," December, 1998



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

ADMINISTRATIVE ORDER *EMERGENCY MEDICAL SERVICES AUTHORITY*

AUTHORITY

- California Emergency Services Act
- Governor's letter to Agency Secretaries dated 9/12/00
- Executive Order W-9-91 dated 5-29-91
- California State Emergency Plan

PURPOSE

This Administrative Order:

1. Summarizes and expands upon the emergency preparedness, response, recovery, and mitigation functions of the State Agency established in the California State Emergency Plan.
2. Provides for the assignment of functions to State Agencies to be performed before, during, and after an emergency and for the coordination and direction of the emergency actions of such agencies.
3. Guides the Director of the Office of Emergency Services and the State Agency Director in coordinating priority tasks and programs that the State Agency will perform with respect to emergency preparedness, response, recovery, and mitigation.

GENERAL

4. As a supporting document to the California State Emergency Plan, the Administrative Order is in effect at all times in all political subdivisions of the State.

ROLE OF THE GOVERNOR'S OFFICE OF EMERGENCY SERVICES

5. The Office of Emergency Services coordinates the State's disaster preparedness, response, recovery, and mitigation activities, assisted by state agencies under the authority of the California Emergency Services Act, Executive Order W-9-91, California Disaster and Civil Defense Master Mutual Aid Agreement, and the California State Emergency Plan.
6. Upon direction of the Governor, the Director of the Office of Emergency Services may assign to a State Agency any activity concerned with the mitigation of an emergency of a nature related to the existing powers and duties of such agency, and it shall thereupon become the duty of such agency to undertake and carry out such activity on behalf of the State.



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7. OES, acting for the Governor, reserves the right to redirect resources based on an assessment of the totality of circumstances.

ROLE OF STATE AGENCIES

8. For purposes of the Administrative Order, State Agency means any department, division, independent establishment, or agency of the executive branch of state government.
9. State Agencies carry out assigned activities related to mitigating the effects of an emergency or disaster in full cooperation with each other, OES, and other political subdivisions providing assistance.
10. OES may, upon direction of the Governor, assign a State Agency to perform a service outside its normal statutory responsibility during a State of Emergency or State of War Emergency.
11. State Agencies may be requested to provide support under specific emergency or disaster situations even if the support task is not assigned in the State Emergency Plan.
12. As a signatory to the California Disaster and Civil Defense Master Mutual Aid Agreement, State government and all its departments and agencies, and the various political subdivisions of the State, render mutual aid to affected jurisdictions when requested.
13. All public employees are Disaster Service Workers and, as such, may be called upon to respond in a duly proclaimed emergency.

STATE AGENCY RESPONSIBILITIES

The EMERGENCY MEDICAL SERVICES AUTHORITY shall:

14. Use the Standardized Emergency Management System (SEMS) to coordinate multiple jurisdiction or multiple agency emergency and disaster operations. This requires State Agencies to plan, train, exercise, and respond using SEMS.
15. Accomplish the assigned objectives of the State Emergency Plan and the emergency operations activities associated with its jurisdictional authorities.



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CONTINUITY OF GOVERNMENT

16. Establish a program for continuity of leadership and government authority to include the following:
 - Succession to essential positions required to maintain decision authority.
 - Pre-delegation of emergency authorities to key officials.
 - Emergency action steps provided in emergency plans and emergency action plans.
 - Department Operations Centers and alternate emergency operations centers.

CONTINUITY OF BUSINESS

17. Take all necessary and appropriate steps to continue essential services during an emergency.
18. Take appropriate measures to protect personnel, equipment, supplies, facilities, and vital public records against natural, man-made, and technological hazards.
19. Redirect all other resources, when tasked or as necessary and appropriate, to effectively mitigate any emergency or disaster.
20. Determine State Agency resources required to continue essential services, and develop the ability to track and allocate resources necessary to provide emergency response and recovery activities.
21. Coordinate development and integration of all appropriate emergency operational plans with the State Agency's emergency plan.

PREPAREDNESS

22. Designate in advance, and when requested by the Office of Emergency Services (OES), provide primary and alternate representatives for interagency emergency planning, notification, operations, recovery, mitigation, and public information.
23. In coordination with OES, develop and maintain plans and procedures to carry out emergency response and recovery responsibilities.
24. Develop and submit agency emergency plans to OES for review and approval.
25. Document the hazards, risks, and hazard mitigation measures in agency emergency management plans; upon request, provide hazard-related information to OES to ensure effective coordination and decision making in an emergency.



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26. Coordinate plans, procedures, preparations, and training with affected federal, state, regional, local, quasi-public, and private entities.
27. Enter into working agreements as necessary with these entities, in coordination with OES, to promote effective emergency response and recovery.
28. Those agencies identified in the State Emergency Plan as lead or support for a function are responsible for working cooperatively with each other, and in coordination with OES, to prepare plans and procedures to carry out that function in an emergency.
29. Ensure that all personnel assigned specific responsibilities in support of this Administrative Order, the State Agency emergency plan, and the State Emergency Plan are adequately trained and prepared to assume those responsibilities.
30. Train personnel assigned emergency response and recovery functions at all organizational levels, conduct exercises, and participate in local, state, and federal agency exercises, including those conducted by OES.
31. Establish alerting and mobilization procedures.
32. Name a public information representative to coordinate Emergency Public Information plans and procedures with OES' Public Information Office.
33. In the event of a threat of war or enemy-caused emergency or disaster, review the State Agency's readiness and take appropriate actions.

Emergency Medical Services Authority-Specific Preparedness

- Develop guidelines, policies, and plans that assist local jurisdictions in developing effective disaster medical response plans including hazardous/radiological materials incidents.
- Establish liaison with government and private sector medical and health agencies and organizations.
- Develop and maintain a statewide medical mutual aid system.
- Coordinate, through local EMS agencies, medical and hospital preparedness with other local, state, and federal agencies and departments having a responsibility relating to disaster response.



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RESPONSE

34. Implement the applicable portions of Agency emergency plans.
35. Alert personnel and mobilize resources in affected areas.
36. Upon request, provide trained personnel, equipment, and essential incident-related information to OES to support response operations.
37. Coordinate emergency response with federal, state, local, and other agencies.
38. Establish liaison with allied governmental and private sector agencies in or adjacent to the disaster area as needed.
39. Provide public information support to Office of Emergency Services headquarters, regional offices, or local jurisdictions as required during state emergency or disaster response operations.
40. Locate and assess amounts of damage to any of the Agency's state-owned facilities or property under Agency Jurisdiction. Report this information to OES as soon as possible.
41. Record and report to OES any costs incurred in carrying out emergency operations, in accordance with pre-established procedures.
42. A State Agency designated as lead in the State Emergency Plan for an emergency function or response and recovery activity is responsible for the overall management and coordination of that particular function or activity.
43. A State Agency designated as a support agency for an emergency function in the State Emergency Plan is responsible for providing support to the lead agency in carrying out that particular function.

Emergency Medical Services Authority-Specific Response Activities

- Coordinate the State's medical response to a disaster.
- Gather data on the impact of the disaster on the medical care system and provide this information to OES and other response agencies.
- Provide technical advice and information to local, state, and federal response agencies on areas where medical assistance is needed and where medical resources are available.
- Provide medical/health contact information to regional and operational areas.



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

- Respond to mutual aid requests for medical assistance from the Regional Disaster Medical/Health Coordinators and Medical/Health Operational Area Disaster Coordinators.
- Coordinate the Department of General Services' procurement and allocation of medical equipment, supplies, and pharmaceuticals obtained from outside the affected area.
- Identify and coordinate with state, federal, and local agencies the procurement of medical assistance from other state departments, hospitals, ambulance providers, and other providers of medical services and supplies.
- Authorize emergency travel and related expenditures for public and private medical and health personnel.
- Convey information on the availability of medical facilities capable of handling injured and contaminated patients outside of the affected area.
- Coordinate the evacuation of injured persons to medical facilities outside of the affected area.
- Coordinate State medical support associated with hazmat/radiological incidents.

RECOVERY

44. Upon request, provide personnel and equipment to OES to support recovery operations.
45. During recovery from a declared disaster, participate in the Public Assistance process, as appropriate.
46. Coordinate with OES to identify sensitive, environmental, and historic sites that should receive priority consideration.
47. Provide public information support as required to assist in recovery operations.
48. Develop and implement procedures to resume normal departmental activities.
49. Following involvement in a disaster, submit after-action reports detailing agency activities to OES consistent with the Standardized Emergency Management System.
50. Document response and recovery activities to include times, locations, type of activity, and cost estimates expended for labor and equipment.
51. In the event a declaration of a State of Emergency or Local Emergency results in an economic disaster as defined in Government Code, Section 8696.5, be



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

prepared to take actions to provide continuity of effort conducive to long-range economic recovery.

Emergency Medical Services Authority-Specific Recovery Activities

- Assist affected areas in restoring essential medical services following a disaster by providing personnel, medical resources, technical information, and advice.
- Assist the California Department of Public Health (CDPH) in restoring public and environmental health services following a disaster.

MITIGATION

52. Identify, document, and when practical, implement those activities that potentially could reduce or lessen the impact of an emergency.
53. Establish hazard mitigation as an integral element in operations and program delivery as appropriate.
54. During a Presidential declaration of a major disaster, participate in the Hazard Mitigation Planning process.

Emergency Medical Services Authority-specific mitigation activities

- Promote mitigation by disseminating educational material and information through the Regional Disaster Medical/Health Coordinator system in local Emergency Medical Services agencies, hospitals, and other health care providers.

APPROVAL

55. This Administrative Order supersedes the State Agency Administrative Order dated 9/13/02. The provisions hereof shall become effective on the date of signature below.

CESAR A. ARISTEIGUIETA, MD, F.A.C.E.P.
Director, Emergency Medical Services Authority
Date:

KIMBERLY BELSHÉ
Secretary, Health and Human Services Agency
Date:

HENRY RENTERIA
Director, Governor's Office of Emergency Services
Date



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

DISASTER MEDICAL SYSTEMS GUIDELINES SUMMARY

EMSA Document #214
June 2003

The *Disaster Medical Systems Guidelines* is intended to provide guidance and direction that will allow local Emergency Medical Services agencies and other disaster medical planners to accomplish their assigned responsibilities and roles. The document presents guidance specific to comprehensive medical disaster planning.

Function 1: Development and Maintenance of Medical and Health Disaster Plans, Policies, and Procedures
1.1 Ensure the development of plans, policies and procedures that enable the Operational Area disaster medical services system to respond effectively to the medical needs created by disasters.
1.2 Ensure the development and exercise of written plans and procedures for the activation, operation and de-activation of the operating center responsible for coordinating the medical response to disasters.
1.3 Ensure that (1) key disaster medical system participants are trained to implement the disaster medical system plan; (2) exercises of the plan are conducted at least annually; and (3) LEMSA staff is trained in SEMS and the Operational Area plan and local disaster medical response plan and participate in exercises.
1.4 Ensure that plans and procedures are developed to review the effectiveness of the medical response to disasters.
Function 2: Assessment of Immediate Medical and Health Needs
2.1 Ensure the development and testing of plans, criteria, policies, procedures, and structures and related training for the notification of key positions and organizations of the disaster medical and health response system.
2.2 Ensure the establishment of policies for (1) acquiring and analyzing information of the medical situation of the Operational Area, the status of major health facilities and other resources, and the immediate medical needs of the OA and (2) submitting requested reports to the Medical/Health OAC, other operations within the Operational Area, and the Regional Disaster Medical/Health Coordinator.
Function 3: Coordination of Disaster Medical and Health Resources
3.1 Ensure development and maintenance of an up-to-date inventory of disaster medical and health resources in the operational area.
3.2 Ensure development of policies and procedures to (1) define criteria for evaluating initial requests for assistance from both within and outside of the Operational and (2) rapidly mobilize and dispatch medical and health resources within the Operational Area to meet immediate response needs.



CALIFORNIA DISASTER MEDICAL RESPONSE PLAN

<p>3.3 (1) Seek to develop cooperative agreements with neighboring jurisdictions for sharing pre-hospital resources across jurisdictions in response to disasters.</p> <p>(2) Include provisions in contracts with ambulance providers requiring out-of-county response to disasters when authorized by the LEMSA and when local conditions and resources permit.</p> <p>(3) Ensure development of policies and procedures to guarantee necessary logistic support has been arranged for all requested resources responding from outside the jurisdiction prior to their arrival.</p> <p>(4) Ensure development of policies and procedures to support the operations of out-of-jurisdiction ambulances requested to respond to local emergencies.</p>
<p>3.4 Ensure development of systems for tracking the location and status of out-of-county resources from their time of arrival to their assignment to an incident and from their release from an incident to assignment to another incident or deactivation.</p>
<p>3.5 Ensure policies and procedures are in place to notify, release and appropriately demobilize resources upon response deactivation.</p>
<p>Function 4: Coordination of Patient Distribution and Medical Evacuation</p>
<p>4.1 (a) Ensure the development of plans, policies and procedures that (1) direct the movement of casualties from point of injury to designated receiving facilities, (2) assist transfers among medical facilities and (3) coordinate transport of patients from medical facilities within the impacted area to other facilities either inside or outside the impacted areas.</p> <p>4.1 (b) Ensure that a system is established that provides primary and alternative points of contact within the Operational Area disaster medical/health organization responsible for coordinating casualty evacuation to or casualty receipt from other Operational Areas.</p>
<p>Function 5: Coordination with Hospital Inpatient and Emergency Care Providers</p>
<p>5.1 (a) Ensure the establishment of a 24-hour system that designates a point (or points) of contact through which (1) hospitals can report their status and request emergency assistance and (2) the medical response can disseminate information to acute care hospitals within the Operational Area.</p> <p>5.1 (b) Ensure the establishment of a hospital information reporting system consistent with local, regional, ad state plans that is capable of gathering compiling and reporting capability and needs of local hospitals.</p>
<p>5.2 Promote the adoption of the unified command system by all hospitals for their emergency management plans.</p>
<p>Function 6: Coordination with Out of Hospital Emergency Medical Care Providers</p>
<p>6.1 Ensure plans and procedures are developed to respond to non-hospital facilities and services including skilled nursing facilities, board and care facilities, home health agencies, public health clinics, and community clinics during disasters.</p>
<p>Function 7: Coordination of Pre-Hospital Emergency Services</p>
<p>7.1 Develop plans to ensure the continuation of EMS services during disasters to the extent possible.</p>
<p>7.2 Ensure designation of the START Triage System as the method of initial triage for all incidents with multiple casualties.</p>



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7.3	Develop plans and policies for implementation of austere medical care procedures when response resources are overwhelmed.
7.4	Designate the organization structure, position names, and position descriptions for field responses to incidents with multiple casualties as defined in the Multiple Casualty Incident Plan Section of the FIRESCOPE Field Operations Guide (April, 1999).
7.5	Work with other response agencies to develop plans and procedures to ensure tactical communications among medical resources responding to a disaster.
Function 8: Coordination for the Establishment of Temporary Field Treatment Sites	
8.1	Ensure development of plans for assessing the need to activate, establishing and managing temporary field medical triage and treatment sites (FTS) to provide health care to disaster victims and displaced personnel.
8.2	Ensure the development of plans and procedures to respond to the personnel, supply, and other resource needs of temporary medical triage and treatment sites.
8.3	Ensure the development of plans and procedures for the integration of temporary medical triage and treatment sites into the overall disaster medical response system.