

2018

Medical Health Branch Operations Handbook

Marin County Health & Human Services
Public Health Division

Supports the Marin County Operational Area Emergency Operations Plan
and the Medical Health Annex

**MARIN
HEALTH &
HUMAN
SERVICES**

Health, Well-being & Safety

Marin County Public Health
Revised May 2018





Map of Marin Operational Area



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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EXECUTIVE SUMMARY

This *Medical Health Branch Operations Handbook* is intended to be used together with the Medical Health Annex to the Marin Operational Area Emergency Operations Plan. When used in conjunction with the Medical Health Annex, these procedures and checklists will assist the staff of the Medical Health Branch to support a coordinated response to a large medical or public health emergency or disaster.

The response to a large-scale medical or health emergency should be an integrated response by the government of Marin County, incorporated cities and towns, special districts, private sector health care providers located in Marin County and other partners such as community-based organizations (CBOs). Assistance from external sources will be requested as needed through the Marin OA Emergency Operations Center in accordance with the California Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Treatment of victims will be coordinated among health care providers, public safety personnel and ad-hoc facilities through the Medical Health Branch of the OA EOC using standard Incident Command System (ICS) procedures.

Mental health resources will be utilized in support of response activities. The goal is to provide culturally competent services to mitigate disaster-related stress responses and to accelerate the normal recovery of citizens and emergency service workers to disaster-related psychological reactions.

During a mass casualty incident or public health emergency, existing medical and public health resources may be overwhelmed. Additional medical and public health personnel, facilities, supplies, and equipment will be brought to bear. Operational Area resources will be used until exhausted, at which point, state and federal aid will be requested.

Depending upon the nature and severity of the incident, normal standards of medical care may not be available. In order to save as many lives as possible and in order to maximize scarce resources, altered standards of care may be instituted.

Aggressive risk communication and public information will be necessary. The type of risk communication response will be dependent on the level of the incident and whether or not the EOC is activated. The risk communication response will be designated by the appropriate leadership position consistent with the incident (e.g., the Director of Emergency Services, EOC Public Information Officer, MCDHHS Director, or the Public Health Officer).

Early prophylaxis of first responders is intended to help safeguard critical public safety, medical and emergency medical infrastructure for management of the incident. Prophylaxis of these groups should be rapidly administered in order of their respective risk of exposure to the disease. Once a determination has been made that mass chemoprophylaxis/vaccination is a necessary component of a response to a public health emergency, the Medical Health Branch will oversee distribution of antibiotics, antivirals or vaccinations. Targeted groups could range from a few hundred to the entire population of Marin County.

INTRODUCTION

This *Medical Health Branch Operations Handbook* is to be used as guidance to Medical Health Branch staff in supporting medical health disaster response in emergencies and disasters. Activities described in these procedures are to be conducted on an as needed basis and are not dependent upon formal activation of the Marin Operational Area Emergency Operations Center (EOC).

The Medical Health Branch of the Operational Area EOC is critical to a successful response to a large-scale EMS or Public Health emergency. Medical Health operations are coordinated by the Medical Health Branch in the Operations Section. The Medical Health Operational Area Coordinator and the Public Health Officer also provide support and direction to the MCHHS DOC staff. Aggressive risk communication and public information programs will be implemented.

Marin County HHS, Division of Public Health is responsible for updating or revising these procedures as necessary. They may be modified as a result of post-incident analyses or post-exercise critiques. They will also be revised if responsibilities, procedures, laws, or regulations pertaining to emergency management change.

PLANNING ASSUMPTIONS

- A medical or public health emergency and its impacts may develop slowly over days and weeks, or could occur suddenly and without warning.
- Any large scale emergency will likely overwhelm baseline medical and health resources.
- Any major disaster with medical or public health implications in the San Francisco Bay Area will affect the Marin Operational Area (OA). Mutual aid will be impacted.
- State and federal resources/support will be available within 48-96 hours.
- Biological agents and toxins may contaminate/infect staff, equipment, and facilities. This will impair response by EMS, hospitals and labs.
- The Marin OA Emergency Operations Center (EOC) may not be fully activated or staffed during the early stages of a medical or public health incident.
- The Strategic National Stockpile (SNS) of pharmaceuticals and equipment will be available.
- In a pandemic, up to 40% of the workforce may not be able to report to work.

CONCEPT OF OPERATIONS

The response to any large-scale medical or health emergency will be an integrated response by the government of Marin County, incorporated cities and towns, special districts, private sector health care providers, and other partners such as community-based organizations (CBOs). Assistance from external sources will be requested as needed through the Marin Operational Area EOC using the Standardized Emergency Management System (SEMS).

Within the Marin OA EOC Operations Section, the Medical Health Branch coordinates and prioritizes requests from local responders and obtains medical and health personnel, supplies, and equipment. The Medical Health Operational Area Coordinator (MHOAC) coordinates medical and health mutual aid, including both emergency medical and public health resources. Medical volunteers including the Marin Medical Reserve Corps (MMRC) will be deployed to field

treatment sites, point of dispensing sites, local hospitals requesting assistance, and mutual aid medical staffing outside the Marin OA if appropriate. The OA EOC Logistics Section will assist the Medical Health Branch in obtaining and delivering medical supplies, equipment and support services.

Medical Health Branch activities may also include:

- Assessing available Operational Area medical equipment, personnel, and supplies
- Establishing Field Treatment Sites
- Deployment of Epidemiologic Surveillance Response Teams
- Establishing dispensing sites for mass chemoprophylaxis/vaccination
- Requesting and deploying additional hospital personnel
- Deployment of the Marin Medical Reserve Corps
- Deployment of CHEMPACK or a Local Pharmaceutical Cache
- Deploying or ordering additional medical equipment and supplies
- Establishing an Alternate Care Site (ACS)
- Requesting out-of-county medical or health resources (i.e., ambulance strike teams, Strategic National Stockpile assets, Disaster Medical Assistance Teams, etc.)

KEY ROLES AND RESPONSIBILITIES

Medical Health Operational Area Coordinator Program

The Medical Health Operational Area Coordinator Program coordinates medical health mutual aid resources for the operational area during a disaster or state of emergency. When the medical or health resources within a local jurisdiction are depleted, the MHOAC Program will work with local, regional and state partners to coordinate the allocation of mutual aid resources.

Statutory responsibilities of the MHOAC (H&SC Div. 2.5, Section 1797.153) include the following:

- Assessment of immediate medical needs.
- Coordination of disaster medical and health resources.
- Coordination of patient distribution and medical evaluations.
- Coordination with inpatient and emergency care providers.
- Coordination of out-of-hospital medical care providers.
- Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services.
- Coordination of providers of non-fire-based prehospital emergency medical services.
- Coordination of the establishment of temporary field treatment sites.
- Health surveillance and epidemiological analyses of community health status.
- Assurance of food safety.
- Management of exposure to hazardous agents.
- Provision or coordination of mental health services.
- Provision of medical and health public information protective action recommendations.
- Provision or coordination of vector control services.
- Assurance of drinking water safety.
- Assurance of the safe management of liquid, solid, and hazardous wastes.
- Investigation and control of communicable disease.

MEDICAL HEALTH BRANCH OPERATIONS HANDBOOK

MHOAC Function		Branch Group			
		EMS	Public Health	Environmental Health	Behavioral Health
1	Assessment of immediate medical needs	X	X	X	X
2	Coordination of disaster medical and health resources	X	X	X	X
3	Coordination of patient distribution and medical evaluations	X			
4	Coordination with inpatient and emergency care providers	X			
5	Coordination of out-of-hospital medical care providers	X	X		
6	Coordination and integration with fire agency personnel, resources and emergency fire pre-hospital medical services	X			
7	Coordination of providers of non-fire based, pre-hospital emergency medical services	X			
8	Coordination of the establishment of temporary field treatment sites	X			
9	Health surveillance and epidemiological analyses of community health status		X		
10	Assurance of food safety		X	X	
11	Management of exposure to hazardous agents	X		X	
12	Provision or coordination of Behavioral Health services				X
13	Provision of medical and health public information and protective action recommendations	X	X	X	X
14	Provision or coordination of vector control services		X	X	X

15	Assurance of drinking water safety		X	X	X
16	Assurance of the safe management of liquid, solid, and hazardous waste			X	X
	Investigation and control of communicable diseases		X		

KEY ROLES AND RESPONSIBILITIES (CONT.)

Public Health Officer

The Public Health Officer (PHO) has unique powers and legal authorities granted specifically to the PHO during a public health emergency or disaster. These include the authority to:

- Declare a local health emergency or recommend proclamation of a local emergency to the Marin County Board of Supervisors, or to the Marin County Administrative Officer.
- Act as a Special Staff and provide technical advice and recommendations to the EOC Director and Incident Commander.
- Take measures to control the spread or further occurrence of any contagious infections, or communicable disease of which he or she is aware.
- Ensure that exclusion criteria and other infection control measures are developed for the EOC and other critical response facilities when appropriate.
- May inspect any place or person to enforce health regulations.
- Prevent or restrict persons from entering or leaving a quarantined area.
- Prevent or restrict movement of vehicles, commodities, household goods, and animals from entering or leaving a quarantined area.
- Prevent or restrict direct contact between persons under quarantine and those not affected.
- Order disinfection of persons, houses or rooms, and animals and structures where animals are quartered.
- Order destruction of beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe.
- Take any other action considered necessary to eradicate a public nuisance.
- Take any other action considered necessary to prevent spread or additional occurrences of a disease.
- Take any other action necessary to preserve the public health.
- Order the proper disposal of contaminated animal carcasses.

Medical Health Branch Director

The Medical Health Branch Director is assigned by the OA EOC Operations Section Chief and provides oversight and management for Medical Health Branch activities. The Branch Director may assign and direct staff as needed for the: Public Health Unit, Mental Health Unit, EMS Unit or Environmental Health Unit. The Medical Health Branch Director, who may also be the MHOAC, is responsible for:

- Evaluating the need for additional medical or health resources (e.g., Field Treatment Site(s), Alternate Care Site, Marin Medical Reserve Corps, etc.).
- Authorizing deployment of field treatment sites.
- Coordinating additional personnel needs and where deployment will occur.
- Activating the Marin Medical Reserve Corps.
- Coordinating with the PHO in the incident of need for mass dispensing.
- Regional requests for additional aid, including SNS resources.
- Requesting regional/state resources for hospitals.
- Setting up of alternative care sites.
- Working closely with both Fire and Law Enforcement Branches in the Operations Section for ambulance staging.
- Planning for the medical needs of special populations.

Public Health Group

The Public Health Group is assigned as needed to:

- Gather information regarding threats to public health.
- Provide advice and recommendations to the PHO and Medical Health Branch on threats to public health.
- Make recommendations to mitigate threats to public health.
- Make recommendations to the PHO and Medical Health Branch Director on how to define when the incident is cleared.
- Deploys Field Treatment Sites.

Environmental Health Group

The Environmental Health Group is assigned as needed to:

- Gather information regarding any biological agent in coordination with the Hazmat Response Team and the PHO.
- Provide advice and recommendations to the PHO and Medical Health Branch Director on the threat to public health of any biologic, explosive, chemical, radiologic or other agent; appropriate protective actions such as shelter-in-place and evacuation; the extent and geographical areas affected; conditions for lifting protective actions and reentry procedures; environmental and public health implications of clean-up operations, and decontamination.
- Make recommendations to the PHO and Medical Health Branch on how to determine when the threat is cleared.

Emergency Medical Services Group

The EMS Group is assigned as needed to:

- Gather information regarding the needs of the EMS and health care system.
- Address resource requests from the EMS community.
- Provide advice and recommendations to the Medical Health Branch Director on hospital and field EMS operations

Behavioral Health Group

The Mental Health Group is assigned as needed to:

- Gather information regarding the mental health needs in the operational area.
- Provide advice and recommendations to the PHO and Medical Health Branch Director on the threat to mental health and appropriate actions to mitigate long term impacts.
- Make recommendations to the PHO and Medical Health Branch Director as needed regarding mental health services and related questions.

Medical Health Supply Unit

The Medical Health Logistics team supports logistical activities of the Medical Health Branch and field operations.

MEDICAL HEALTH BRANCH ACTIVATION

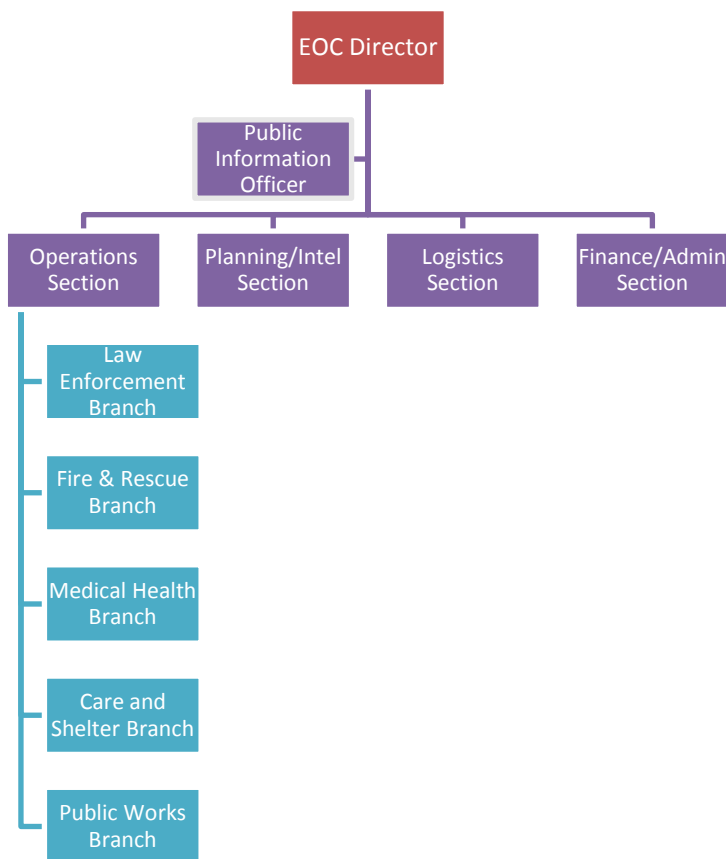
The Medical Health Branch will be activated by the MHOAC or PHO for a disaster or an emergency incident that significantly impacts or threatens public health, environmental health, or emergency medical services which requires coordination from the County’s Medical Health Branch.

Specific Criteria may include:

- The incident significantly impacts or is anticipated to impact public health or safety.
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System.
- Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area.
- The incident produces media attention or is politically sensitive.
- The incident leads to a Regional or State request for information.
- Whenever increased information flow from the operational Area to the State will assist in the management or mitigation of the incident’s impact.

Staff assigned to the Medical Health Branch will be notified and requested to report to a designated location (see Alerting & Messaging section). The Medical Health Branch may be deployed to the MCHHS Department Operations Center (DOC) if the OA EOC has not been activated. When activated, the Medical Health Branch becomes part of the Operations Section of either the DOC or Operational Area EOC. See following organizational chart:

Marin Operational Area EOC Organization



Public Health and Medical Incident Levels:

The Incident Level is based on the need for health and/or medical resources to effectively manage the incident. There are three levels (Level 1, 2, or 3) based on the need for resources:

Level 1	Requires resources or distribution of patients within the affected Operational Area only or as available from other Operational Areas through existing agreements (including day-to-day agreements, memoranda of understanding or other emergency assistance agreements. MHOAC program shall be notified of Level 1 incidents.
Level 2	Requires resources from Operational Areas within the Mutual Aid Region beyond existing agreements (including day-to-day agreements, memoranda of understanding or other emergency assistance agreements) and may include the need for distribution of patients to other Operational Areas. Resource Requests are coordinated by the MHOAC Program of the affected Operational Area.
Level 3	Requires resources or distribution of patients beyond the Mutual Aid Region. May include resources from other Mutual Aid Regions, State or federal resources.

MEDICAL SURGE

During a mass casualty incident or public health emergency, existing medical and public health resources may be overwhelmed. Additional medical and public health personnel, facilities, supplies, and equipment will be brought to bear. Operational Area resources will be used until exhausted, at which point additional aid will be requested.

The Marin County’s *Healthcare Surge Plan* and *Multiple Patient Management Plan* guide the actions of dispatch, fire, paramedics, EMS, and hospital emergency departments and addresses normal daily function up to, and including, multi-casualty/disaster incidents.

All licensed hospitals are required by the California Department of Public Health to have an internal medical surge plan.

COMMUNICATION AND INFORMATION MANAGEMENT

Information Sharing

During a disaster or an emergency incident the Marin County Emergency Operations Center staff will request information from healthcare facilities regarding their current operational status. The MHOAC will provide this information to regional and state agencies. This information is used to determine the ability of the healthcare facilities to function during and after a disaster, as well as to assess the current and anticipated need for resources.

Providing incident information to response partners is critical during a disaster or emergency incident. The MHOAC will use appropriate primary or secondary communications tools to share information with healthcare partners and response partners. Additionally, the hospitals will also communicate with the MHOAC through ReddiNet.

Situational reporting provides the foundation for support and coordination and facilitates resource acquisition. The MHOAC will request healthcare partners to complete and submit a Medical Health Situational Report during an emergency incident or disaster.

The MHOAC is responsible for preparing the Medical and Health Situation Report for the Operational Area and sharing the information with relevant partners.

For information on Situation reporting, see *Facility Status Reporting* section of this handbook.

RESOURCE MANAGEMENT

In a large-scale disease outbreak, disaster or other emergency that requires medical and/or pharmaceutical resources which exceed local capacity, additional resources will be requested by MHOAC.

The MHOAC will request resources through California's Public Health and Medical Mutual Aid System via the Regional Disaster Medical Health Coordinator (RDMHC) or designated staff (i.e., RDMHS) for Region II. For more information on local resource ordering, see *Resource Requesting Procedure* section of this handbook.

Initial Assessment and Response Meeting (IARM) Guide

This checklist is intended to be used as a guide/agenda for an Initial Assessment and Response Meeting.

<p>A. Assess the Situation (current and potential impact)</p> <ol style="list-style-type: none"> 1. What type incident: disease or illness, bioterrorism, extreme weather, shelter operations 2. Is the health risk confined to one segment of our community or to the community at large? 3. If the incident is disease related do we know the exposure pathways? 4. Have local medical and health care facilities been affected? 5. What other agencies and organizations are currently responding or set to respond? 6. Have any County operations been affected? 7. Have critical infrastructures been affected? 8. Have communications systems been affected? 9. Is this a local, regional, statewide or national situation? 10. Has any agency requested that we take specific actions related to this incident? 	
<p>B. Based on the above assessment do any of the following actions need to be taken?</p> <ol style="list-style-type: none"> 1. Does a Provider Health Alert need to go out from PHO? 2. Do we have a pre-scripted message or fact sheets? 3. Do we need to start an Investigative Report? 4. Is there a recommended action or existing plan for this situation? 5. Do we need to consider suspending non-essential services? 6. Does the incident currently, or do we expect that it will soon, exceed our capacity to respond or require more coordination? <p>If yes to 5 or 6 consider activation of Medical Health Branch Operations/DOC and prepare to divert staff to the response</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>C. Identify additional information needed to assess threat and/or take action and assign staff</p>	
<p>D. Suggested Agencies and staff that Public Health may need to notify <i>(This is not a comprehensive list of all possible contacts. Notifications will depend on the situation)</i></p> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Other Public Health staff <input type="checkbox"/> MCDHHS Staff <input type="checkbox"/> Other County departments <input type="checkbox"/> Local City & Towns <input type="checkbox"/> EMS <input type="checkbox"/> Hospitals & other healthcare providers <input type="checkbox"/> County OES <input type="checkbox"/> Local schools <input type="checkbox"/> EMSA/CDPH Duty Officer <input type="checkbox"/> CDPH <input type="checkbox"/> Region II county public health jurisdictions <input type="checkbox"/> MMRC Coordinator 	

Marin Operational Area

MEDICAL HEALTH BRANCH POSITION CHECKLISTS

NOTE:

*ANY REVISIONS TO THESE CHECKLISTS
SHOULD BE FORWARDED TO THE SHERIFF'S
OFFICE OF EMERGENCY SERVICES (OES) FOR
UPDATES TO THE EOC OPERATIONS MANUAL*

Medical Health Branch Director Position Checklist

READ THIS ENTIRE POSITION CHECKLIST BEFORE TAKING ACTION

Report To: Operations Section Chief

Supervises: EMS Group Supervisor, Public Health Group Supervisor, Environmental Health Group Supervisor, Behavioral Health Group Supervisor, Medical Health Supply Unit Leader

Responsibilities

- A. May serve as the *Medical & Health Operational Area Coordinator* (MHOAC).
- B. Coordinate the allocation of available medical and health resources to support medical and health operations in the affected area.
- C. Determine the medical and health impact of the incident on the affected population and medical and health infrastructure.
- D. Share current situation status information with the Operations and Planning Sections, and other appropriate agencies.
- E. Evaluate and prioritize medical and health requests and determine appropriate response recommendations.
- F. Request medical and health personnel, supplies and equipment through the MHOAC/RDMHC.
- G. Coordinate in-county Public Health resources including mobilizing reserves and volunteers (Marin Medical Reserve Corps).
- H. Coordinate delivery of all medical health resources through the Logistics Section.
- I. Maintain the status of medical and health resources within the operational area.
- J. Complete and maintain branch status reports utilizing WebEOC.
- K. Maintain contact and coordination with the Public Health Officer.

Actions

- Check in upon arrival at the EOC.
- Set up your workstation, identify yourself (e.g., vest or name badge), log in to WebEOC, and review your position responsibilities.
- Establish and maintain a position log (ICS 214), which chronologically describes your actions taken during your shift.
- Obtain Briefing** from the EOC Director or Operations Section Chief. Note schedule for future briefings.
- Perform an initial assessment** of the medical/health needs and resources of the Operational Area.

- Determine need to activate Groups/Units within the Branch.
- Determine level of staff required for current EOC operations as well as relief shifts.
- Assume the responsibilities of the EMS Group Supervisor, Public Health Group Supervisor, Environmental Health Group Supervisor, Behavioral Health Group Supervisor, and Medical Health Supply Unit Leader when those positions are not staffed.
- Brief all Group Supervisors/Unit Leaders** on current situation and develop the Branch's initial objectives for the first period. Designate time for next briefing.
- Based on the situation, recommend activation the *Medical Health Annex* to the Operational Area Emergency Operations Plan and any other applicable plans.
- Review applicable IRGs related to Medical Health operations
- Review emergency organizational charts** to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).
- Coordinate with EOC Logistics and Finance Sections regarding the process of obtaining needed supplies and services for the operation of the Medical Health Branch.
- Develop the Medical Health Branch objectives** for the upcoming operational period. Distribute to Group Supervisors and Operations Chief prior to planning meetings.
- Contact the RDMHC/S. Consider contacting EMSA Duty Officer, CDPH Duty Officer, and/or State Medical Health Coordinating Center (MHCC) as needed.
- Submit initial medical health situation report to RDMHS, EMSA and CDPH.
- Ensure that activated Medical Health Branch positions maintain position logs and other necessary documentation.
- Maintain current status on all medical and health field operations being conducted within the Operational Area.
- Respond to requests for medical and health resources in coordination with Logistics Section and Medical Health Supply Unit.
- Coordinate with the RDMHC/S for medical and health resource needs that cannot be provided within the Operational Area.
- Share relevant information with the other Operations Section Chief and Branch Directors.
- Participate in Medical Health interagency conference calls.
- Coordinate with the EOC Public Information Officer** to issue periodic public health & safety information.
- Coordinate with other response agencies to meet medical and public health needs for sheltered populations.
- Demobilize your assigned position and close out logs when authorized by the Operations Section Chief.
- Complete all required forms, reports, and other documentation. All documents not needed by your relief should be submitted to the Planning/Intelligence Section (Documentation Unit), as appropriate, prior to your departure.
- Be prepared to provide input to the After Action Report.
- Brief your relief.
- Clean up your work area before you leave.

- Leave a forwarding phone number where you can be reached.
- During recovery ensure that public health information guidelines are issued to the PIO for periodic media releases.

Public Health Group Supervisor

Position Checklist

READ THIS ENTIRE POSITION CHECKLIST BEFORE TAKING ACTION

Report To: Medical Health Branch Director

Supervises: TBD

Responsibilities

- A. Assess the extent of incident impacts on the healthcare system in Marin.
- B. Communicate, coordinate and work with medical and healthcare facilities.
- C. Coordinate resources for the public health needs of the Operational Area.
- D. Coordinate public health messaging with PIO and Health Officer.

Actions

- Check in upon arrival at the EOC.
- Set up your workstation and review your position responsibilities.
- Establish and maintain a position log, which chronologically describes your actions taken during your shift.
- Obtain facility status report from skilled nursing facilities, non-hospital healthcare facilities, and clinics.
- Maintain contact with the Environmental Health Group on issues of mutual concern.
- Update the Public Information Officer on any public health risks.
- Develop public health advisories and notices in coordination with the Public Health Officer.
- Contact and coordinate distribution with the Public Information Officer.
- Deactivate your assigned position and close out logs when authorized by the Medical/Health Branch Coordinator.
- Complete all required forms, reports, and other documentation. All documents not needed by your relief should be submitted through the Medical/Health Branch Coordinator to the Planning/Intelligence Section, as appropriate, prior to your departure.
- Be prepared to provide input to the After Action Report.
- Brief your relief.
- Clean up your work area before you leave.
- Leave a forwarding phone number where you can be reached.
- .
- Establish Public Health Group objectives and staffing for extended operations, if need arises.

- Check all healthcare providers for damage and status. Report results to the EOC Operations Chief and Plans/Situation Analysis Unit. Post current information to Medical Status Board.
- Advise the Medical Health Branch Director of the current situation as required.
- Estimate need for out-of-County public health mutual aid.
- Report established emergency traffic routes to hospitals and healthcare facilities.
- Coordinate shelter medical resources with Care and Shelter Branch.
- Deactivate your assigned position and close out logs when authorized by the Medical Health Branch Director.
- Complete all required forms, reports, and other documentation. All documents not needed by your relief should be submitted to the Planning Section, as appropriate, prior to your departure.
- Be prepared to provide input to the After Action Report.
- Brief your relief and clean up your work area before you leave.
- Leave a forwarding phone number where you can be reached.
- Obtain Briefing** from the Medical Health Branch Director. Note schedule for future briefings.
- Establish EOC Post** in the operational area EOC as the Public Health Group. Clearly mark your post and identify yourself (e.g., vest or name badge).
- Perform Initial Assessment** of the public health needs and resources of the Operational Area.
- Develop objectives** for Public Health Group for current operational period.
- Review emergency organizational charts** to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).
- Coordinate requests** for public health resources from outside the operational area with the MHOAC.
- Public Information** - Coordinate with the Medical Health Branch Director to release periodic public health & prevention information.
- Documentation** - Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.
- Participate in periodic briefings** and updates with Group Supervisors and Branch Director.
- Develop objectives** for the Public Health Group for the upcoming operational period.

- Brief the Branch Director** routinely.
- Assess and respond to requests** from DOC for Public Health resources.
Coordinate resource acquisition from outside Operational Area with the MHOAC.
- Respond to requests and complaints** from incident personnel regarding inter-organization problems.
- Complete documentation** of PH Group by the end of each operational period.
- Long-Term Staffing** - Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.
- Disaster Recovery** - Ensure that information for public health and safety is disseminated during disaster recovery stage.
- Documentation** - Ensure appropriate documentation of Public Health Group response actions and expenses is gathered and submitted to the Branch Director.

Environmental Health Group Supervisor Position Checklist

READ THIS ENTIRE POSITION CHECKLIST BEFORE TAKING ACTION

Report To: Medical Health Branch Director

Responsibilities

- A. Assess the actual and potential environmental impacts of incident.
- B. Communicate with water districts, waste water districts, vector control districts, restaurants and others to determine possible threats to public safety.
- C. Coordinate resources for the environmental health needs of the Operational Area.

Actions

- Check in upon arrival at the EOC.
- Set up your workstation and review your position responsibilities.
- Establish and maintain a position log, which chronologically describes your actions taken during your shift.
- Establish Environmental Health Group and staffing needed for extended operations.
- Report to Medical Health Branch Director on major problems, actions taken, and resources available or needed.
- Maintain a map record of all major environmental health incidents and commitments.
- Coordinate environmental health response operations at the local government and operational area level, including survey and test of potable water and sanitary systems.
- Support the acquisition of potable water supplies as required.
- Ensure adequate environmental controls are initiated and maintained as required.
- Develop and implement a plan for Vector Control.
- Coordinate in-county Environmental Health mutual aid for priority problems, including mobilizing reserves and volunteers.
- Estimate need for out-of-County medical mutual aid.
- Determine emergency traffic routes established by Law Enforcement Branch and pass on to hospitals and EMS units.
- Advise the Medical Health Branch Director of the current situation as required.
- Ensure that all media contacts are referred to the Public Information Officer.
- Arrange for feeding and sheltering of mutual aid Environmental Health personnel as necessary with the Logistics Section.

- Demobilize your assigned position and close out logs when authorized by the Medical Health Branch Director.
- Complete all required forms, reports, and other documentation. All documents not needed by your relief should be submitted through The Finance Section Chief to the Planning/Intelligence Section, as appropriate, prior to your departure.
- Be prepared to provide input to the After Action Report.
- Brief your relief and clean up your work area before you leave.
- Leave a forwarding phone number where you can be reached.
- Receive Appointment** from Medical Health Branch Director. Obtain packet containing Position Checklists and forms for Environmental Health Group positions.
- Read entire Position Checklist** and review organizational chart.
- Obtain Briefing** from the Medical Health Branch Director. Note schedule for future briefings.
- Establish EOC Post** in the operational area EOC as the Environmental Health Group. Clearly mark your post and identify yourself (e.g., vest or name badge).
- Perform Initial Assessment** of the environmental health needs and resources of the Operational Area.
- Develop objectives** for Environmental Health Group for current operational period.
- Review emergency organizational charts** to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).
- Coordinate requests** for environmental health resources from outside the operational area with the MHOAC.
- Public Information** - Coordinate with the Medical Health Branch Director to release periodic public health & prevention information.
- Documentation** - Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.
- Participate in periodic briefings** and updates with Group Supervisors and Branch Director.
- Develop objectives** for the Environmental Health Group for the upcoming operational period.
- Brief the Branch Director** routinely.
- Assess and respond to requests** from DOC for Environmental Health resources. Coordinate resource acquisition from outside Operational Area with the MHOAC.

- Respond to requests and complaints** from incident personnel regarding inter-organization problems.
- Complete documentation** of EH Group by the end of each operational period.
- Long-Term Staffing** - Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.
- Disaster Recovery** - Ensure that information for environmental health and safety is disseminated during disaster recovery stage.
- Notify public of:**
 - Safe drinking water sources or requirements
 - Procedures for safe reoccupancy of damaged homes and buildings (e.g., structural integrity, gas leaks, need for protective clothing and equipment)
 - Requirements for handling and disposal of foodstuffs, refuse, clothing, hazardous materials
 - Public Health risks and mitigation (contamination, vaccination, prevention, safety)
- Documentation** - Ensure appropriate documentation of Environmental Health Group response actions and expenses is gathered and submitted to the Branch Director.
- Contribute to After Action Report** and participate in post-event debriefings.

Emergency Medical Services Group Supervisor Position Checklist

READ THIS ENTIRE POSITION CHECKLIST BEFORE TAKING ACTION

Report To: Medical Health Branch Director

Responsibilities

- A. Assess the extent of medical casualties.
- B. Communicate with medical facilities and ambulance service providers.
- C. Coordinate transportation resources for the medical needs of the Operational Area and for multi-casualty functions of the emergency.

Actions

- Check in upon arrival at the EOC.
- Set up your workstation and review your position responsibilities.
- Establish and maintain a position log, which chronologically describes your actions taken during your shift.
- Establish EMS Group plan and staffing for extended operations, if need arises.
- Insure that all medical facilities are being checked for damage and problems.
- Check with all EMS providers for damage and status. Report results to Plans/Situation Analysis Unit. Post current information to Medical Status Board.
- Establish contact with private and public medical services to determine situation and availability.
- Report to Medical Health Branch Director on major problems, actions taken, and resources available or needed.
- Maintain a map record of all major medical incidents and commitments.
- Coordinate provision of in-county EMS mutual aid for priority problems, including mobilizing reserves and volunteers.
- Estimate need for out-of-County medical mutual aid.
- Determine emergency traffic routes established by Law Enforcement Branch and pass on to hospitals and EMS units.
- Keep field personnel advised of locations of shelters, first aid facilities, casualty collection points, field treatment sites, and other facilities that may be established.
- Advise the Medical Health Branch Director of the current situation as required.
- Ensure that all media contacts are referred to the Public Information Officer.

- Arrange for feeding and sheltering of mutual aid EMS personnel as necessary with the Logistics Section.
- Demobilize your Group and close out logs when authorized by the Medical Health Branch Director.
- Complete all required forms, reports, and other documentation. All documents not needed by your relief should be submitted through The Finance Section Chief to the Planning/Intelligence Section, as appropriate, prior to your departure.
- Be prepared to provide input to the After Action Report.
- Brief your relief and clean up your work area before you leave.
- Leave a forwarding phone number where you can be reached.
- Receive Appointment** from Medical Health Branch Director. Obtain packet containing Job Action Sheets and forms for EMS Group positions.
- Read entire Position Checklist** and review organizational chart.
- Obtain Briefing** from the Medical Health Branch Director. Note schedule for future briefings.
- Establish EOC Post** in the operational area EOC as the EMS Group. Clearly mark your post and identify yourself (e.g., vest or name badge).
- Perform Initial Assessment** of EMS needs and resources of the Operational Area.
- Develop Objectives** the EMS Group for current operational period.
- Review emergency organizational charts** to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).
- Coordinate requests for EMS resources** from outside the operational area with the MHOAC.
- Public Information** - Coordinate with the Medical Health Branch Director to issue periodic EMS public information.
- Documentation** - Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.
- Participate in periodic briefings** and updates with Group Supervisors and Branch Director.
- Develop the EMS Group objectives** for the upcoming operational period.
- Brief the Branch Director** routinely.

- Assess and respond to requests** from DOC for EMS resources. Coordinate resource acquisition from outside Operational Area with the Branch Director.
- Respond to requests and complaints** from incident personnel regarding inter-organization problems.
- Document** - Complete documentation of unit and personal activities related to the event by the end of each operational period.
- Long-Term Staffing** - Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.
- Ensure appropriate documentation** of EMS Group response actions and expenses is gathered and submitted to the Branch Director.
- Contribute to After Action Report** and participate in post-event debriefings.

Behavioral Health Group Supervisor Position Checklist

READ THIS ENTIRE POSITION CHECKLIST BEFORE TAKING ACTION

Report To: Medical Health Branch Director

Responsibilities

- A. Assess the needs for immediate and long-term behavioral health services in the Operational Area from initial phases thru the recovery period.
- B. Coordinate preventive and crises behavioral health services for the Operational Area.

Actions

- Check in upon arrival at the EOC.
- Set up your workstation and review your position responsibilities.
- Establish and maintain a position log, which chronologically describes your actions taken during your shift.
- Determine resource needs such as a computer, phone, plan copies, and other reference documents.
- Develop adequate resources and coordinate services with public and private agencies.
- Assure provision of critical incident stress debriefing for first responders, mutual aid and volunteer personnel.
- Ensure that all media contacts are referred to the Public Information Officer.
- Deactivate your assigned position and close out logs when authorized by the Medical Health Branch Director.
- Complete all required forms, reports, and other documentation. All documents should be submitted through the Medical Health Branch Director to the Planning/Intelligence Section, as appropriate, prior to your departure.
- Be prepared to provide input to the After Action Report.
- Brief your relief.
- Clean up your work area before you leave.
- Leave a forwarding phone number where you can be reached.
- Receive Appointment** from Medical Health Branch Director. Obtain packet containing Position Checklists and forms for Behavioral Health Group positions.
- Read entire Position Checklist** and review organizational chart.

- Obtain Briefing** from the Medical Health Branch Director. Note schedule for future briefings.
- Establish EOC Post** in the operational area EOC as the Behavioral Health Group. Clearly mark your post and identify yourself (e.g., vest or name badge).
- Perform Initial Assessment** of Behavioral Health needs and resources of the Operational Area.
- Develop Objectives** the Behavioral Health Group for current operational period.
- Review emergency organizational charts** to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).
- Coordinate requests for Behavioral Health resources** from outside the operational area with the MHOAC.
- Public Information** - Coordinate with the Medical Health Branch Director to issue periodic EMS public information.
- Documentation** - Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.
- Participate in periodic briefings** and updates with Group Supervisors and Branch Director.
- Develop Behavioral Health Group objectives** for the upcoming operational period.
- Brief the Branch Director** routinely.
- Assess and respond to requests** from DOC for Behavioral Health resources. Coordinate resource acquisition from outside Operational Area with the Branch Director.
- Respond to requests and complaints** from incident personnel regarding inter-organization problems.
- Document** - Complete documentation of unit and personal activities related to the event by the end of each operational period.
- Long-Term Staffing** - Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.
- Ensure appropriate documentation** of Behavioral Health Group response actions and expenses is gathered and submitted to the Branch Director.
- Contribute to After Action Report** and participate in post-event debriefings.

Medical Health Supply Unit Leader Position Checklist

READ THIS ENTIRE POSITION CHECKLIST BEFORE TAKING ACTION

Report To: Medical Health Branch Director

Responsibilities

- A. Coordinate the ordering, tracking, delivery and transport of personnel, equipment and supplies as needed for Medical Health Operations.
- B. Support all logistical activities of the Medical Health Branch and medical health field operations.

Actions

- Check in upon arrival at the EOC.
- Set up your workstation and review your position responsibilities.
- Establish and maintain a position log, which chronologically describes your actions taken during your shift.
- Determine resource needs such as a computer, phone, plan copies, and other reference documents.
- Receive Appointment** from Medical Health Branch Director. Obtain packet containing Position Checklists and forms for Medical Health Supply Unit.
- Read** entire Position Checklist and review organizational chart.
- Obtain Briefing** initial briefing from the Medical Health Branch Director. Note schedule for future briefings.
- Establish** a post in the operational area EOC as the Medical Health Supply Unit Leader. Clearly mark your post and identify yourself (e.g., vest/badge).
- Obtain initial status report** from DOC (if activated).
- Perform an initial assessment** of the Medical Health logistics needs and resources of the Operational Area.
- Develop Unit Objectives** for Medical Health Supply Unit for current operational period.
- Review emergency organizational charts** to determine appropriate contacts and message routing.

- Coordinate resource requests** for Medical Health Supply Unit from outside the operational area with the MHOAC.
- Documentation** - Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.
- Participate in periodic briefings** and updates with Group Supervisors and Branch Director.
- Update Action Plan** with Medical Health Supply Unit objectives for the upcoming operational period.
- Brief the Branch Director** routinely.
- Resource Needs** - respond to requests for Medical Health resources. Coordinate resource acquisition from outside Operational Area with the Branch Director and MHOAC.
- Document** unit and personal activities related to the incident by the end of each operational period.
- Ensure adequate staffing is available** for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.
- Documentation** - Ensure appropriate documentation of Medical Health Supply Unit response actions and expenses is gathered and submitted to the Branch Director.
- After-Action Report** - Contribute to After Action Report and participate in post-incident debriefings.

Marin Operational Area
MEDICAL HEALTH BRANCH PROCEDURES

HOW TO CONTACT THE MHOAC **(Medical Health Operational Area Coordinator)**

To contact with the Marin County Operational Area MHOAC for a medical or health emergency or other urgent matter, please use the following procedure:

During business hours (Monday-Friday 8:00 AM-5:00 PM):

1. Call the EMS Agency at: **473-6871**
 - a) Ask to be connected to the MHOAC.
 - b) If you get a recorded message, call: **473-6833** (Miles direct) or **473-7455** (Randy direct).
 - c) If unable to contact the MHOAC, proceed to the steps below for contact during non-business hours/weekends/holidays.

During non-business hours, weekends and holidays:

1. Call the Marin County Communications Center at: **479-2311** and ask to have the MHOAC paged.
2. Give the dispatcher the following information:
 - Your name and position
 - Your facility name
 - Your contact information/phone
 - The reason for your call:
 - a) Drill/exercise
 - b) Real incident
3. For a real incident provide a time frame in which you need the MHOAC to contact you.

Marin Medical Health MAC Group Conference Call Procedure

During a disaster, communicable disease outbreak, health care surge, or other public health emergency the Medical Health Operational Area Coordinator (MHOAC) may call for a conference call with local healthcare partners to update, problem-solve and prioritize needs for the Operational Area. The following procedure is recommended:

1. Determine which health care partners are to be invited to participate.
2. Contact health care partners via email, calendar invite, or CAHAN to participate in a conference call at a specified DATE/TIME. Try to provide a minimum of two hours advance notice.
3. Agencies will provide a representative who must be fully authorized to represent their agency.
4. Obtain access to an available HHS conference calling line. **415-473-7730** is suggested.
5. The FIRESCOPE Multi-Agency Coordination System (MACS) will serve as a guide for conference call or meeting procedures and responsibilities. MHOAC will convene the call on time, act as MAC Group Coordinator.

Marin Medical-Health MAC Group Conference Call Agenda

Informational Decisional*

Date _____

Time _____

Facilitator Name _____

Call-in Number _____ Passcode _____

Video Conf (via Zoom) _____

MAC Group Coordinator _____

1. Marin Op Area Situation Report (from Med Health Branch or EOC Incident Action Plan (IAP) if available)

(Copy and Paste from IAP if available)

2. Facility Status and Updates (listed in alphabetic order by facility type – ask for any facilities that may have been missed at the end of the list run-through)

	Facility Name	Attendee(s) Name	Facility Status [Green/Yellow/Red]	Comments (short term objectives)	Resource Request(s) (Check if “yes”)
Hospitals	Kaiser				
	Kentfield				
	Marin General Hospital				
	Novato Community Hospital				
Clinics	Marin County Behavioral Health				
	Marin County Clinic				
	Marin Community Clinics				
	Marin City Health and Wellness				
	Coastal Health Alliance				
	Ritter Center				
SNFs/LTC	Canyon Manor				
	Care Meridian				
	Generations Healthcare – Smith Ranch				
	Marin Convalescent				
	Marin Post-Acute				
	Northgate Post-Acute				
	Novato Healthcare				
	Pine Ridge				
	Professional Post-Acute				
	San Rafael Healthcare and Wellness				
	South Marin Health and Wellness Center				
	Tamalpais				
	The Rafael				
	The Redwoods				
Villa Marin					
Other	Davita - Dialysis				
	Hospice by the Bay – Hospice				
	Marin Surgery Center – Surgery Cntr				
	Satellite Health - Dialysis				
	Greenbrae Surgery Center				
	Bon Air Surgery Center				

3. Medical Health Priorities for Operational Area

4. Long Term Objectives for the Operational Area

5. Review need for additional attendees:

6. *MAC Decisions to be made (use additional page(s) if needed):

7. Next conference call:

Date _____ Time _____

Call-in number _____ Passcode _____

ALERT HHS & MESSAGING

Introduction

During an emergency or disaster, Medical Health Branch staff will be alerted using ALERT Marin. This alerting and notification system can be accessed via the Internet for both messages and alerting. To activate the Medical Health Branch, the MHOAC or his/her designee will send a “high level” alert to staff with information on when and where to report.

REDDINET COMMUNICATIONS

Introduction


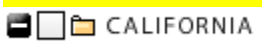

During an emergency or disaster, Medical Health Branch staff will monitor the Internet-based hospital communication system known as **ReddiNet**. This system is used daily by hospitals to record their status for receiving patients and will be used during a medical health emergency or disaster to request HAvBED updates, to send/receive messages, to coordinate a multi-patient incident, and other functions as needed.

Accessing and Using ReddiNet

The following procedure is designed to assist Medical Health Branch personnel during the incident of a disaster, scheduled drill or on call issues.

1. Begin by choosing an Internet Web Browser such as Internet Explorer.
2. Type www.reddinet.net in the browser bar.
3. Log on using your user name (i.e., Marin4) & password; then click on “ReddiNet Version 5”. If you forgot your user name or password, follow the prompts on the screen or call 800-440-7808. If you are unable to obtain your User name and Password, call 800-440-7808.
4. You are now on the ReddiNet main screen. You can send a message, create an Assessment poll, or access the modules to give you Bed Capacity/HAvBED data from the tabs at the top of the screen.
5. In the incident of an emergency, think about sending out a generic message stating, ***“The Marin County EOC will be sending each facility an Assessment poll to ascertain resource availability and need. We will get back with you with more information shortly”.***
6. Next send out a request for “Service Level” Poll. This is found under the “Assessment” module. Once you’ve clicked on “Assessment”, click on the tab title “Hospitals Service Level”, then under “Tasks” click “Poll for service level update” and then hit “ok” to send to each facility. The hospitals will receive a pop up window asking them what their current service level is (full service, partial service, etc.).
7. Next send out an actual “Assessment” poll to gain information on what’s happening at each facility. Currently, there are pre-established disaster templates for certain types of incidents such as earthquakes, fire storms, HAvBED data, heat waves, etc. You can find these templates by clicking on the “Assessment” module and then clicking the small grey bar titled, “Assessments”. The Assessment poll you want will most likely be “inactive”. To activate the poll, choose the template you want to send and click “change status” on the left side of the screen. You will be prompted to click “yes” to activate. Once you activate the template you want to use, it will be appear in the “active” portion of the screen. Click on the template and click “send now” on the left side of the screen. Once

the hospitals begin responding, the info will be available to view under the “Results” tab located at the bottom half of the page.

8. Consider sending out a “HAVBED” request. To do so, click on “Messages” module and type your request in the field stating, “This is not a drill or “this is a drill”. Describe the incident taking place and the urgency for this information. Instruct them to update their HAVBED information under “Bed Capacity” tab immediately. Follow up with phone calls to the EDs if information is not received:
9. Kaiser Permanente San Rafael **444-2400**
10. Marin General Hospital **925-7000**
11. Novato Community Hospital **209-1350**
12. To view who has input data for HAVBED, click on “Bed Capacity” then on the “HAVBED” tab. Review the date/time in the column, “Last Update”. The number of available staffed beds will appear under each bed category.
13. To send a message, click on “Messages” and then on “Create a message”. Write your subject matter in the blank field and click on “next”. To view your County Hospitals, click on the  symbol then choose the hospitals you want to send the message to. If you'd like to send it to the entire list, click on the box next to your county name  and then click on the double  to drag the list over; then hit “send”
14. For technical difficulties, ReddiNet has 24 hour service; Technical Support: 800-440-7808 or E-mail: support@reddinet.net. You can also click “Help & Support” located at the bottom right corner of the page for more information.
15. To activate an ACS in ReddiNet, contact ReddiNet at 800-440-7808 to add them. If you are activating the ACS, the ACS acts and responds the same as any other facility.
16. If you are having difficulty with ReddiNet and in the case of emergency, please contact Technical Support 800-440-7808.

FACILITY STATUS REPORTING

During an emergency or disaster, the Medical Health Operational Area Coordinator will request healthcare facilities in Marin County (hospitals, clinics, SNFs, physician offices) to submit a facility report that summarizes operational status, any damage, and functional capacity. Obtaining this information will allow the MHOAC program to share appropriate situational information throughout an incident that will assist with all aspects of emergency management. Situation reporting will assist with decision-making and reduces the frequency of information-seeking inquires outside the affected area.

Instructions for Health Care Facilities

1. Download *Medical Facility Status Form* at:
https://ems.marinhhs.org/sites/default/files/files/Marin_OA_Healthcare_Facility_Status_FORM.pdf
2. Fill out all applicable items on the *Marin County Facility Status Report* form.
3. Forward completed form to the MHOAC program via email at: MHOAC@marincounty.org or fax (to be determined by MHOAC).
4. Hospitals should update their facility status via ReddiNet.

SITUATION STATUS REPORTING (“SITREP”)

The MHOAC program is the principal point-of-contact within the Operational Area for information related to the public health and medical impact of an emergency incident or emergency. The MHOAC program is responsible for preparing the Medical and Health Situation Report for the Operational Area and sharing the information with relevant partners, including the RDMHC Program, CDPH and/or EMSA Duty Officer Programs.

The Situation Report is completed electronically using a special program and template. This requires the MHOAC to login and create a new incident. Subsequent updates can be made by referencing the initial situation report. Once the SitRep is created, it is then emailed to the State Medical Health Coordination Center (MHCC), EMSA and CDPH Duty officers, RDMHS for Region II, and Marin OES.

Situation Reporting Activities of the MHOAC Program include:

- Within two hours of incident recognition, submitting the initial Medical and Health Situation Report to the:
 - RDMHC program (may be provided verbally under pressing circumstances).
 - CDPH and EMSA Duty Officer Program;
 - Emergency Management agency for the Operational Area
- Providing updated Medical and Health Situation Reports:
 - Once during each operational period at agreed upon times;
 - In response to significant changes in status, prognosis or actions taken; and
 - In response to Region/State request from the RDMHC Program
- Maintain the Medical and Health Situation Report as part of the incident historical document file.

RESOURCE REQUESTING

Introduction

During an emergency or disaster, Marin health and medical facilities and providers (i.e., hospitals, clinics, SNFs, physician offices, EMS providers, etc.) are expected to obtain needed personnel, supplies and equipment from regular vendors, emergency supply caches, a corporate supply chain, or via mutual aid agreements from other healthcare facilities/agencies. If required resources cannot be obtained through these sources, the Medical Health Operational Area Coordinator (MHOAC) should be contacted.

The MHOAC coordinates resource ordering within the Marin Operational Area and through all available suppliers and local caches. If the MHOAC cannot fill a request using local sources, he/she may request health and medical resources from outside the Marin Operational Area. While every effort will be made to obtain resources as quickly as possible, requesting entities should anticipate that time from acceptance of a request to actual receipt of the resource may be 48-96 hours or even longer, depending on the type and scope of the emergency.

Resource Requesting Process

All health and medical resources ordered through the Operational Area must be approved by the MHOAC. If the Marin Operational Area Emergency Operations Center (EOC) has been activated, email or phone the Medical Health Branch at the contact information that will be provided at the time of the emergency. If the EOC is not activated, phone Marin County Communications at 499-9464 and request that the MHOAC contact your facility. Please provide a point-of-contact and phone number. Prior to accepting a resource request, the MHOAC will confirm the following with the requesting entity:

- Is the resource need immediate and significant (or anticipated to be so)?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource available from the internal, corporate supply chain?
- Is the resource or an acceptable alternative available from other vendors?
- Is the resource available through pre-existing agreements?
- Have payment/reimbursement issues been addressed?

All resource requests should be made on an approved Medical and Health Resource Request Form and shall include the following information:

- Describe the current situation.
- Describe the requested resource(s).
- Specify the type of service the resource(s) will be used for.
- Provide the name of the requesting entity and contact person.
- Indicate the time frame needed and estimated duration of use.
- Provide delivery location with a common map reference.
- Indicate if logistical support is required (e.g., food, shelter, fuel, etc.)

Resource Tracking

The local requesting entity will track all resources received from the Marin Operational Area, including the receipt of the resource, condition of the resource, and anticipated return dates/times. The MHOAC tracks all resources sent to other Operational Areas from Marin, and the Regional Disaster Medical Health Coordinator or Specialist (RDMHC/S) tracks all resources between Operational Areas within his/her region and to other regions. In addition, a local entity providing resources may send an Agency Representative along with the resource(s) to coordinate with the respective Liaison at the receiving agency or organization.

Resource Management

The local requesting entity will track the receipt, use, and distribution/dispensing of all equipment or supplies received from the Operational Area. Upon arrival at the designated reporting location, personnel should check in with the requesting entity. It becomes the responsibility of the established Incident Command or Unified Command to provide support, to coordinate the use of the resource personnel, and to continuously track the resource personnel in accordance with established policies and procedures.

Resource Demobilization

Prior to being released from their assignment, resource personnel provided to the incident will be demobilized and follow local checkout procedures. Personnel and equipment may be reassigned to another mission, but the requesting entity must submit a formal resource request for the reassignment and the providing agency and/or organization must accept. The reassignment needs to be communicated to the medical health operational area.

The resource tracking system, e.g., Cal EMA's *Response Information Management System* (RIMS), should be updated and the personnel and/or equipment remain under the control of the requesting jurisdiction. When resources have returned to their point of origin, the providing agency and/or organization should notify the MHOAC.

Notification of Resource Receipt, Status and Demobilization

The receipt, status, and demobilization/release of resources must be communicated through the medical health operational area. The following activities should occur upon change in resource status:

Requesting Local Entity

- Notify the MHOAC regarding resource status.

MHOAC

- Notify the RDMHC/S regarding resource status when resources are requested from outside the Operational Area.

Cancellation of Resource Request

Resource requests may be cancelled following mobilization but prior to arrival and check-in. The following activities should occur if it is determined that a resource is no longer needed:

Requesting Local Entity

- Notify the MHOAC that the resource(s) is/are no longer needed.

MHOAC

- Immediately notify the RDMHC/S that the resource(s) is/are no longer needed if the resources came from outside the Operational Area.
- Submit a formal cancellation of the resource request to the Operational Area OES Duty Officer (or Operational Area EOC if activated) and request cancellation in RIMS or other resource tracking system.
- When cancellation of the resource request has been confirmed by the RDMHC/S, notify the resource(s) at the contact numbers previously provided for the resource(s), advise them of the cancellation order, and obtain an estimated time of return (ETR) to their point of origin.
- Provide formal notification that the resource(s) have been contacted and acknowledged cancellation with the Operational Area OES Duty Officer (or Operational Area EOC if activated). Request that the resource's confirmation of cancellation and ETR be entered into RIMS or other appropriate resource tracking system.

Special Notes:

1. Requesting entities are responsible for payment for all health and medical resources requested thru the MHOAC during a disaster or emergency.
2. Requesting entities are responsible for tracking the receipt, use, and disposal or return of all resources received thru the Medical Health Operational Area. The return of any unused, durable supplies and equipment will be coordinated by the MHOAC.

Accessing Healthcare Resource Request Form

Download *Medical Health Resource Request Form* at:

https://ems.marinhhs.org/documents/Disaster/MH_RR_Form_Field-HCF_to_OA.xls

FIELD TREATMENT SITE DEPLOYMENT

Introduction

EMS Field Treatment Sites (FTS) are established for triage, short-term medical care, holding, and evacuation of injured patients in a mass casualty situation. They may be deployed during response to an emergency resulting in large numbers of injured patients. EMS FTS may be deployed to a hospital site to assist with surge demands, or directly to an incident site.

EMS FTS are established to operate until new patients are no longer arriving at the site. Patients may be transported from an EMS FTS to available hospitals within or outside of the operational area. An EMS FTS may provide a site for an incoming CalMAT (California Medical Assistance Team) or DMAT (Disaster Medical Assistance Team), if available.

EMS FTS activation, coordination, and support are the responsibility of the Medical Health Operational Area Coordinator (MHOAC). Typically these functions are managed from the Health and Human Services Department Operations Center (DOC) or the Operational Area Emergency Operations Center (EOC).

Activation Authority

The MHOAC has activation authority and will determine the number and the location(s) of Field Treatment Sites. Reports from area hospitals, scene Incident Commanders, and ambulance responders are used to estimate medical care capacity and to plan for activation and setup of one or more EMS FTS.

Criteria for Deploying a Field Treatment Site

The MHOAC will consider activating an EMS FTS when one or more of the following criteria have been met:

- The jurisdiction has either confirmed or believes there are sufficiently large numbers of casualties to overwhelm the medical transport and treatment system.
- There is substantial damage to or loss of critical functions at hospitals.
- The disaster requires a protracted response and/or the medical problems affect a specialty population such as pediatric patients, elderly, or other access and functional needs groups.

Additional factors to consider include:

- The extent of damage to the medical care system, specifically to hospitals and other medical facilities.
- The status of hospitals in surrounding geographical areas.
- The number and type of available medical and support personnel, including communications, safety, security, utilities, shelter, building utilities, and volunteer teams.
- Availability of medical and logistics support supplies and equipment.
- The number, location, and injury severity of casualties.
- How quickly casualties arrive at medical care sites.
- How quickly surviving hospitals increase their capacity to care for arriving casualties by implementing discharge plans and expanding operations.
- The availability of air and ground transportation routes to move casualties to EMS FTS and/or evacuate casualties out of the area.

- The availability of requested and arriving Local, State and Federal medical resources (e.g., personnel, pharmaceuticals, medical supplies and equipment).

Site Number and Location Considerations

The number and location of sites is determined by:

- The expected or actual number of injured patients.
- Expected or actual damage patterns.
- Available facilities.
- Available staffing.
- Availability of generators and backup power.
- Other logistical considerations.
- The ability of the OA to sustain multiple sites over an extended period.

The EMS FTS may be established:

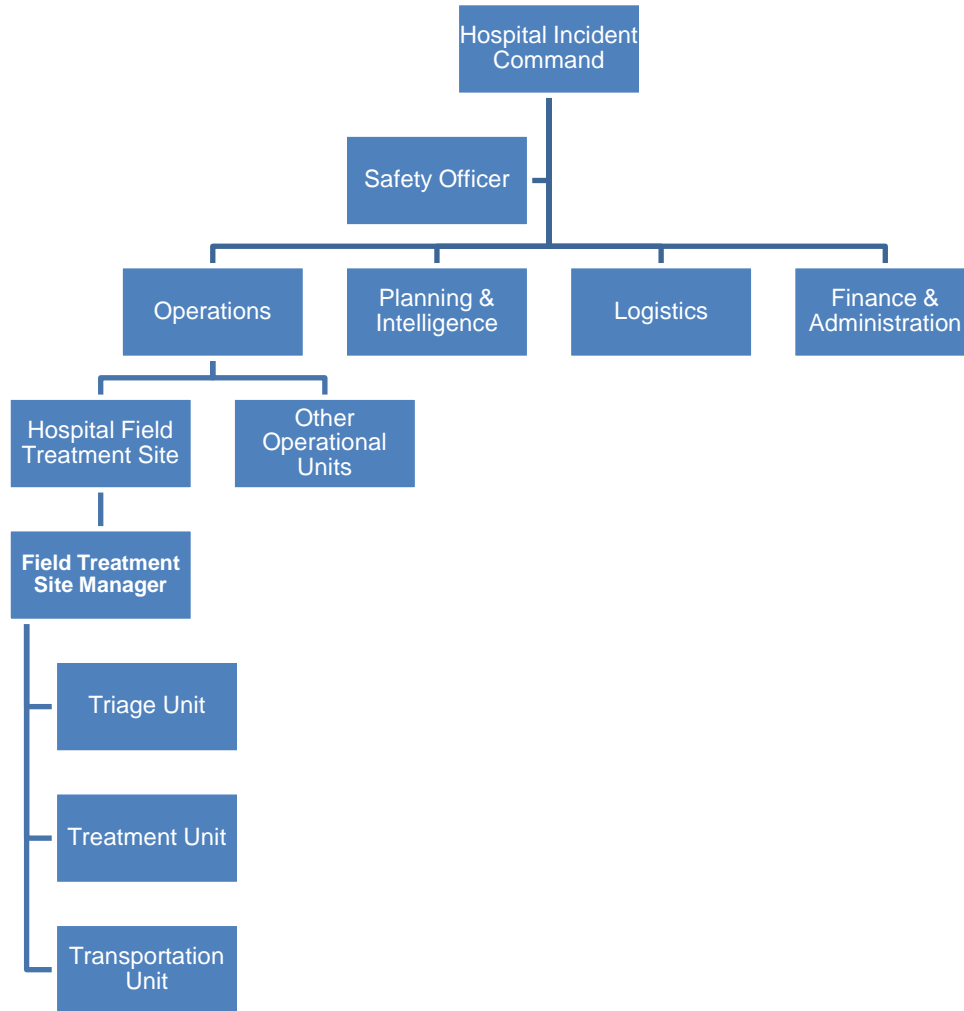
- At an incident scene.
- Immediately outside a hospital to triage injured patients arriving by ambulance or by self-referral.
- At any pre-designated facility or site to receive injured patients and provide emergency, short term care.

Trauma patients must be transported and treated at the best available functioning hospital. Austere medical care protocols are used when resources are scarce.

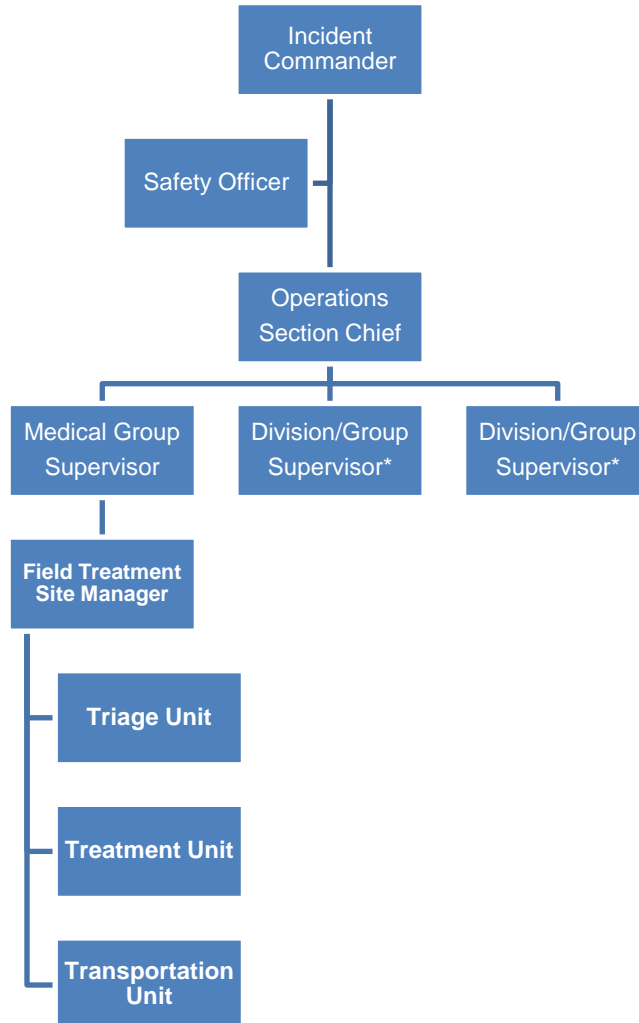
Staffing, Equipment and Supplies

For the Marin OA, an EMS FTS is expected to be staffed by Marin Medical Reserve Corps (MMRC) volunteers and Health and Human Services employees. Some hospital staff, public safety personnel, and qualified spontaneous volunteers may also be utilized. The equipment and supplies needed are stored in multiple trailers that are geographically dispersed throughout the county. Currently, two trailers are required for full activation of an EMS FTS. Trailer "A" (24' cargo type) contains basic medical equipment and medical supplies such as IV solutions, bandages and dressings, suture kits, splints, and oxygen delivery systems. Trailer "B" (20' cargo type) contains logistical support equipment such as tables, chairs, patient litters, lighting, generator, triage tents, and self-contained medical caches.

Field Treatment Site Model for a Hospital-based Operation



Field Treatment Site Model for an Incident-based Operation



* May be a Branch Director (e.g., "Rescue Branch")

CHEMPACK DEPLOYMENT

Introduction

The Medical Health Branch will only be involved in the deployment of CHEMPACK for: 1) preemptive movement of the cache, 2) pre-staging of the cache in response to a threat, or 3) deployment to another operational area as part of a mutual aid request. For an active incident involving a chemical nerve agent, medical first responders in Marin have Mark 1 kits available in limited quantities on their units. All have been trained in the recognition, and treatment of nerve agent exposure. They will initiate victim decontamination, triage and initial treatment as soon as possible. The on-scene Incident Commander is pre-authorized to order deployment of the cache.

Immediate Deployment of CHEMPACK

The on-scene Incident Commander (IC) will report the incident to Marin County Communications Center and request a CHEMPACK at that time. For those Fire Departments that do not use the county communication center directly, they will make the request through their own dispatch center, who will then forward the request to county communication center.

The dispatch center will then contact the appropriate storage facility and dispatch an emergency vehicle to that facility to pick up the needed supplies for transport to the needed location. If the incident is considered massive, defined as having the possibility of more than four hundred fifty patients, then additional CHEMPACK caches can be requested by the IC. Each CHEMPACK can treat approximately 450 victims. Out-of-county CHEMPACK assets can be requested through standard mutual aid agreements if local caches are depleted.

Triggering Incidents for Deployment

Authorization to deploy, break the seal on, or move a CHEMPACK container from its specified location without prior approval is limited to any of the following incidents:

1. Release of a nerve agent or potent organophosphate with human effects or immediate threats too great to adequately manage with other pharmaceutical supplies available.
2. Large or unusual occurrence of patients presenting with signs and/or symptoms consistent with nerve agent or organophosphate exposure or intoxication.
3. A credible threat of an imminent incident of a magnitude likely to require the assets of the CHEMPACK.
4. An incident with potential to create a release with human exposure (e.g. a transportation accident with fire or loss of container integrity)
5. Any mutual aid request from another region or neighboring state in which CHEMPACK assets are being deployed or staged.
6. Any incident which, in the judgment of the MHOAC justifies the deployment of CHEMPACK supplies. Any such deployment requires concurrence of CA Department of Public Health or RDMHS.
7. A threat to CHEMPACK integrity itself.

Hospital Deployment

Emergency Department personnel can open the CHEMPACK based on the presenting signs and symptoms of incoming patients. Each hospital will determine specific policies and procedures for CHEMPACK access. The system should be optimized for rapid 24/7 deployment. There will be an arrangement made for some of the CHEMPACK assets to be transported to nearby medical facilities if the need arises.

Field Deployment

The on-scene IC has the authority to request a CHEMPACK through dispatch. This should be done as soon as the suspicious agent is strongly suspected to be a nerve agent and people may have been exposed. Field medical personnel will advise the IC on this. The process once dispatch receives the request is as follows:

A code-3 capable vehicle will be dispatched to the storage location. The facility housing the CHEMPACK will unlock the cage, break the seal and help load the boxes into the transport unit. Included in the dispatch information will be specific incident site reporting directions (EMS Staging or field medical supervisor for example). The CHEMPACK cache will then be transported “lights and siren” to the scene. The cache will be delivered to the IC or Medical Supervisor on scene.

Any leftover CHEMPACK supplies will be collected centrally (incident will determine who is responsible for this) and stored for the CDC to collect and replace. The CDC owns all of the CHEMPACK assets and will determine how to best restock, replace and return our county to full readiness.

Pre-deployment/ Staging of a Cache Container

Pre-emptive movement is the relocation of a sealed CHEMPACK container and its contents to a site providing for levels of environmental and security controls identical to those required for its regular placement site. Breaking the seal, removing any contents, or moving the cache to a location without those controls constitutes deployment, not pre-emptive movement, and must meet deployment conditions.

Pre-emptive movements may be requested by any emergency medical, public health, emergency management, hazardous materials or other related agency in preparation for, or response to, a planned or occurring incident deemed appropriate for forward CHEMPACK placement.

Any such request must be made via the MHOAC to the RDMHS or CA Department of Public Health for approval. Unless an imminent or ongoing emergency, each request must be made at least 48 hours before the movement. If an RDMHS is unavailable to take timely action on a movement request, that request may be made to CDPH/EPO.

Transport

CHEMPACK materiel may be transported by a medical, fire, or law enforcement unit or any other appropriate code-3 capable vehicle. Some transporters may be pre-designated for CHEMPACK missions; however this in no way limits the ability to use other appropriate transport methods or agencies. Pre-designated transport entities may agree to provide immediate, priority transportation to the best of their abilities in response to any authorized CHEMPACK request.

Transportation may be required to a scene, command post, staging area, or other field location or to a hospital, clinic, improvised treatment site, airport or other facility. In some cases it may be desirable to transport a cache in a vehicle that would be responding to an incident anyway, even if its arrival is delayed somewhat to pick up cache supplies.

Any staff providing transportation should understand the nature of the incident, the materiel they're delivering and any hazards they are likely to encounter en route or at the scene. The transporter should receive adequate location, route and safety information before departing or

early enough during response to deliver the materiel promptly and safely. Two-way communications (radio or wireless phone) should be provided to communicate updates or other critical information as necessary. At scene the transporter should report and function as directed by incident management staff. If operating in a potentially hazardous area, transport staff must obtain an appropriate briefing on the hazards and safety precautions.

MARIN COUNTY CHEMPACK ACTIVATION PROTOCOL

Field Request



EXPEDITE

Incident Commander (or highest ranking medical personnel on scene) recognizes a need and requests CHEMPACK from Marin County Comm Center

Other Request



Authorized agency makes request for CHEMPACK deployment to Public Health Officer or MHOAC

Marin County Comm Center

- Verify number of patients
- Verify nature and severity of release/ potential threat.
- Obtain details regarding location, weather, wind, and any hazards for delivery personnel.
- Consider needs of potential receiving hospital(s) and other receiving sites.
- Contact CHEMPACK storage location to deploy.
- Dispatch emergency vehicle to storage location for pick up and transport to scene.
- Consider notifying additional CHEMPACK storage site and potential receiving hospitals as needed.



EXPEDITE

CHEMPACK Storage Site

- Break out and organize supplies to be transported.
- Release contents to transport representative.
- Complete distribution log.
- Consider notifying additional CHEMPACK storage sites as needed.
- After deployment, ensure MHOAC is notified.

MHOAC Responsibilities

Contact the following:

Region II RDMHS: kelly.coleman@acgov.org

Office: (510) 618-2033

Cell: (510) 421-9340

Fax: (510) 619-2099

24 Hr.: (925) 422-7595

EMSA Duty Officer: (916) 553-3470

State Warning Center: (800) 852-7550

Marin Operational Area
MEDICAL HEALTH BRANCH
APPENDICES

APPENDIX A: HEALTHCARE FACILITY STATUS FORM

https://ems.marinhhs.org/sites/default/files/files/marin_oa_healthcare_facility_status_form.pdf

APPENDIX B: SITUATION STATUS REPORT FORM (“SITREP”)

APPENDIX C: HEALTHCARE RESOURCE REQUEST FORM

https://ems.marinhhs.org/documents/disaster/mh_rr_form_field-hcf_to_oa.xls

