California Public Health and Medical Emergency Operations Manual

CDPH
California Department of
PublicHealth

July 2011

This page intentionally left blank.

TABLE OF CONTENTS

PREFACE 1
INTRODUCTION 3
Purpose and Scope 3
Intended Audience 3
Assumptions 4
PUBLIC HEALTH AND MEDICAL COORDINATION 7
Introduction 7
The Role of Public Health and Medical System Coordination in Effective Emergency Management 8
Medical Health Operational Area Coordination Program 8
Regional Disaster Medical and Health Coordination Program 10
California Department of Public Health and Emergency Medical Services Authority 12
SECTION I: PUBLIC HEALTH AND MEDICAL RESPONSE FUNCTIONS 13
INCIDENT CONSIDERATIONS 15
Introduction 15
Public Health and Medical Incident Level 16
Public Health and Medical System Status 18
COMMUNICATION AND INFORMATION MANAGEMENT 19
Introduction 19
Information Sharing 19
Notification and Initial Activities 20
Medical and Health Situation Reporting 24
California Health Alert Network 28
CDPH and EMSA Duty Officer Programs 29
California State Warning Center 30
RESOURCE MANAGEMENT 37
Introduction 37
Public Health and Medical Resources 37
California Disaster and Civil Defense Master Mutual Aid Agreement 38
Emergency Assistance Agreements 38
Mutual Aid Regions 40
Medical and Health Resource Requests and Assistance 41

MULTI-AGENCY COORDINATION 57
Introduction 57
Multi-Agency Coordination Group 58
DISASTER FINANCIAL ASSISTANCE 61
Introduction 61
General Eligibility Requirements 61
Recordkeeping and Accounting 61
State Assistance 62
Federal Assistance 63
Reimbursement for Provision of Mutual Aid and Assistance 64
Operation of Government-Authorized Alternate Care Sites 64
Private Non-Profit Organizations 64
Application Process 65
Application Forms 65
SECTION II: FUNCTION SPECIFIC TOPICS 67
INTRODUCTION TO FUNCTION SPECIFIC TOPICS 69
COMMUNICABLE DISEASE 71
DRINKING WATER 83
FOOD EMERGENCIES 93
HAZARDOUS MATERIALS 105
HEALTH CARE FACILITIES 119
HEALTH CARE SURGE IN THE CONTINUUM OF CARE 131
MANAGEMENT OF PATIENT MOVEMENT 145
MASS FATALITY 155
NUCLEAR POWER PLANT EMERGENCIES 167
NUCLEAR WEAPON DETONATION 177
PUBLIC HEALTH LABORATORIES 187
RISK COMMUNICATION 191
PLAN MAINTENANCE 193

APPENDICES

APPENDIX A MEDICAL HEALTH OPERATIONAL AREA COORDINATOR 195
APPENDIX B REGIONAL DISASTER MEDICAL AND HEALTH COORDINATOR 197
APPENDIX C MEDICAL AND HEALTH SITUATION REPORT 199
APPENDIX D RESOURCE REQUEST: MEDICAL AND HEALTH..... 209
APPENDIX E ACROYNMS 215
APPENDIX F GLOSSARY 219

FIGURES

FIGURE 1 INFORMATION FLOW DURING DAY-TO-DAY ACTIVITIES 31
FIGURE 2 INFORMATION FLOW DURING UNUSUAL EVENTS..... 32
FIGURE 3 INFORMATION FLOW DURING EMERGENCY SYSTEM ACTIVATION..... 33
FIGURE 4 NOTIFICATION AND INITIAL ACTIVITIES (FIELD TO STATE)..... 34
FIGURE 5 NOTIFICATION AND INITIAL ACTIVITIES (STATE TO FIELD)..... 35
FIGURE 6 MEDICAL AND HEALTH SITUATION REPORTING 36
FIGURE 7 MAP OF CALIFORNIA'S MUTUAL AID REGIONS..... 49
FIGURE 8 FLOW OF RESOURCE REQUESTS AND ASSISTANCE DURING EMERGENCIES 50
FIGURE 9 ROLES AND RESPONSIBILITIES INVOLVING RESOURCE MANAGEMENT 51
FIGURE 10 LABORATORY RESPONSE NETWORK 190

This page intentionally left blank.

California Public Health and Medical Emergency Operations Manual Workgroup Participants

Thomas N. Ahrens, Pharm.D.
Strategic National Stockpile Coordinator
Chief, Emergency Planning and Response Branch
Emergency Preparedness Office
California Department of Public Health

Bruce Barton
Governor's Appointee, EMS Commission
EMS Administrator
Riverside County

Doug Buchanan
Disaster Preparedness Coordinator
Mountain-Valley EMS Agency

Barbara Center, RN
Regional Disaster Medical Health Specialist (Ret.)
Contra Costa EMS Agency

Kim Cox, MPH
Emergency Services Manager
Contra Costa Health Services

Susan Fanelli
Assistant Deputy Director
Public Health Emergency Preparedness
California Department of Public Health

Michael A. Frenn
Disaster Medical Services Division
Emergency Medical Services Authority

Anthony Gonzalez, Ph.D. ABB (HCLD)
Public Health Laboratory Director
Department of Health and Human Services
Sacramento County

Bryan M. Hanley, BS, EMT-P
Regional Disaster Medical Health Specialist
Los Angeles County EMS Agency

David Herfindahl, M.D.
Governor's Appointee, EMS Commission
Co-Chair, CCLHO Public Health Preparedness and Response Committee
Deputy Health Officer (Ret.)
Riverside County

Richard O. Johnson, M.D., MPH
Governor's Appointee, California Emergency Council
Co-Chair, CCLHO Public Health Preparedness and Response Committee
Member, CDPH Joint Advisory Committee on Public Health Emergency Preparedness
Public Health Officer
Mono/Inyo County

Nancy Lapolla, MPH
Director, EMS Agency
Emergency Preparedness Manager
Public Health Department
Santa Barbara County
EMSAAC Disaster Committee Chair

Elisabeth H. Lyman
Deputy Director
Public Health Emergency Preparedness
California Department of Public Health

Wesley Nicks
Director
Environmental Health Department
Nevada County

Jeffrey L. Rubin
Chief, Disaster Medical Services Division (Ret.)
Emergency Medical Services Authority

Lisa Schoenthal
Chief, Disaster Medical Services Division
Emergency Medical Services Authority

Kim Saruwatari, MPH
Chief, Public Health Emergency Preparedness and Response
Department of Public Health
Riverside County

Stephen A. Willis
Laboratory Director and Chief
Public Health Laboratory Services
Public Health Department
San Joaquin County

Kent Johnson	**Susan Aitkens**	**Eric Norton**
Facilitator	Lead Consultant	Facilitator

This page intentionally left blank.

PREFACE

California's disasters often have public health and medical impact. Many organizations, both public and private, contribute to a Public Health and Medical System that must be prepared to successfully respond to the public health and medical consequences of disasters.

Effective disaster response is served by having a Public Health and Medical System that uses common operating procedures that are well understood and used by all organizations involved in the response. The complexity of California's disasters has led to increased interaction between many public health, environmental health and medical functions. This interaction has driven the need for a coordinated system that articulates common procedures across all functional components of the Public Health and Medical System.

The goal of the California Public Health and Medical Emergency Operations Manual (EOM) is to strengthen coordination within the Public Health and Medical System during unusual events and emergencies that have public health or medical impact. The EOM describes basic roles and activities within the Public Health and Medical System and coordination with the emergency management structure at all levels of California's Standardized Emergency Management System (SEMS). The EOM supports California's ability to provide assistance to local governments or Operational Areas when disasters overwhelm available resources.

The EOM was developed by a workgroup of representatives and subject matter experts from local emergency medical services agencies (LEMSAs), local health departments (LHDs), local environmental health departments (EHDs), Regional Disaster Medical Health Specialists (RDMHSs), the California Department of Public Health (CDPH), the Emergency Medical Services Authority (EMSA) and the California Emergency Management Agency (Cal EMA). The EOM builds on previous efforts to provide guidance on the roles, procedures, and coordination between California's many partners in the Public Health and Medical System. The EOM's foundation was established by the following predecessor documents:

- The California Disaster Medical Operations Manual (CDMOM) issued by EMSA in 2008.
- The Interim California Disaster Health Operations Manual (Interim CDHOM) issued by CDPH and EMSA in 2009.
- The State Emergency Plan (SEP) revised by Cal EMA in 2009. The SEP includes California Emergency Function 8 (CA-EF8), Public Health and Medical, under the leadership of the California Health and Human Services Agency.
- California Health and Safety Code §1797.152 that establishes the Regional Disaster Medical and Health Coordinator (RDMHC).
- California Health and Safety Code §1797.153 that establishes the Medical Health Operational Area Coordinator (MHOAC).

The EOM recognizes the inherent variability in demographic, geographic and cultural aspects among California's many local governments and Operational Areas. Furthermore, local governments and Operational Areas may vary in their organizational approach to emergency response activities. The EOM specifically focuses on standardized operational processes that support the ability of the State to provide assistance during disasters that exceed the resource capacity of an individual Operational Area.

California's dynamic environment, frequent disasters, and changing circumstances will provide the experience that informs the evolution of the processes described in the EOM. CDPH and EMSA are committed to ongoing maintenance of the EOM as the Public Health and Medical System continues to evolve and improved processes are identified.

INTRODUCTION

PURPOSE AND SCOPE

The purpose of the California Public Health and Medical Emergency Operations Manual (EOM) is to build a common operational framework that strengthens the ability of the Public Health and Medical System to rapidly and effectively respond to emergencies. A common operational framework supports effective information flow between local, regional, and State partners and supports efficient response when additional resources are needed during emergencies that exceed local response capabilities.

The Public Health and Medical System includes many public and private partners. The majority of health care system assets are privately owned. During disasters, coordination among public and private partners is essential to effective emergency management. The operational processes identified in this manual will enhance coordination among system participants, and by so doing, help save lives and protect the public's health.

This manual builds upon the Standardized Emergency Management System (SEMS) and the State Emergency Plan (SEP) to further define the role of key participants in the Public Health and Medical System during emergencies. It supports the development of the California Emergency Function 8 (CA-EF8) (Public Health and Medical) by standardizing operational processes and establishing performance goals.

The EOM is divided into two sections. Section I, Public Health and Medical Response Functions, includes cross-cutting chapters that focus on common operational processes that support coordinated statewide response when incidents involve the Public Health and Medical System. Section II, Function Specific Topics, provides greater detail on the response to specific types of emergencies and describes the roles of key participants in the Public Health and Medical System.

INTENDED AUDIENCE

The intended audience for the EOM includes:

- Local Health Departments (LHDs);
- Local Health Officers (LHOs);
- Local Environmental Health Departments (EHDs);
- Local Emergency Medical Services Agencies (LEMSAs);
- County Departments of Mental Health;
- Local Emergency Management Agencies;

- Health Care Facilities (HCFs), including but not limited to hospitals, community clinics and skilled nursing facilities;
- Emergency Medical Services (EMS) Providers;
- Tribal Health Entities;
- Medical Health Operational Area Coordination (MHOAC) Programs;
- Regional Disaster Medical and Health Coordination (RDMHC) Programs;
- State Agencies and Departments, including but not limited to:
  - California Health and Human Services Agency (CHHS);
  - California Department of Public Health (CDPH);
  - Emergency Medical Services Authority (EMSA);
  - California Department of Health Care Services (DHCS);
  - California Emergency Management Agency (Cal EMA);
- Other Government Agencies involved in Public Health and Medical Emergency Response;
- Non-Governmental, Community-Based and Faith-Based Organizations involved in Public Health and Medical Emergency Response; and
- Federal Agencies and Departments, including but not limited to:
  - United States Department of Health and Human Services (HHS);
  - Centers for Disease Control and Prevention (CDC);
  - Assistant Secretary for Preparedness and Response (ASPR);
  - Centers for Medicare and Medicaid Services (CMS);
  - United States Food and Drug Administration (FDA); and
  - Indian Health Service (IHS).

ASSUMPTIONS

The following planning assumptions are incorporated into the EOM:

General

- Emergencies may result in:
  - Casualties and fatalities;
  - Disruption to EMS systems;
  - Damage to public health and medical infrastructure, including but not limited to:
    - Hospitals;
    - Community clinics;
    - Skilled nursing facilities;
    - Other licensed HCFs and providers;

    - Drinking water systems; and
    - Components of food production and distribution.
  - Exposure to hazardous materials or infectious/communicable disease agents; and
  - Other impacts to public health, environmental health, or emergency medical services.
- SEMS will be used to manage emergencies in the State of California.
- The Public Health and Medical System includes a variety of entities and resources, most of which are privately owned.
- Emergencies involving the Public Health and Medical System will rely heavily on multi-agency coordination.
- Mutual aid and cooperative assistance will be rendered to the extent available when affected jurisdictions exhaust or anticipate exhausting their resources.

Field / Local Government / Operational Area

- Field-level entities (e.g., hospitals, community clinics, EMS providers) and response, support and coordinating agencies (e.g., LHD, EHD, and LEMSA) should enter into agreements to support the sharing and acquisition of resources during emergencies.
- Each Operational Area will have a MHOAC Program that addresses the key functions outlined in this manual.
- Medical and Health Situation Reports will include a minimum set of data elements and these reports will be shared with response, support and coordinating partners during unusual events and emergencies.
- Health and medical resource requests will include a minimum set of data elements.

Region / State

- Each Mutual Aid Region will have an RDMHC Program that will provide support and coordination to affected Operational Areas during emergencies.
- CDPH and EMSA will maintain Duty Officer Programs.
- CDPH and EMSA will jointly operate the Joint Emergency Operations Center (JEOC) to coordinate CDPH, EMSA and DHCS response and support the Regional Emergency Operations Centers (REOCs) and State Operations Center (SOC) during emergencies.
- State agencies with regulatory or statutory responsibilities will continue to fulfill those responsibilities during emergencies, including the provision of essential services.
- State agencies will provide support to mitigate the effects of an emergency in accordance with the California Emergency Services Act (ESA) and the SEP.

Federal

- Federal agencies will follow the National Incident Management System (NIMS) and integrate into SEMS during emergencies that affect California.

This page intentionally left blank.

PUBLIC HEALTH AND MEDICAL COORDINATION

INTRODUCTION

The primary goal of this manual is to strengthen coordination among public and private entities involved in the Public Health and Medical System when unusual events and emergencies occur. This is particularly important when large scale emergencies exceed the response capacity of the Operational Area and require coordination with additional partners beyond "routine business."

California's Public Health and Medical System relies upon specific coordination programs that support public health and medical activities while integrating into the existing emergency management structure. These coordination programs, including the Medical Health Operational Area Coordination (MHOAC) Program and Regional Disaster Medical and Health Coordination (RDMHC) Program, are described in greater detail later in this chapter. The operational processes described in this manual support California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS). The table below identifies the five SEMS levels and the corresponding functional entities within the Public Health and Medical System:

SEMS LEVEL	ENTITY WITH PUBLIC HEALTH AND MEDICAL ROLE
State	State agencies with a public health and medical role, including but not limited to: • California Department of Public Health (CDPH), including Duty Officer Program and/or Joint Emergency Operations Center (JEOC) if activated. • Emergency Medical Services Authority (EMSA), including Duty Officer Program and/or JEOC if activated. • California Department of Health Care Services (DHCS). • California Emergency Management Agency (Cal EMA) Executive Duty Officer and/or State Operations Center (SOC) if activated. • California State Warning Center (CSWC) operated by Cal EMA.
Region	• Regional Disaster Medical and Health Coordination (RDMHC) Program. • Cal EMA Regional Duty Officer or Regional Emergency Operations Center (REOC) if activated.
Operational Area	• Medical Health Operational Area Coordination (MHOAC) Program. • Operational Area Emergency Operations Center (EOC) if activated.
Local (City/County/ Special District)	• Local Health Department (LHD). • Local Environmental Health Department (EHD). • Local Emergency Medical Services Agency (LEMSA). • Local Emergency Management Agencies. • Department/Agency Departmental Operations Centers (DOCs). • Local Government EOCs.
Field	• Numerous organizations/entities including but not limited to hospitals, EMS providers, community clinics, skilled nursing facilities, laboratories, public water systems and dispatch centers.

THE ROLE OF PUBLIC HEALTH AND MEDICAL SYSTEM COORDINATION IN EFFECTIVE EMERGENCY MANAGEMENT

SEMS provides the fundamental structure for emergency response in California, incorporating the use of the Incident Command System, Operational Area concept, multi-agency coordination, and California Disaster and Civil Defense Master Mutual Aid Agreement. The SEP, in accordance with the California Emergency Services Act, outlines the activities of all California jurisdictions within a statewide emergency management system. This manual builds upon the foundation established by SEMS and the SEP to strengthen emergency response within the Public Health and Medical System.

Within the Public Health and Medical System, coordinating functions exist at the level of the Operational Area, Mutual Aid Region, and State. Within the Operational Area, the **MHOAC Program** coordinates the functions identified in Health and Safety Code §1797.153 (see Appendix A). Within the Mutual Aid Region, the **RDMHC Program** coordinates the functions identified in Health and Safety Code §1797.152 (see Appendix B). At the State level, State agencies coordinate their activities to support emergency response. CDPH functions as the lead State agency for public health and EMSA functions as the lead State agency for medical, including emergency medical services.

Cal EMA maintains and operates three REOCs and the SOC. Within each REOC and the SOC, a Medical and Health Branch (or CA-EF8 function) may be activated to coordinate and support public health and medical activities. State agencies also maintain and operate EOCs specific to their mission. CDPH, EMSA and DHCS coordinate operations at the JEOC during emergencies. The JEOC is a State-level public health, environmental health, and medical emergency operations center that coordinates information and resources to support California's public health and medical response.

Standardized operational processes enhance coordination and facilitate the communication of situational information and resource needs between response partners. The primary focus of this manual is the standardization of operational processes between Operational Areas and the Region/State. This manual identifies baseline expectations of Operational Areas but does not specify how local governments organize within their Operational Area to achieve these expectations. The term "local policies and procedures" as used throughout this manual encompasses all of the policies and procedures developed for emergency response activities at the field, local government and Operational Area levels.

The following sections provide baseline recommendations for these important coordination programs within the Public Health and Medical System.

MEDICAL HEALTH OPERATIONAL AREA COORDINATION PROGRAM

The MHOAC Program is based on the functional activities described in Health and Safety Code §1797.153 (see Appendix A). Within each Operational Area, the Health and Safety Code authorizes

the county health officer and local emergency medical services administrator to jointly act as the MHOAC or appoint another individual to fulfill the responsibilities.

The Health and Safety Code directs the appointed MHOAC as follows: "The MHOAC shall recommend to the Operational Area Coordinator of the Office of Emergency Services a medical and health disaster plan for the provision of medical and health mutual aid within the Operational Area." Furthermore, "the medical and health disaster plan shall include preparedness, response, recovery and mitigation functions in accordance with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code, and at a minimum, the medical and health disaster plan, policy and procedures shall include all of the following:

1) Assessment of immediate medical needs.
2) Coordination of disaster medical and health resources.
3) Coordination of patient distribution and medical evaluation.
4) Coordination with inpatient and emergency care providers.
5) Coordination of out-of-hospital medical care providers.
6) Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services.
7) Coordination of providers of non-fire based pre-hospital emergency medical services.
8) Coordination of the establishment of temporary field treatment sites.
9) Health surveillance and epidemiological analyses of community health status.
10) Assurance of food safety.
11) Management of exposure to hazardous agents.
12) Provision or coordination of mental health services.
13) Provision of medical and health public information protective action recommendations.
14) Provision or coordination of vector control services.
15) Assurance of drinking water safety.
16) Assurance of the safe management of liquid, solid, and hazardous wastes.
17) Investigation and control of communicable disease."

Health and Safety Code §1797.153 specifies that the appointed MHOAC is responsible for ensuring the development of the medical and health disaster plan in cooperation with the:

- County office of emergency services;
- Local health department;
- Local health officer;
- Local environmental health department;
- Local department of mental health;
- Local emergency medical services agency;

- Local fire department;
- Regional Disaster Medical and Health Coordinator; and
- Regional office of Cal EMA.

Within each Operational Area, it is strongly recommended that a MHOAC be designated and a comprehensive MHOAC Program be developed to meet the 17 functions outlined in Health and Safety Code §1797.153. The MHOAC Program may involve various organizations (e.g., LHD, EHD, LEMSA) at various locations (e.g., DOCs, Operational Area EOC).

In order to accomplish the 17 functions specified in statute, a comprehensive MHOAC Program will:

- ☐ Maintain a 24 hour-per-day, 365 day-per-year single point of contact for the MHOAC Program and provide contact information to the RDMHC Program who provides this information to CDPH and EMSA.
- ☐ Ensure that contact information is readily available to Public Health and Medical System participants within the Operational Area.
- ☐ Provide trained backup personnel capacity during emergencies.
- ☐ Provide situational reports in accordance with the processes identified in this manual.
- ☐ Maintain a directory of public health, environmental health, and EMS resources, including equipment, supplies, personnel and facilities within the Operational Area.
- ☐ Coordinate the identification, acquisition and delivery of Public Health and Medical mutual aid and assistance within the Operational Area.
- ☐ Utilize resource requesting and management procedures in accordance with the processes identified in this manual.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

In accordance with the preparedness, response, recovery and mitigation functions outlined in Health and Safety Code §1797.153, the MHOAC Program in each Operational Area is encouraged to develop policies and procedures that apply uniformly throughout the Operational Area so that basic operational processes involving the Public Health and Medical System, e.g., situation reporting and resource requesting, are well understood and practiced. This will enhance coordination between the Operational Area and successive SEMS levels so that situational awareness is maintained and resources can be provided as efficiently as possible if requested.

REGIONAL DISASTER MEDICAL AND HEALTH COORDINATION PROGRAM

Similar to the MHOAC Program, it is recognized that effective regional coordination requires a comprehensive RDMHC Program.

The Regional Disaster Medical and Health Coordinator (RDMHC) is an appointed position in each of the six Mutual Aid Regions established by Health and Safety Code §1797.152 (see Appendix B). The RDMHC coordinates disaster information and medical and health mutual aid and assistance within the Mutual Aid Region or in support of other affected Mutual Aid Region(s). The RDMHC may be a county health officer, county coordinator of emergency services, local emergency medical services administrator, or local emergency medical services medical director. Appointees are nominated by a plurality of the votes of local health officers in the Mutual Aid Region and jointly appointed by the Directors of CDPH and EMSA.

The Regional Disaster Medical and Health Specialist (RDMHS) is a component of the RDMHC Program who directly supports regional preparedness, response, mitigation and recovery activities.

Similar to the MHOAC Program, effective coordination within the Mutual Aid Region may require the involvement of various organizations and State agencies (e.g., CDPH and EMSA). The support of activated Medical and Health Branches at REOCs is coordinated by RDMHC Programs, CDPH and EMSA.

In order to accomplish the functions specified in statute, a comprehensive RDMHC Program will:

- ☐ Maintain a 24 hour-per-day, 365 day-per-year single point of contact for the RDMHC Program and provide contact information to the MHOAC Programs within the Mutual Aid Region, CDPH and EMSA.
- ☐ Provide the 24 hour-per-day, 365 day-per-year single point of contact information for the MHOAC Programs in the Mutual Aid Region to CDPH and EMSA.
- ☐ Provide trained backup personnel capacity during emergencies.
- ☐ Coordinate with MHOAC Programs in the Mutual Aid Region to ensure that all 17 MHOAC Program functions are met.
- ☐ Ensure that situational information is provided in accordance with the processes identified in this manual.
- ☐ Coordinate with MHOAC Programs in the Mutual Aid Region to maintain directories of public health, environmental health, and EMS resources, including equipment, supplies, personnel and facilities, within each Operational Area.
- ☐ Coordinate the identification, acquisition and delivery of Public Health and Medical mutual aid and assistance to affected Operational Areas within the Mutual Aid Region, or if necessary, to affected Operational Areas in other Mutual Aid Regions.
- ☐ Utilize resource requesting and management procedures in accordance with the processes identified in this manual.
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH AND EMERGENCY MEDICAL SERVICES AUTHORITY

CDPH functions as the lead State agency for public health and EMSA functions as the lead State agency for medical, including emergency medical services. In addition to conducting program activities in accordance with statutory and regulatory authorities, CDPH and EMSA conduct operations to support California's public health and medical response during emergencies.

CDPH and EMSA operate Duty Officer Programs on a 24 hour-per-day, 365 day-per-year basis. The CDPH and EMSA Duty Officer Programs receive notifications from internal and external sources regarding emerging public health, environmental health, and medical events and notify appropriate State level programs and local partners to increase awareness when a threat is approaching or imminent. When unusual events occur that require additional coordination and communication, the CDPH and/or EMSA Duty Officer Programs notify management, internal programs, local partners, and other State agencies in accordance with established policies and procedures. When incidents require further coordination, CDPH, EMSA and the DHCS activate the JEOC to coordinate information and resources in support of California's public health and medical response.

SECTION I

PUBLIC HEALTH AND MEDICAL RESPONSE FUNCTIONS

This page intentionally left blank.

INCIDENT CONSIDERATIONS

INTRODUCTION

Incidents with public health and medical impact often require the coordinated involvement of emergency medical services, public health, environmental health, and health care providers. Key incident characteristics must be quickly determined and communicated in order to establish a common operating picture. This chapter identifies standardized terminology to assist response, support and coordinating partners to communicate more effectively during incidents with public health and medical implications.

Throughout this manual, three descriptive conditions are used to establish a common framework for operational response. These conditions are:

- Day-to-Day Activities;
- Unusual Events; and
- Emergency System Activation.

Day-to-Day Activities

Entities within the Public Health and Medical System conduct a myriad of **day-to-day activities** that may be described as "routine business". Local health departments (LHDs), local environmental health departments (EHDs), local emergency medical services agencies (LEMSAs) and State agencies conduct activities related to their statutory and regulatory authorities and responsibilities. On a daily basis, 911 calls lead to the dispatch of first responders and EMS providers, although these individual emergencies generally do not impact or threaten the overall capacity of the Operational Area to respond. Other activities are undertaken on a daily basis to maintain systems important to public health, environmental health, and emergency medical services.

Unusual Event

An **unusual event** is defined as an incident that significantly impacts or threatens public health, environmental health or emergency medical services[1]. An unusual event may be self-limiting or a precursor to emergency system activation. The specific criteria for an unusual event include any of the following:

[1] Please note that the EOM definition of "unusual event" is broadly applicable and differs from the specialized use of this term in reference to nuclear reactors. The Nuclear Regulatory Commission defines an unusual event as the potential degradation in the safety level of a nuclear power plant or nonpower reactor. It is the lowest emergency classification for nuclear reactors. No release of radioactive material requiring offsite response or monitoring is expected unless further degradation occurs.

- 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, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

Emergency System Activation

Emergency system activation occurs when Department Operations Centers (DOCs) and/or Emergency Operation Centers (EOCs) are activated within the Operational Area.

PUBLIC HEALTH AND MEDICAL INCIDENT LEVEL

The Public Health and Medical 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).
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.
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.

Level 1 Public Health and Medical Incident

A Level 1 Public Health and Medical Incident can be adequately mitigated using available health and/or medical resources from within the affected Operational Area or by accessing resources from other Operational Areas through existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

During Level 1 Incidents, a variety of response partners may be involved depending on the nature of the incident, including LEMSA, LHD, EHD and other Public Health and Medical System participants. The MHOAC Program should be notified of Level 1 Public Health and Medical Incidents, including the need for accessing resources through existing agreements, and assist in accordance with local policies and procedures. Health and medical resource requests within the Operational Area should be coordinated according to local policies and procedures.

Level 1 Public Health and Medical Incidents may require emergency system activation, including activation of DOCs or EOCs within the Operational Area.

Level 2 Public Health and Medical Incident

A Level 2 Public Health and Medical Incident requires health and/or medical resources from other Operational Areas within the Mutual Aid Region beyond those available through existing agreements and may include the need for distribution of patients to other Operational Areas. During a Level 2 Public Health and Medical Incident, resource requests should be coordinated by the MHOAC Program of the affected Operational Area as detailed in the Resource Management chapter of this manual.

A Level 2 Public Health and Medical Incident will typically require assistance from the RDMHC Program within the Mutual Aid Region and may require emergency system activation, including activation of DOCs or EOCs within the Operational Area and Mutual Aid Region.

Level 3 Public Health and Medical Incident

During a Level 3 Public Health and Medical Incident, the need for health and/or medical resources exceeds the response capabilities of the affected Operational Area and associated Mutual Aid Region. This determination is made from an assessment of health and medical resources relative to current and expected demands. As with Level 2 Public Health and Medical Incidents, requests for health and medical resources are coordinated by the MHOAC Program within the affected Operational Area(s), working in conjunction with the RDMHC Program(s), as detailed in the Resource Management chapter of this manual.

A Level 3 Public Health and Medical Incident will lead to activation of DOCs/EOCs within the Operational Area, Mutual Aid Region, and State.

If there is a clear need for significant out-of-region resources, or if communication with the affected area(s) is not available, State and/or federal government response agencies may begin mobilizing and pre-positioning resources while awaiting local requests.

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS

The designation of Public Health and Medical Incident Level 1, 2 or 3 describes the need for resources. It is also important to assess and report the operational status of the Public Health and Medical System within the Operational Area. While these two assessments are likely to track in parallel, each provides different information on the impact of the emergency.

Public Health and Medical System Status is assessed using a color-coded system that describes conditions along a continuum from normal daily operations to major disaster. This system is generally modeled after the system developed to assess and report Health Care Surge Level described in CDPH's *Standards and Guidelines for Healthcare Surge During Emergencies.*

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	**Condition**
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.

COMMUNICATION AND INFORMATION MANAGEMENT

INTRODUCTION

Sharing information with horizontal and vertical response partners supports situational awareness and decision-making at all levels of emergency management. Timely communication of incident information, including impact to the Public Health and Medical System, current and anticipated resource needs, and the capacity to respond are essential to developing a common operating picture.

This chapter addresses how information flows within the Public Health and Medical System and between the Public Health and Medical System and emergency management when the system is affected beyond ordinary day-to-day activities. Three conditions are identified, along with triggers for transitioning from one operating condition to the next:

- Day-to-Day Activities;
- Unusual Events; and
- Emergency System Activation.

INFORMATION SHARING

Day-to-Day Activities

Information routinely flows between Public Health and Medical System participants, including but not limited to local health departments (LHDs), local environmental health departments (EHDs), local emergency medical services agencies (LEMSAs), health care facilities and State and federal agencies in accordance with statutory and regulatory requirements. When an operational problem occurs in the course of ordinary day-to-day activities, relevant information should be reported to the appropriate local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. See Figure 1 at the end of this chapter.

Unusual Events

Beyond ordinary day-to-day activities, unusual events may occur that do not rise to the level of an emergency but warrant enhanced situational awareness and notification of partners. See Figure 2 at the end of this chapter. An unusual event may be self-limiting or a precursor to emergency system activation. As described in the previous chapter, an unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or medical services. It is important to note that the determination of "significant impact or threat" is applied within the context of a reference baseline for the affected jurisdiction. An incident may significantly disrupt essential Public Health and Medical System services in one county while a similar occurrence in

another county may have minimal impact on Public Health and Medical System services. The triggers that prompt transition from routine, day-to-day information flow to enhanced information sharing associated with unusual events 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, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

Emergency System Activation

For the purpose of this manual, emergency system activation occurs when an incident leads to activation of Department Operations Centers (DOCs) and/or Emergency Operation Centers (EOCs). See Figure 3 at the end of this chapter. Emergency system activation should trigger an enhanced level of information sharing to support the needs of the incident. Particularly during a large-scale disaster that triggers the activation of multiple DOCs and EOCs, the need for accurate and reliable information grows significantly.

Situational reporting provides the foundation for support and coordination and facilitates resource acquisition. A Medical and Health Situation Report should be completed and submitted in accordance with the guidance provided in this manual when an unusual event or emergency system activation occurs. Further information is provided below.

NOTIFICATION AND INITIAL ACTIVITIES

When an unusual event or emergency system activation occurs, providing incident information to response partners is critical. Prompt notification of response partners is likely to reduce incoming requests for information from multiple sources and allow response partners to anticipate the need for additional resources to support the affected jurisdiction.

Notification methods may include email, telephone, pager or a combination of these through the California Health Alert Network (CAHAN). The method utilized typically reflects the urgency associated with the specific incident. Additional notifications may be sent to inform partners of new information or changes in situation status. Other relevant activities should be undertaken as soon as possible, e.g., establishing communication with affected entities and response agencies, verifying reported information, etc.

The flow of notifications depends on the originating source of information; awareness may originate at the field level (see Figure 4) or the State level (see Figure 5).

Notification and Initial Activities – When Awareness Originates at Field Level

Field-level participants in the Public Health and Medical System may become aware of a public health or medical incident and should notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. The following section describes notification and initial activities during unusual events and emergency system activations when incident awareness originates at the field level. See Figure 4 at the end of this chapter for a summary of key notification activities.

Affected Field Level Entities

☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.

LHD/EHD

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
- MHOAC Program; and
- CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

LEMSA

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
- MHOAC Program.

MHOAC Program

☐ Establish an incident-specific communication plan with involved entities.

☐ Verify any unusual situational information with affected entities.

☐ Notify the RDMHC Program. Include the following information if known:

- Brief description of incident;
- Anticipated support and/or resource needs (if any); and

- Communicate the expected time when the Medical and Health Situation Report will be submitted.

☐ Notify the local emergency management agency in accordance with local policies and procedures.

☐ Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).

☐ Provide support to the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

☐ Establish incident-specific communication with the MHOAC Program in the affected Operational Area.

☐ Verify situational information with the MHOAC Program.

☐ Notify the CDPH and/or EMSA Duty Officer Program (or JEOC if activated).

☐ Notify emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).

☐ Notify the MHOAC Program(s) in unaffected Operational Areas within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.

☐ If the State has requested a Medical and Health Situation Report, notify the MHOAC Program immediately of request.

☐ Monitor the situation to identify immediate or impending response needs and take appropriate action.

☐ In consultation with CDPH and EMSA, prepare to support the Medical and Health Branch of the REOC if activation is anticipated.

CDPH and/or EMSA Duty Officer Program (or JEOC if activated):

☐ Share information with State agencies, including Cal EMA, in accordance with policies and procedures.

Notification and Initial Activities – When Awareness Originates at State Level

The following section describes notification and initial activities during unusual events and emergency system activations when incident awareness originates at the State level. See Figure 5 at the end of this chapter for a summary of key notification activities.

California State Warning Center

- ☐ Notify CDPH and EMSA Duty Officer Programs.

CDPH and/or EMSA Duty Officer Program (or JEOC if activated)

- ☐ Notify State agencies in accordance with policies and procedures.
- ☐ Notify the RDMHC Program in accordance with policies and procedures.
  - Request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to MHOAC Program if acknowledgement of notification is not received from the RDMHC Program within 15 minutes.
  - Notify the RDMHC Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA.
- ☐ The CDPH Duty Officer Program will notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.

RDMHC Program

- ☐ Establish incident-specific communication with the MHOAC Program in the affected Operational Area.
- ☐ Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policy and procedures.
- ☐ Verify situational information with the MHOAC Program.
- ☐ Coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Monitor the situation to identify immediate or impending response needs and take appropriate action.
- ☐ Contact the MHOAC Program(s) in neighboring Operational Areas within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.
- ☐ In consultation with CDPH and EMSA, prepare to support the Medical and Health Branch of the REOC if activation is anticipated.

MHOAC Program

- ☐ Establish an incident-specific communication plan with involved entities.

- ☐ Verify any unusual situational information.
- ☐ Contact the RDMHC Program and provide the following information if known:
  - Brief description of incident;
  - Anticipated support and/or resource needs (if any); and
  - Communicate the expected time when the Medical and Health Situation Report will be submitted.
- ☐ Notify local agencies (LHD, LEMSA and local emergency management) in accordance with local policies and procedures.
- ☐ If the incident is deemed an unusual event or leads to emergency system activation, prepare and submit the Medical and Health Situation Report to the RDMHC Program, CDPH and/or EMSA Duty Officer Programs (or JEOC if activated), in addition to local emergency management and other agencies in accordance with local policies and procedures.
- ☐ Provide support to the Medical and Health Branch of the Operational Area EOC if activation is anticipated.

LHD, EHD and/or LEMSA

- ☐ Notify appropriate field-level entities in accordance with local policies and procedures.

MEDICAL AND HEALTH SITUATION REPORTING

Sharing appropriate situational information as soon as possible and throughout an incident will assist with all aspects of emergency management. Achieving a common operating picture allows on-scene response personnel and entities involved in support and coordination, including those at DOCs and EOCs, to share common information about the incident. It also supports decision-making and reduces the frequency of information-seeking inquiries from outside the affected area.

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 unusual event or emergency. It is expected that the MHOAC Program will prepare the Medical and Health Situation Report for the Operational Area and share this information with relevant partners representing the Public Health and Medical System, including the RDMHC Program, CDPH and/or EMSA Duty Officer Programs (or JEOC if activated), and local, regional and State emergency management agencies at all SEMS levels so that relevant medical and health information can be incorporated into more comprehensive situation reports.

CDPH, EMSA or the JEOC may request a Medical and Health Situation Report from the RDMHC Program if the MHOAC Program does not initiate one. A minimum set of data elements should be included in all Medical and Health Situation Reports. See table below.

MINIMUM DATA ELEMENTS MEDICAL AND HEALTH SITUATION REPORT	
Report Type	Initial Update Final
Report Status	Advisory: No Action Required Alert: Action Required
Report Creation Date/Time	Date Time
Incident Information	Operational Area Mutual Aid Region Incident Name Incident Date Incident Time Incident Location Estimated Population Affected Public Health and Medical Incident Level
Report Creator Information	Name Agency Position Telephone, Cell, Pager, Email, etc.
Current Condition of the Public Health and Medical System	**Green**: The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required. **Yellow**: The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required. **Orange**: The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area. **Red**: The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area. **Black**: The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area. **Grey**: Unknown.
Prognosis	No Change Improving Worsening

Current Situation	Describe
Current Priorities	Describe
Critical Issues/Actions Taken	Describe
Activities	Describe
Emergency Proclamations/Declarations	Describe
Health Advisories/Orders	Describe
Primary Public Health and Medical Contact within Operational Area	Name Agency Title Cell, Pager, Email, etc.

An electronic version of the Medical and Health Situation Report is available for download from the California Health Alert Network (CAHAN) document library. In CAHAN, go to Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM → Electronic SIT REP. Alternatively, Appendix C of this manual contains the Medical and Health Situation Report form which may be copied and used for emergency purposes. Please be aware that the Medical and Health Situation Report will be updated and revised over time and the most current version will be available on CAHAN.

Medical and Health Situation Reporting Activities

The following activities involving Medical and Health Situation Reporting should occur during unusual events and emergency system activations. See Figure 6 at the end of this chapter.

Affected Field Level Entities

☐ Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.

LHD, EHD and/or LEMSA

☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

MHOAC Program

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;

- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Provide updated Medical and Health Situation Reports as follows:

- 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 as communicated by the RDMHC Program.

☐ Maintain the Medical and Health Situation Report information as a part of the incident historical document file.

RDMHC Program

☐ Confirm receipt of the Medical and Health Situation Report and verify information with the MHOAC Program.

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.

☐ Inform the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) of any additional relevant information; also inform the Cal EMA Regional Duty Officer (or REOC if activated) in accordance with policies and procedures.

☐ Identify immediate or impending response needs and take appropriate action upon receiving the Medical and Health Situation Report.

☐ Establish and communicate the expected Medical and Health Situation Report update frequency (e.g., once per operational period at 0800).

☐ Disseminate the Medical and Health Situation Report horizontally throughout the Mutual Aid Region, including MHOAC Programs, per policies and procedures.

CDPH and/or EMSA Duty Officer Program (or JEOC if activated)

☐ Confirm receipt of Medical and Health Situation Reports with submitting entity.

- ☐ Collect and assimilate Medical and Health Situation Reports from affected Operational Areas.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute to RDMHC Programs, MHOAC Programs, Cal EMA, CHHS and other stakeholders at least once per operational period.

CALIFORNIA HEALTH ALERT NETWORK

The California Health Alert Network (CAHAN) is a secure, web-based communication and information system available on a 24 hour-per-day, 365 day-per-year basis for distribution of health alerts, dissemination of guidance documents, coordination of disease investigation efforts, preparedness planning, and other activities that strengthen State and local emergency preparedness and response.

CDPH administers CAHAN to facilitate alerting and collaboration between State agencies and programs, federal agencies, LHDs, EHDs, LEMSAs, hospitals, community clinics, long term care facilities, Indian Health entities and other Public Health and Medical System partners.

Primary CAHAN functions include alerting via multiple communication methods (pager, email, fax, land line and cellular telephone); a role-based directory that allows communication between specific groups; and the ability to share information in a collaborative environment.

At the State level, CAHAN alerts are sent out in response to the following:

- JEOC activation, deactivation or change in status;
- Emergency declaration/proclamation;
- Disease outbreak;
- BioWatch notification;
- Public health guidance issued by CDPH, U. S. Centers for Disease Control and Prevention (CDC), or other State or federal agency;
- Issuance of CDPH Licensing and Certification “All Facilities Letter”;
- Health alert received from CDC;
- State or federal activity such as data collection involving available hospital beds; and
- Other significant events relevant to entities/organizations in the Public Health and Medical System, e.g., notification of Emergency Use Authorization by the U.S. Food and Drug Administration.

At the local level, CAHAN alerts are sent out in response to the following:

- DOC/EOC activation, deactivation or change in status;
- Emergency declaration/proclamation;

- Activation of Points-of-Dispensing (PODs) and Strategic National Stockpile (SNS) deployment;
- Local HCF impact during an event;
- Disease outbreak information;
- Vaccine clinic information, including locations and staffing;
- Public health guidance and alerts based on by guidance provided by CDPH, CDC, or other State or federal agency;
- Data collection involving available hospital beds;
- Local health alerts relevant to public health and environmental health; and
- Local alerts regarding situational awareness and emergency response.

CAHAN alerts should only be sent in support of public health and safety.

Within a county, the CAHAN system is administered by the Health Alert Network Coordinator for that county. The contact information for the HAN Coordinator for each California jurisdiction may be found on the web site www.cahanworkshops.com.

CDPH AND EMSA DUTY OFFICER PROGRAMS

The CDPH Duty Officer Program is the 24 hour-per-day, 365 day-per-year point of contact for notification of public health and environmental health incidents that are received from Cal EMA through the California State Warning Center, LHDs, EHDs, HCFs and providers, and the public. The CDPH Duty Officer Program contacts the EMSA Duty Officer Program to report events that have medical and/or EMS implications. Upon receipt of information, the CDPH Duty Officer notifies the appropriate CDPH Centers and Programs based on established protocols.

All CDPH Centers and Programs provide the CDPH Duty Officer Program with 24 hour-per-day, 365 day-per-year emergency contact information. The following CDPH programs also maintain Duty Officer Programs:

- Center for Chronic Disease Prevention and Health Promotion, Division of Environmental and Occupational Disease Control;
- Center for Environmental Health, Division of Drinking Water and Environmental Management;
- Center for Environmental Health, Division of Food, Drug and Radiation Safety, Food and Drug Branch;
- Center for Environmental Health, Division of Food, Drug and Radiation Safety, Radiologic Health Branch;
- Center for Health Care Quality, Licensing and Certification Program;
- Center for Infectious Disease, Division of Communicable Disease Control;
- Emergency Preparedness Office, Emergency Pharmaceutical Services Unit;

- Facilities Management Section;
- Office of Public Affairs; and
- Emergency Preparedness Office.

The EMSA Duty Officer Program is the 24/7 point-of-contact for notification of medical incidents that are received from Cal EMA, LEMSAs, health care delivery systems and providers, and the public. The EMSA Duty Officer contacts the CDPH Duty Officer to report incidents that have public health and/or environmental health implications.

The California State Warning Center contacts the CDPH and EMSA Duty Officer Programs by telephone, email or pager for the following:

- Earthquake with damage or injuries or above a minimum magnitude;
- Nuclear power plant incidents;
- Hazardous material releases;
- Fire;
- Tsunami advisories, watches, or warnings;
- BioWatch detection; and
- Whenever there is impact or potential impact to public health, environmental health, medical or emergency medical services.

Once the CDPH or EMSA Duty Officer Program receives notification, an established protocol is followed, based on the reported incident. The CDPH Duty Officer Program notifies the appropriate CDPH Program(s), based on the nature of the reported incident and pre-designated contacts within the LHD, EHD, or MHOAC Programs in accordance with established policies and procedures. The CDPH and/or EMSA Duty Officer Programs notify the RDMHC Program, which may in turn notify the MHOAC Program(s).

CALIFORNIA STATE WARNING CENTER

The California State Warning Center (CSWC) monitors events occurring within California and is the official point-of-contact for emergency notifications received from the National Warning System. The CDPH and/or EMSA Duty Officer Programs routinely receive notifications from the CSWC concerning incidents that may have implications for public health, environmental health, and emergency medical services.

In the event of a hazardous material release or oil spill, the CSWC notifies LHDs/EHDs directly through a HazMat Spill Report in addition to the CDPH and EMSA Duty Officer Programs.

FIGURE 1. Information Flow during Day-to-Day Activities

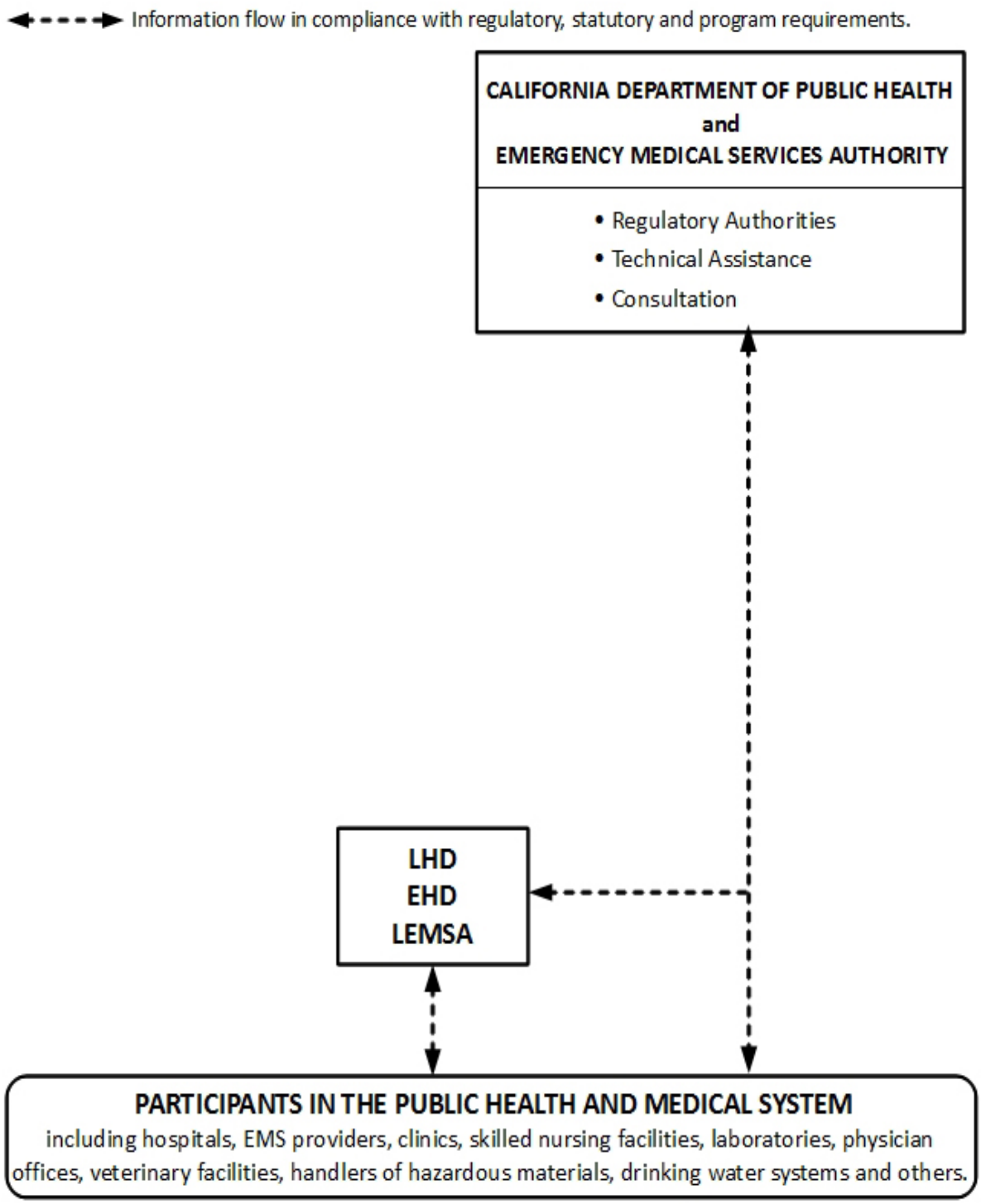


FIGURE 2. Information Flow during Unusual Events

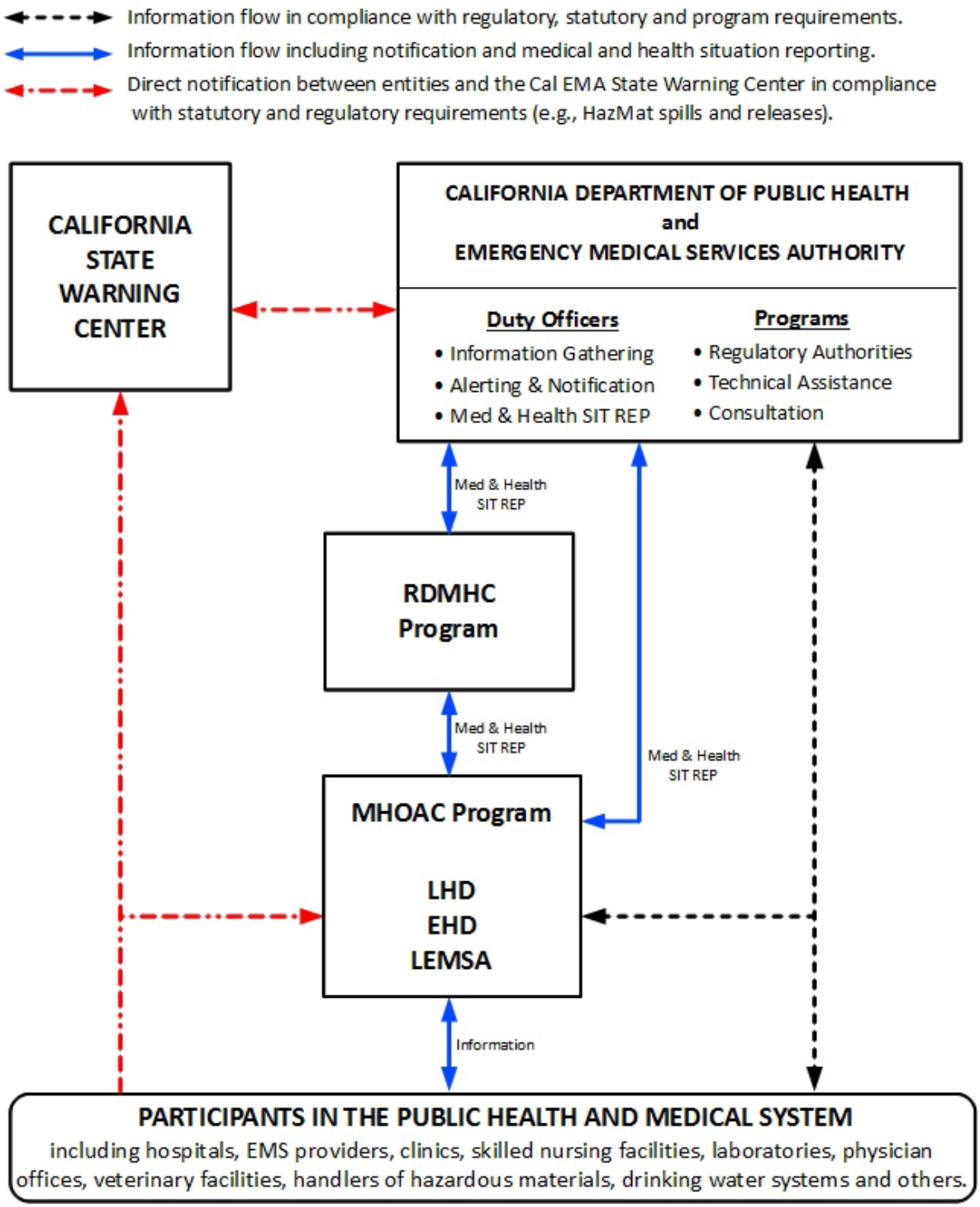


FIGURE 3. Information Flow during Emergency System Activation

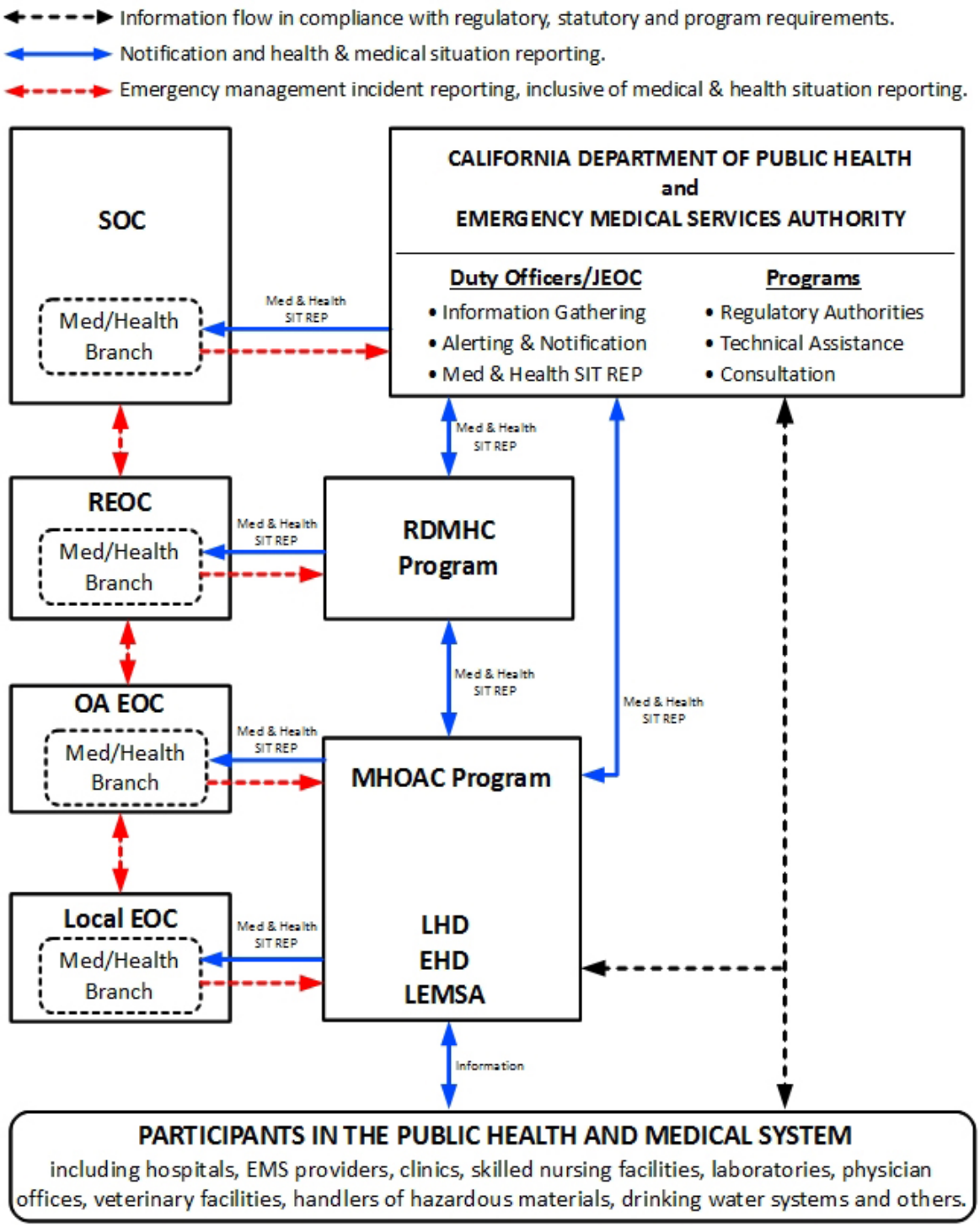


FIGURE 4. Notifications – Awareness Originates at Field Level

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE		
SEMS LEVEL	**ENTITY**	**INITIAL NOTIFICATION**
Field	**Field-Level Participants in the Public Health and Medical System, e.g.,** **Hospitals** **EMS Providers** **Community Clinics** **Skilled Nursing Facilities** **Public Water Systems** **Public Health Laboratories**	• Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
Local Gov't	**Public Health and Medical Agencies:** **LHD** **EHD** **LEMSA**	• Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. • Notify the MHOAC Program. • LHD/EHD: Notify the CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.
OA	**MHOAC Program**	• Notify the RDMHC Program in affected region. • Notify the local emergency management agency in accordance with local policies and procedures. • Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
Region	**RDMHC Program**	• Notify the CDPH and/or EMSA Duty Officer Programs. • Notify the local emergency management agency in accordance with local policies and procedures. • Notify the MHOAC Program(s) in unaffected Operational Areas within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.
State	**CDPH and EMSA Duty Officer Programs**	• Notify State agencies in accordance with policies and procedures. • Notify the RDMHC Programs in other Mutual Aid Regions if assistance is required or anticipated.
	Cal EMA State Warning Center	• Notify State agencies, including Cal EMA, in accordance with policies and procedures.

FIGURE 5. Notifications – Awareness Originates at State Level

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION STATE TO FIELD		
SEMS LEVEL	**ENTITY**	**INITIAL NOTIFICATION**
State	**Cal EMA State Warning Center**	• Notify the CDPH and EMSA Duty Officer Programs.
	CDPH and EMSA Duty Officer Programs	• Notify State agencies in accordance with policies and procedures. • Notify the RDMHC Program in accordance with policies and procedures: request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to the MHOAC Program if acknowledgement of notification is not received from the RDMHC Program within 15 minutes. Notify the RDMHC Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA. • Notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.
Region	**RDMHC Program**	• Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policies and procedures. • Notify emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
OA	**MHOAC Program**	• Notify local agencies (LHD, EHD, LEMSA, emergency management) in accordance with local policies and procedures.
Local Gov't	**Public Health and Medical Agencies: LHD EHD LEMSA**	• Notify appropriate field-level entities in accordance with local policies and procedures.

FIGURE 6. Medical and Health Situation Reporting

MEDICAL AND HEALTH SITUATION REPORT UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION		
SEMS LEVEL	**ENTITY**	**ACTIVITY**
Field	**Field-Level Participants in the Public Health and Medical System, e.g., Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories**	• Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.
Local Gov't	**Public Health and Medical Agencies: LHD, EHD, LEMSA**	• Provide situational information to the MHOAC Program in accordance with local policies and procedures.
OA	**MHOAC Program**	• Within 2 hours of incident recognition, prepare and submit initial Medical and Health Situation Report to: (1) RDMHC Program; (2) CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); and (3) emergency management agency for the OA (or OA EOC if activated) in accordance with local policies and procedures. Under pressing circumstances, the initial Situation Report may be verbally delivered. Update as agreed or pursuant to change in status but no less than once per operational period.
Region	**RDMHC Program**	• Confirm that the MHOAC Program submitted the Medical and Health Situation Report to CDPH and/or EMSA Duty Officer Programs and the emergency management agency for the OA (or OA EOC if activated) in accordance with policies and procedures. • Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report in accordance with policies and procedures.
State	**CDPH and EMSA Duty Officer Programs (or JEOC if activated)**	• Share information with State agencies in accordance with policies and procedures. • Incorporate relevant information from Medical and Health Situation Reports into the statewide Public Health and Medical Daily Situation Report and share with Cal EMA, CHHS, RDMHC Programs, MHOAC Programs and other stakeholders at least once per operational period.

RESOURCE MANAGEMENT

INTRODUCTION

The ability of public health and medical entities to conduct operations and perform essential services during emergencies may be affected by a lack of available resources. A variety of mechanisms may be employed to provide assistance during emergencies. Within California, these mechanisms fall into two broad categories: 1) emergency assistance agreements that are established between public and private sector agencies and organizations, and 2) mutual aid as specified by the California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA). Furthermore, interstate mutual aid may be provided through the Emergency Management Assistance Compact (EMAC). EMAC is a nationally recognized state-to-state mutual aid compact that facilitates the sharing of resources across state lines during times of emergency or disaster.

Each of the participants in the Public Health and Medical System within an Operational Area should understand the process used to request resources during emergencies. Familiarization with this process will expedite the mobilization and delivery of available resources. This chapter describes the use of a standardized resource requesting process when the response ability of an Operational Area is exceeded. The resource requesting process should always follow the progression outlined by SEMS; e.g., a local government would not submit a request directly to the federal level.

PUBLIC HEALTH AND MEDICAL RESOURCES

The majority of medical resources are privately owned. Most hospitals, skilled nursing facilities, EMS providers and other participants in the Public Health and Medical System are private entities that own and utilize private resources to conduct their business. During a disaster that produces serious injury or illness, these components of the health care delivery system will provide vital services to save lives and care for the injured and ill.

In addition to private health care entities, local governmental agencies including the local health department (LHD), local environmental health department (EHD) and local emergency medical services agency (LEMSA) play a critical role during emergencies that impact the Public Health and Medical System. Local health officers have broad authority to take measures to protect public health during emergencies. LEMSAs coordinate disaster medical response for the EMS system. Within the Operational Area, the Medical Health Operational Area Coordination (MHOAC) Program coordinates public health and medical information and resources during emergencies; within the Mutual Aid Region, the Regional Disaster Medical and Health Coordination (RDMHC) Program coordinates public health and medical information and resources during emergencies. These jurisdictional agencies and functional coordination programs interact with State agencies including CDPH, EMSA and DHCS to provide critical resources, technical expertise and information coordination during emergencies.

The operation of the health care system is supported by payment for services, often from third party payers. During emergencies, this system historically accommodates the need to care for patients under extraordinary circumstances. For example, ambulances dispatched to a neighboring county due to a multi-casualty incident are typically eligible for payment through direct billing. The same principle applies to a hospital that accepts patients due to medical surge from a neighboring county. The payment-for-service system facilitates cooperative assistance during emergencies that cause health care surge in specific areas.

CALIFORNIA DISASTER AND CIVIL DEFENSE MASTER MUTUAL AID AGREEMENT

For both planning and response purposes, it is important to understand the distinction between "mutual aid" as defined by the California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA) and other forms of emergency assistance agreements, which are discussed in greater detail in the next section.

The MMAA specifically addresses mutual aid provided between and among the State's political subdivisions (e.g., cities, counties and special districts) and the State of California. The MMAA is intended to ensure that additional resources are provided to the State's political subdivisions whenever their own resources are overwhelmed or inadequate. The MMAA obligates each signatory entity to provide aid during an emergency without expectation of reimbursement, although no party is required to unreasonably deplete its own resources, facilities and/or services in furnishing mutual aid. The MMAA requires that each signatory develop a plan providing for the effective mobilization of all of its resources and facilities to cope with any type of disaster.

Throughout this document, the term "mutual aid" is applied to assistance provided under the MMAA. While other forms of emergency assistance agreements may include the provision of mutual aid in the generic sense, this document will maintain consistency with the definition established by the MMAA.

EMERGENCY ASSISTANCE AGREEMENTS

The California State Emergency Plan promotes the establishment of emergency assistance agreements between public and private sector agencies and organizations at all levels. Emergency assistance agreements may include formal and informal day-to-day agreements, memoranda and contracts between local governments, agencies and private organizations. Emergency assistance agreements may be for generalized assistance or tailored to specific needs under specific circumstances. Such agreements may include provisions for reimbursement or other financial considerations. By establishing emergency assistance agreements in advance, the participating parties have the advantage of establishing expectations through common understanding and expediting the delivery of needed resources during emergencies. Such day-to-day assistance agreements may support operations during any condition that causes the demand for resources to

exceed the available supply. The MHOAC Program should be aware of emergency assistance agreements within the Operational Area.

There are numerous types of emergency assistance agreements that strengthen the capacity of local jurisdictions to manage local incidents. An example of this type of agreement involves the counties in Mutual Aid Regions I and VI. *The Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance* is signed by all participating county boards of supervisors and authorizes several individuals, including the local health officer and Medical Health Operational Area Coordinator, to request and/or provide emergency public health and medical assistance to the extent reasonably available to meet the needs of the requesting agency. Each party to the agreement is financially responsible for resources requested under the agreement.

During emergencies, HCFs may enter into agreements with commercial vendors or other HCFs for the rapid delivery of supplies and equipment, in addition to agreements with personnel agencies to augment staffing. Health care systems may establish internal arrangements so that system resources, including staff, equipment and supplies, may be shared among facilities within the health care system. The MHOAC Program should be informed of such arrangements.

Examples of other types of agreements include:

Local Mutual Assistance Agreement. Local mutual assistance agreements may involve jurisdictional agencies (e.g., LHD, EHD or LEMSA), non-governmental organizations (e.g., Red Cross), and public and private entities such as HCFs and vendors. The assistance provided may be non-reimbursed, provided at a pre-established rate, or require the requesting entity to reimburse the providing entity for labor costs, materials, and administration. Specific expendable supplies and materials may require reimbursement or replacement to make the assisting or cooperating agency whole, such as replacement of first aid supplies, pharmaceuticals, medical supplies, IV solutions, blood or blood products, etc. These agreements are often structured as memoranda of understanding (MOUs).

Local Automatic Aid Agreement. Public health and medical entities may establish automatic aid agreements through which resources are automatically provided from the closest available resource. Automatic aid agreements may involve jurisdictional agencies (e.g., LHD, EHD or LEMSA), non-governmental organizations (e.g., Red Cross), and public and private entities such as HCFs and vendors. The signatories agree to provide immediate assistance for normal day-to-day conditions that may or may not include “conditions of extreme peril” or declared emergencies. Typically, the assistance is provided quickly and for short duration.

When local automatic aid agreements involve jurisdictional agencies and non-governmental organizations, it is often without expectation of reimbursement. For private entities, the assistance is typically reimbursed at a pre-established rate or the requesting entity is required to reimburse the providing entity for labor costs, materials, and administration.

Local Assistance-By-Hire Agreement. Jurisdictional agencies can establish direct agreements between assisting and cooperating agencies and private providers and vendors to supply personnel, equipment, and resources on a direct payment for services basis.

Local Direct Protection Agreement. The local health officer or LEMSA Medical Director may provide direct protection or services to another jurisdictional agency through local agreement. A Local Direct Protection Agreement provides the authority for the local health officer or the LEMSA Medical Director to act on behalf of the local governing body (county board of supervisors, city council, special district board of directors, etc.) to provide direct public health and/or medical emergency management for that entity at the field level.

Examples of Local Direct Protection Agreements include:

- Statutory provisions (Health and Safety Code § 101000 et seq) call for counties and incorporated cities to establish a local health officer. The statutes allow the Health Officer appointed by the county to act as the city health officer, if the city by ordinance, resolution, or contract designates the county health officer to be the city health officer. All county health officers function under this type of agreement for incorporated cities, except for the cities of Berkeley, Long Beach, and Pasadena.
- Statutory provisions (Health and Safety Code § 1797.200 et seq) call for counties to establish a LEMSA and designate that agency shall be either the county health department, an agency established and operated by the county, an entity with which the county contracts for LEMSA administration, or a joint powers agreement for LEMSA administration between counties or between cities and counties.

MUTUAL AID REGIONS

Six Mutual Aid Regions have been established for the effective coordination of mutual aid as defined by the MMAA. See Figure 7 at the end of this chapter. The California Emergency Management Agency (Cal EMA) has divided California into three Administrative Regions (Coastal, Inland and Southern) which function through respective Regional Emergency Operations Centers (REOCs) during emergencies. The six Mutual Aid Regions fall within the Cal EMA Administrative Regions as follows:

ADMINISTRATIVE REGION	MUTUAL AID REGION(S)
Coastal Region	Mutual Aid Region II
Inland Region	Mutual Aid Regions III, IV, V
Southern Region	Mutual Aid Regions I and VI

MEDICAL AND HEALTH RESOURCE REQUESTS AND ASSISTANCE

During emergencies, requests for any medical and health resources that cannot be obtained locally or through existing agreements should follow standardized resource ordering procedures in accordance with SEMS and the Resource Management chapter of this manual. The general flow of medical and health resource requests and assistance is shown in Figure 8 at the end of this chapter.

A Medical and Health Situation Report should precede or accompany resource requests unless extraordinary circumstances prevail. The Medical and Health Situation Report, in addition to resource requests, should be entered into the Response Information Management System (RIMS) at the Operational Area level.

Figure 9 at the end of this chapter describes the primary roles and responsibilities of emergency response entities involved in the Public Health and Medical System when additional resources are needed.

During emergency system activation, entities involved in the Public Health and Medical System may require **medical and health resources**, e.g., medical equipment and supplies, medical transportation, or health care personnel. Public Health and Medical System entities may also require **non-medical and health resources**, e.g., power generators, potable water, etc.

The resource ordering point for **medical and health resources** is the MHOAC Program in accordance with local policies and procedures[2]. Local policies and procedures will determine the appropriate contact within the MHOAC Program since MHOAC Program functions are typically shared between the LHD and LEMSA. It is essential that MHOAC Program activities are conducted in coordination with the appropriate emergency management agency.

The resource ordering point for **non-medical and health resources** is also determined by local policies and procedures. Such resource requests may be directed to the MHOAC Program, and if so, it is assumed that MHOAC Program activities are conducted in coordination with the appropriate emergency management agency. If it is local policy to direct non-medical and health resource requests to the emergency management agency, the MHOAC Program should be informed in order to maintain situational awareness.

All entities in the Public Health and Medical System should be familiar with local policies and procedures when resources are needed to mitigate the effects of an emergency, including contact information for resource ordering points. In addition, all entities should be familiar with the processes described in this chapter to expedite the acquisition and delivery of needed resources.

Prior to requesting resources, the MHOAC Program should confirm the following with the requesting Public Health and Medical entity:

[2] The term “local policies and procedures” is intended to encompass all of the policies and procedures developed for emergency response activities at the field, local government and Operational Area levels.

☐ 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 or an acceptable alternative available from:

- The internal, corporate supply chain?
- Other commercial vendors?
- Through existing agreements?

☐ Have any relevant payment/reimbursement issues been addressed?

All resource requests should include the following information (minimum data elements):

MINIMUM DATA ELEMENTS RESOURCE REQUEST: MEDICAL AND HEALTH
Describe current situation. Submit Medical and Health Situation Report as soon as possible.
Describe the requested mission (e.g., ability to transport 20 critically injured pediatric patients).
Describe needed equipment, supplies, personnel, etc. and acceptable alternatives.
Provide contact information and specific delivery location with a common map reference.
Indicate if logistical support is required (e.g., food and shelter for personnel, fuel for equipment).
Indicate urgency of need.

The **Resource Request: Medical and Health** (Appendix D) contains the minimum data elements and should be used to request medical and health resources from outside the Operational Area. This form will be updated and revised over time. Please download the latest version of the Resource Request: Medical and Health from the California Health Alert Network (CAHAN) in the document library section (CAHAN → Document Library → Documents → 2 State and Local Health → # CDPH → EPO →EOM). Please remember that the Medical and Health Situation Report should precede or accompany the Resource Request: Medical and Health unless extraordinary conditions prevail.

RESOURCE MANAGEMENT PROCESS: REQUESTING RESOURCES

If additional resources are needed to mitigate the effects of an emergency, the following activities should occur:

Field-Level Entities

☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around

services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD, EHD or LEMSA

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

MHOAC Program

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

Note: If an Operational Area has existing agreements with neighboring Operational Areas and urgently requires resources, it may request and obtain those resources as needed to meet the demands of the situation, even if the neighboring Operational Area is outside of the Mutual Aid Region or Cal EMA Administrative Region.

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process; and
- Emergency management agency for the Operational Area (or Operational Area EOC if activated).

☐ Confirm that the RDMHC Program received the resource request.

☐ Confirm that the emergency management agency for the Operational Area (or Operational Area EOC if activated) received the resource request and entered it into RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources.

Note: A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

RDMHC Program

- ☐ Assist the requesting MHOAC Program in refining the resource request and/or identifying alternative resources within the Operational Area.
- ☐ Immediately begin the process of filling the request by coordinating with unaffected Operational Areas within the Mutual Aid Region if resources are not identified within the Operational Area or through existing day-to-day agreements.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.

Regional Emergency Operations Center/State Operations Center (if activated)

- ☐ If the request cannot be filled within the Mutual Aid Region, the Cal EMA Regional Duty Officer (or REOC if activated) coordinates with the other RDMHC Programs within the Cal EMA Administrative Region to fill the resource request.
- ☐ If the resource request cannot be filled within the Cal EMA Administrative Region, the request is forwarded to the Cal EMA Executive Duty Officer (or SOC if activated) to seek resource availability in unaffected Cal EMA Administrative Regions or from State agencies.
- ☐ The SOC coordinates with State agencies, other states or the Federal government to fill the request if necessary and notifies the REOC and RDMHC Program of the outcome.

Joint Emergency Operations Center (if activated)

- ☐ Monitor Medical and Health Resource Requests.
- ☐ Coordinate with State agencies to identify and mobilize medical and health resources.
- ☐ Provide CDPH and EMSA-maintained resources in accordance with policies and procedures.

RESOURCE MANAGEMENT PROCESS: MOBILIZING RESOURCES

To facilitate the effective mobilization of medical and health resources, the completed Resource Request: Medical and Health must provide clear and detailed information and instructions in the Deliver to/Report to Point of Contact section. Additional information regarding the mobilization of Personnel and Equipment/Supplies is provided below.

Personnel

- Agencies and/or organizations that agree to provide personnel resources to an affected jurisdiction should notify the personnel to mobilize and communicate detailed information regarding when and where to report for duty (e.g., Incident Command Post, Staging Area, Mobilization Center, or EOC).
- The providing agency/organization should also arrange for transportation, food, lodging, security, and other support while en route and advise the requesting jurisdiction regarding the resource's anticipated needs upon arrival.
- The MHOAC and RDMHC Programs for the requesting jurisdiction and providing agencies/organizations should ensure the mobilized personnel receive and provide:
    - Point-of-contact and delivery information that is complete, accurate, and provides the necessary detail for the personnel resource to be mobilized from portal to portal.
    - Contact information for mobilized personnel resources (cell phones, radio frequencies, etc.) while en route to allow for information sharing, notification of travel hazards, change of assignment, change in reporting location, cancellation orders, etc.
    - Clear instructions regarding the mission/task assignment.
    - Resource order number (for resource confirmation and tracking purposes).
    - Special mobilization instructions, including security or recommended equipment/personal gear they should carry, based on the anticipated length of the assignment, situation and resource availability in the affected area.

Equipment and Supplies

Organizations or vendors that agree to provide equipment or supplies to an affected jurisdiction should arrange for the material to be staged for shipment and provided with detailed information regarding delivery contact information, location and time, special delivery requirements, etc.

RESOURCE MANAGEMENT PROCESS: TRACKING RESOURCES

The providing agency and/or organization should track all resources sent to the requesting Operational Area, including the condition of the resource and anticipated return dates/times. The MHOAC Program for the providing agency and/or organization tracks all resources sent to other Operational Areas and the RDMHC Program tracks all resources between Operational Areas within their region and to other regions. The MHOAC Program for the requesting jurisdiction tracks all

resources sent to their Operational Area. In addition, the providing agency and/or organization may send an Agency Representative to the appropriate locations(s) to coordinate with the respective Liaison Officer to ensure that the resources provided are used for the appropriate assignments and to facilitate support, resolve problems, and assist with demobilization.

Upon arrival at the designated reporting location, personnel should check in with the requesting jurisdiction and notify the providing agency/organization of arrival. It becomes the responsibility of Incident Command or Unified Command to provide support and coordinate the use and tracking of personnel in accordance with field-level policies and procedures. The providing agency/organization should be notified when there is a change in status, including demobilization and pending release.

RESOURCE MANAGEMENT PROCESS: DEMOBILIZING RESOURCES

Non-personnel resources should be demobilized according to plans, policies and procedures, which may include the return of resources to vendors, suppliers, warehouses, or other originating sources. Personnel provided to the incident should be demobilized and follow checkout procedures according to local policies and procedures. Personnel may be reassigned to another mission, but the requesting jurisdiction must submit a formal resource request for the reassignment and the providing agency and/or organization must accept. The reassignment needs to be communicated throughout the emergency management system. The resource tracking system, e.g., Cal EMA's Response Information Management System (RIMS), should be updated and the supplied resources remain under the control of the requesting jurisdiction. When personnel have returned to their point of origin, the providing agency and/or organization should notify their MHOAC Program.

RESOURCE MANAGEMENT PROCESS: NOTIFICATION OF CHANGE IN STATUS

The receipt, status, and demobilization/release of resources must be communicated through the emergency management system. The following activities should occur upon change in resource status:

Requesting Jurisdiction

- ☐ Notify the emergency management agency for the Operational Area (or Operational Area EOC if activated) and the MHOAC Program regarding resource status.

MHOAC Program

- ☐ Notify the RDMHC Program regarding resource status when resources are requested from outside the Operational Area.
- ☐ Coordinate with the emergency management agency for the Operational Area (or Operational Area EOC if activated) to ensure resource status is properly tracked and updated in RIMS or other resource tracking system.
- ☐ Notify the providing entity of the change in status.

RDMHC Program

- ☐ Notify the MHOAC Program for the providing entity (if within the same Mutual Aid Region) or contact the RDMHC Program (for the providing entity if outside the Mutual Aid Region) regarding resource status.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) regarding resource status.
- ☐ Collaborate with the Cal EMA Regional Duty Officer (or REOC if activated) regarding resource status and ensure that other REOCs and/or the SOC are notified.

RESOURCE MANAGEMENT PROCESS: CANCELLATION OF RESOURCE REQUESTS FOLLOWING MOBILIZATION

Resource requests may be cancelled following mobilization but prior to arrival and/or check-in. The following activities should occur once it is determined that resources are no longer needed:

MHOAC Program

- ☐ Immediately notify the RDMHC Program that the resources are no longer needed if the resources came from outside the Operational Area.
- ☐ Submit a formal cancellation of the resource request to the emergency management agency for the Operational Area (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 Program, notify the resource(s) of the cancellation order and obtain an estimated time of return to their point of origin.
- ☐ Provide formal notification that the resource(s) have been contacted and they have acknowledged cancellation with the emergency management agency for the Operational Area (or Operational Area EOC if activated).

RDMHC Program

- ☐ Contact the MHOAC Program for the providing entity if within the same Mutual Aid Region or contact the RDMHC Program for the providing entity if outside the Mutual Aid Region.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that the resource request is being cancelled.
- ☐ Collaborate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure formal cancellation of the resource request.

☐ Provide notification to the RDMHC Program and MHOAC Program of the requesting jurisdiction that the cancellation order has been received by all agencies and/or organizations and that the cancellation order can be provided to the resource(s).

Regional Emergency Operations Center/State Operations Center (if activated)

☐ Cancel the resource request and inform the providing agency and/or organization's Cal EMA Administrative Region, the providing State Agency, or the federal government, as appropriate.

FIGURE 7. Map of California's Mutual Aid Regions.

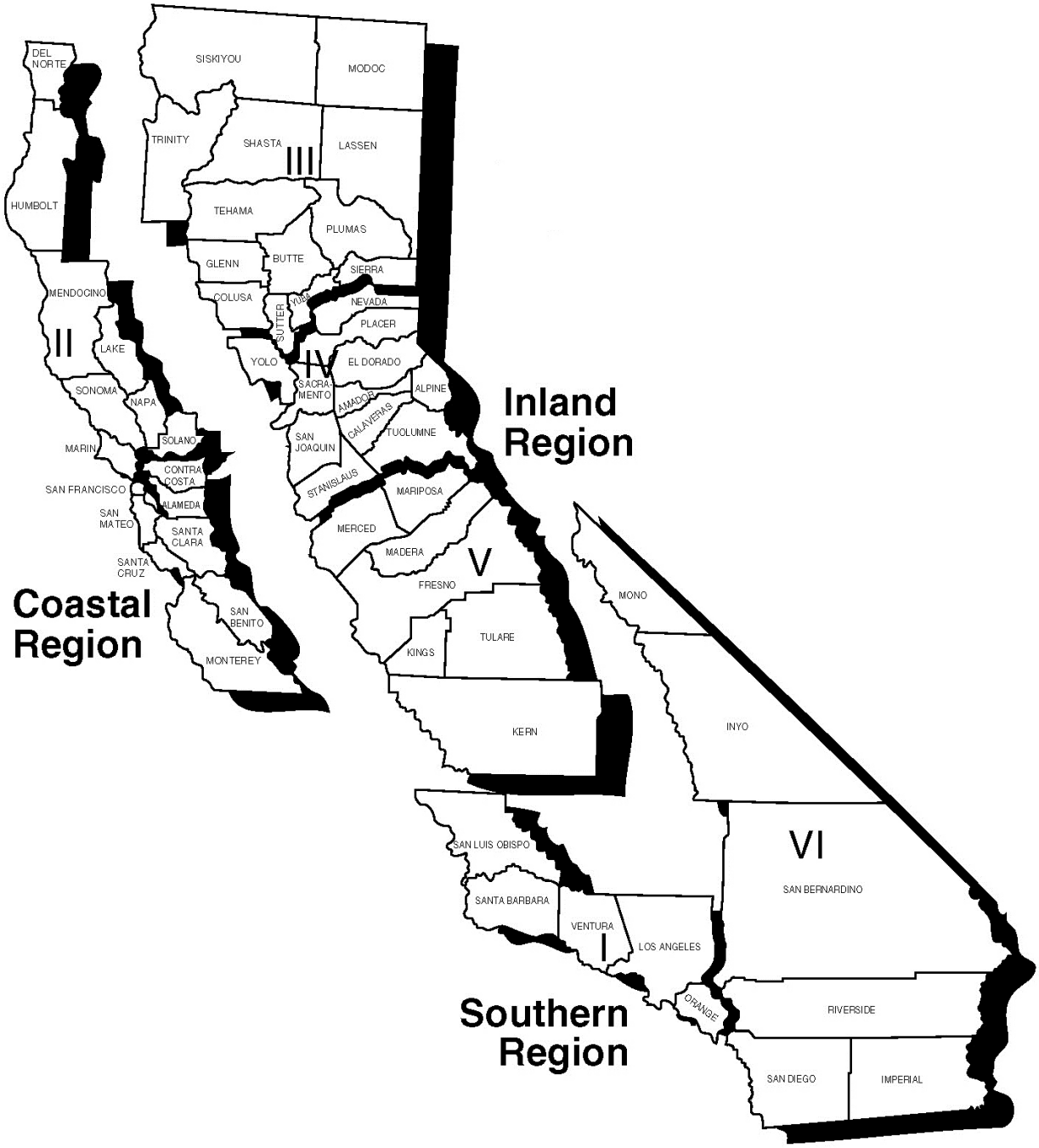


FIGURE 8. Flow of Resource Requests and Assistance during Emergencies.

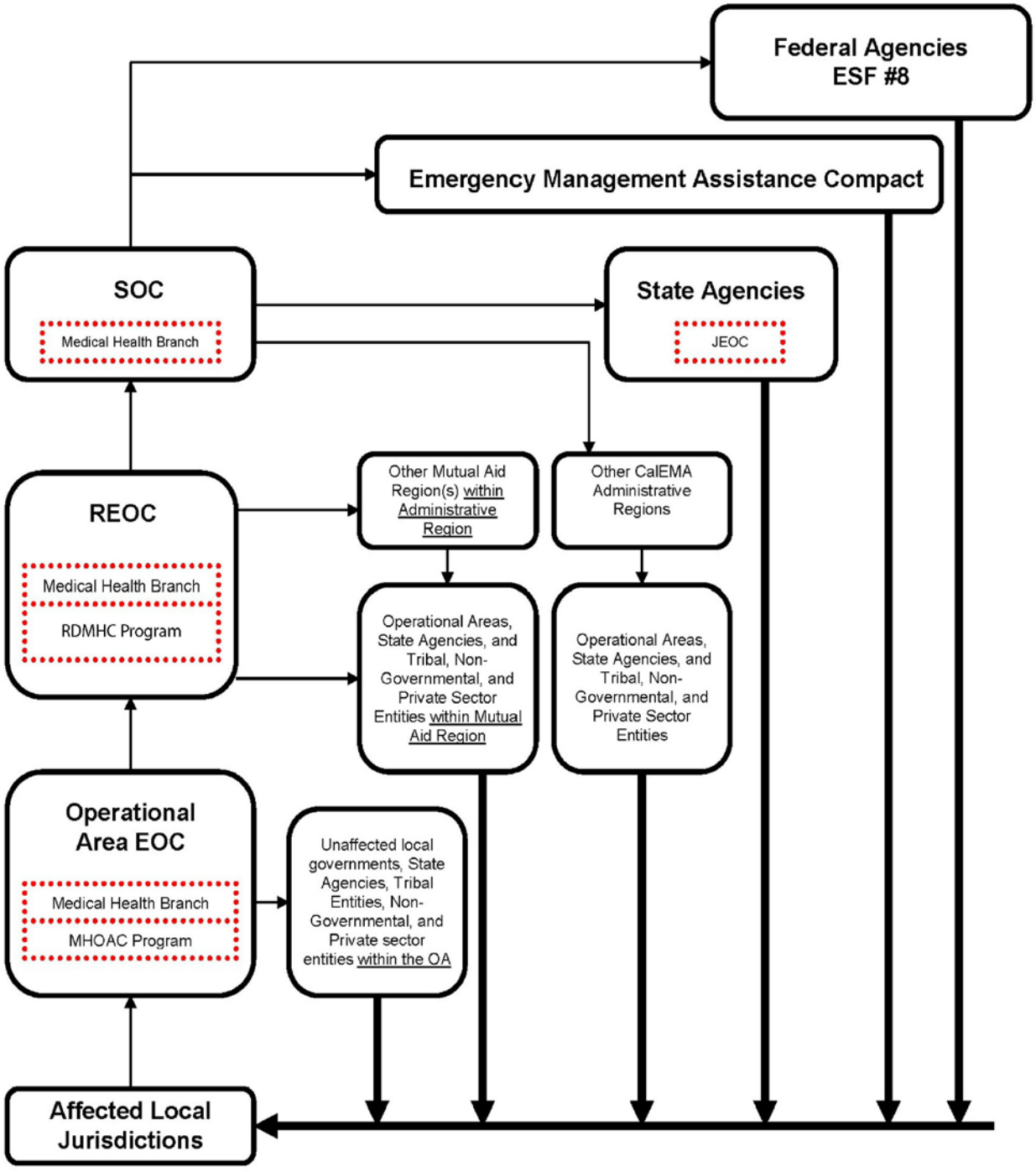


Figure 9. Roles and Responsibilities involving Resource Management

RESOURCE MANAGEMENT DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION				
ENTITY	**ROLE / RESPONSIBILITY**			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
Participants in the Public Health and Medical System, including: **Hospitals, EMS providers, community clinics, skilled nursing facilities, laboratories, physician offices, veterinary facilities, handlers of hazardous materials, drinking water systems and others.**	If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.	Providing Entity: If materiel, the providing entity should stage for shipment. If personnel, coordinate with the requesting entity to provide transportation, food, lodging, security and other necessary support while en route. Requesting Entity: If personnel, once the resource has arrived at the check-in site, the receiving entity is responsible for coordinating support (food, lodging, etc.) for the resource.	Providing Entity: Once personnel resources have arrived at the check-in site, the requesting entity is responsible for tracking the resources. Requesting Entity: Coordinate with the MHOAC Program for the requesting Operational Area. The providing entity may send an Agency Representative to the requesting entity (at the Incident Command Post or Unified Command) if needed.	Providing Entity: Coordinate with the requesting entity and MHOAC Program. Confirm when resource has returned to the point of origin. Requesting Entity: Coordinate with the providing entity and MHOAC Program to demobilize provided resources.

Note: Prior to submitting a formal resource request, it is incumbent upon the Requesting Entity to assure that all reasonable efforts have been made to locate the needed resources through pre-established agreements and existing channels, including suppliers within the corporate supply chain and other commercial vendors. Existing agreements should be fully utilized prior to requesting resources through SEMS.

Figure 9. Roles and Responsibilities involving Resource Management (cont.)

RESOURCE MANAGEMENT DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION				
ENTITY	**ROLE / RESPONSIBILITY**			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
Local Public Health and Medical Agencies: **LHD** **EHD** **LEMSA**	If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.	Providing Agency: Coordinate with the requesting agency and MHOAC Program. For personnel resources, communicate information on when and where to report for duty (e.g., Incident Command Post, staging area, or EOC). Arrange to provide transportation, food, lodging, security and other necessary support while en route. Requesting Agency: Once the personnel resources have arrived at the check-in site, the requesting agency is responsible for coordinating support (food, lodging, etc.) for the resources.	Providing Agency: Coordinate with the requesting agency and MHOAC Program. The providing agency may send an Agency Representative to the requesting entity (at Incident Command Post or Unified Command) if needed. Requesting Agency: Once the resources have arrived at the check-in site, the requesting agency is responsible for tracking the resources.	Providing Agency: Coordinate with the requesting agency and MHOAC Program. Confirm when resources have returned to the point of origin. Requesting Agency: Coordinate with the providing agency and MHOAC Program to demobilize provided resources.

Figure 9. Roles and Responsibilities involving Resource Management (cont.)

RESOURCE MANAGEMENT DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION				
ENTITY	**ROLE / RESPONSIBILITY**			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
MHOAC Program	If requested resources cannot be obtained within the Operational Area or through existing agreements, submit a resource request to the RDMHC Program and emergency management agency for the Operational Area (or Operational Area EOC if activated).	Providing Operational Area: Coordinate with the requesting Operational Area. For personnel resources, communicate information on when and where to report for duty (e.g., Incident Command Post, staging area, or EOC). Arrange to provide transportation, food, lodging and other necessary support while en route. Requesting Operational Area: Once personnel resources have arrived at the check-in site, the requesting Operational Area is responsible for coordinating support (food, lodging, etc.) for the resource.	Providing Operational Area: The MHOAC Program tracks resources sent to the requesting Operational Area and anticipated return date. (Note: The providing entity may send an Agency Representative to the appropriate location to facilitate support, solve problems, and assist with demobilization.) Requesting Operational Area: The MHOAC Program tracks all resources sent to the requesting Operational Area. Coordinate with activated DOCs and Operational Area EOC as appropriate.	Providing and Requesting Operational Areas: The MHOAC Programs from the providing and requesting Operational Areas coordinate to ensure that resources are properly demobilized. If resources demobilized from one mission are needed elsewhere, the requesting Operational Area must submit a formal resource request. Coordinate with activated DOCs and Operational Area EOC as appropriate.

Figure 9. Roles and Responsibilities involving Resource Management (cont.)

RESOURCE MANAGEMENT DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION				
ENTITY	**ROLE / RESPONSIBILITY**			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
Local Emergency Management Agency (or Operational Area EOC if activated)	Coordinate with the MHOAC Program to submit medical and health resource requests into RIMS or equivalent.	Coordinate with MHOAC Program as appropriate.	Coordinate with MHOAC Program as appropriate.	Coordinate with MHOAC Program as appropriate.
RDMHC Program	Immediately begin to coordinate with the MHOAC Programs in unaffected Operational Areas in mutual aid region to identify needed resources; collaborate with Cal EMA Regional Duty Officer to ensure proper tracking and fulfillment of resource request. Coordinate with CDPH, EMSA and JEOC throughout process.	Coordinate with requesting MHOAC Program(s) to refine mission/task as appropriate. Coordinate with MHOAC Program(s) within mutual aid region to mobilize needed resources.	Coordinate with MHOAC Program(s) to track resources sent to other Operational Areas within mutual aid region.	Coordinate with MHOAC Program(s) to demobilize resources sent to other Operational Areas within mutual aid region.

RESOURCE MANAGEMENT

DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION

ENTITY	ROLE / RESPONSIBILITY			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
Cal EMA Regional Duty Officer Program (or REOC if activated)	Coordinate with RDMHC Program(s).	Coordinate with RDMHC Program(s).	Coordinate with RDMHC Program(s).	Coordinate with RDMHC Program(s).
Cal EMA Executive Duty Officer Program (or SOC if activated)	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.
CDPH/EMSA Duty Officer Program (or JEOC if activated)	Monitor Medical and Health Resource Requests.	Coordinate with State programs to mobilize needed resources.	Coordinate with State programs to track deployed resources.	Coordinate with State programs to demobilize deployed resources.

This page intentionally left blank.

MULTI-AGENCY COORDINATION

INTRODUCTION

Multi-agency coordination is a process that allows multiple agencies and jurisdictions to work together more efficiently and effectively. Multi-agency coordination occurs on a regular basis whenever personnel from different agencies interact for preparedness, mitigation, response and recovery activities. Multi-agency coordination may be pre-planned with established protocols or occur on an ad hoc basis, depending on nature and scope of the emergency. Cooperating agencies that pre-establish operational procedures and protocols in advance can enhance coordination during emergencies.

The Standardized Emergency Management System (SEMS), National Incident Management System (NIMS) and Incident Command System (ICS) refer to a Multi-Agency Coordination System (MAC System) as the combination of facilities, personnel, equipment and procedures that support effective information management, incident prioritization, and resource allocation. The primary function of a MAC System is to coordinate activities and prioritize incident demands for critical resources. MAC Systems provide support, coordination and assistance with policy-level decisions. Emergency Operations Centers (EOC) and Multi-Agency Coordination Groups (MAC Groups) are two examples of MAC System elements.

The primary functions supported by a MAC System include:

- Situation Assessment. This includes the collection, processing and display of relevant information to create a common operating picture. It includes the receipt and verification of Situation Reports and may include the consolidation of multiple Situation Reports.
- Information Sharing. Multi-agency coordination supports information sharing between emergency response organizations and assists with keeping elected and appointed officials informed.
- Incident Prioritization and Resource Allocation. It is sometimes necessary to establish incident priorities for the allocation of scarce resources. MAC Groups (see below) are commonly used for this purpose. Primary considerations include:
    - Life threatening situations;
    - Threat to property;
    - Environmental impact;
    - High damage potential;
    - Incident complexity;
    - Economic impact; and
    - Other criteria established by the MAC System.

- Support Interagency Activities. A primary function of the MAC System is to coordinate, support and assist with policy-level decisions and interagency activities relevant to emergency management activities, policies, and strategies.

MULTI-AGENCY COORDINATION GROUP

A MAC Group may be established within any discipline or at any SEMS level to provide strategic guidance and direction to support incident management activities, establish priorities, allocate scarce resources, and coordinate among involved agencies.

MAC Groups include agency administrators/executives or their designees who are authorized to represent and commit agency resources and funds. Pre-established MAC Group processes will facilitate the effectiveness of the MAC Group during an emergency with respect to the following functions:

- Provide coordinated decision making;
- Establish priorities;
- Commit agency resources and funds;
- Allocate resources among cooperating agencies or jurisdictions; and
- Provide strategic guidance to support incident management activities.

Operational Area

An incident within an Operational Area having public health and medical implications is likely to involve many entities, including the local health department (LHD), local environmental health department (EHD), local emergency medical services agency (LEMSA), and others. During emergency system activations, the Operational Area MAC Group typically meets once per operational period and establishes priorities and disseminates this information to the Operational Area EOC for implementation through Operational Area EOC Action Plans. MAC Group intelligence gathering and information exchange activities are usually accomplished through the information systems established by the Operational Area EOC.

Regional

When an emergency has regional implications, multi-agency coordination is achieved by bringing together responsible executives from various political levels such as county governments and State agencies to coordinate through a MAC Group.

State

During large-scale emergencies that require statewide response and coordination, a statewide MAC Group may be formed that includes affected jurisdictions and State response agencies. The

statewide MAC Group evaluates statewide situational information, establishes incident priorities, prioritizes and allocates scarce resources, and maintains effective communication regarding MAC Group activities.

This page intentionally left blank.

DISASTER FINANCIAL ASSISTANCE

INTRODUCTION

A disaster can significantly impact the public health and medical infrastructure and ability to provide necessary services. Disaster assistance is potentially available to local governments, tribal governments, State agencies, special districts, and under certain circumstances, private entities. Disaster assistance may include reimbursement of eligible expenses in addition to special funding to reduce the impact of on-going or future disasters.

It is critical that entities track and monitor potentially eligible expenses so that when and if funding becomes available, the entity is in a position to maximize reimbursement and other forms of assistance as part of the recovery process.

An emergency or disaster proclamation is usually required to make disaster assistance available.

GENERAL ELIGIBILITY REQUIREMENTS

In order to qualify for disaster-related assistance through State and federal programs, eligible expenses must be:

- Required as the direct result of the declared emergency or major disaster;
- Located within the designated disaster area, except for sheltering, evacuation activities, and mobilization centers, which may be located outside the designated disaster area; and
- The legal responsibility of the eligible applicant at the time of the disaster.

RECORDKEEPING AND ACCOUNTING

This section provides guidance regarding the recordkeeping and accounting associated with State and federal disaster assistance.

The cost accounting system used by the eligible entity must separate all disaster-related costs from other activities and capture the information necessary to support disaster-related costs. The accounting system should generate separate costs in each of the following categories:

Labor Costs

- Regular employee labor hours, by individual, rates of pay, duty assignment and work locations.
- Temporary hires, by individual, hours of work, rates of pay.

- Breakdown of fringe benefits for regular employees and temporary hires, including regular and overtime rates.

Equipment, Supplies and Contract Costs

- Equipment used for eligible disaster recovery work, hours of use, applicable equipment rates charged (local rates or government cost code), location of work, and name of employee operator.
- Services contracted for and/or purchased for use on eligible work, location of work purchase orders, costs, and invoices to support the costs.
- Listing of equipment damaged and cost to repair or replace.
- The contractual scope of work should be included to document the specifics of the work and services provided.

Other Supporting Records

- Copy of local declaration/proclamation.
- Mutual aid and assistance agreements in effect.
- Insurance adjustments, settlements, and other documents and records related to project worksheets.
- Photographs of work sites, before and after, labeled with location and date.
- Labor policies in effect at the time of disaster.
- Volunteer labor to include, for each volunteer, a record of hours worked, location, description of work performed, and equivalent information for equipment and materials. FEMA recommends that each volunteer's time-in and time-out be recorded as a means to capture the total hours worked per day.
- Source documentation such as cancelled checks, copies of paid bills, payroll sheets, time and attendance records, etc.
- All other documents or costs associated with the disaster.

STATE ASSISTANCE

The California Disaster Assistance Act (CDAA) authorizes the State to provide financial assistance for costs incurred by local governments as a result of a disaster. Such assistance is provided through the California Emergency Management Agency (Cal EMA) and may be implemented when local resources are exceeded but the President does not declare an emergency or major disaster under the Stafford Act. There are two levels of assistance through CDAA:

- State of emergency: When the Governor proclaims a State of emergency, both emergency and permanent work is eligible for assistance. There is generally a 75%-25% cost share between State and local governments.

- Local emergency Proclamation and Cal EMA Secretary's Concurrence: The Cal EMA Secretary may concur with a local government request for State assistance independent of a Governor's Proclamation of a State of emergency. A Secretary's Concurrence is limited to eligible permanent repair work. There is generally a 75%-25% cost share between State and local governments.

In general, the State's share under CDAA is no more than 75% of the non-federal share or 18.75% of total eligible costs. However, State funding up to 100% of the non-federal share has been authorized for specific events by special legislation.

Eligible costs under CDAA include:

- Overtime and associated wage additive costs for emergency response personnel;
- Actual travel and per diem;
- Supplies, materials, and equipment;
- Repair, permanent restoration, and replacement costs for public facilities;
- Cost of basic engineering services when necessary for construction projects;
- Indirect and administrative costs (10% of total approved State share);
- Costs for work performed under interagency assistance agreements for which an eligible applicant is legally obligated to pay; and
- Local cost share required under federal public assistance programs.

In addition, when the Cal EMA Secretary determines there are mitigation measures that are cost-effective and substantially reduce the risk of future damage, hardship, loss, or suffering in an area where a State of emergency has been proclaimed by the Governor, the Secretary may authorize the implementation of mitigation measures.

FEDERAL ASSISTANCE

The Governor may request that the President declare, under the authority of the Stafford Act, that an emergency or major disaster exists in the State. Under a declaration of emergency or major disaster, the President may designate certain counties in the affected areas as eligible for Public Assistance. Major assistance programs available under the Stafford Act are managed by FEMA.

- FEMA Public Assistance Grant Program: In accordance with the Stafford Act, FEMA provides State agencies, local governments, tribal governments and certain private non-profit entities with federal grants to cover eligible disaster recovery work on a cost-share basis. The federal cost share is a minimum of 75 percent. Eligible costs must be associated with:
    - Emergency work necessary to save lives, protect public health and safety and protect property;
    - Debris removal;

- Restoration of damaged facilities, including buildings, equipment and infrastructure to pre-disaster design and function; and
- Implementation of cost-effective hazard mitigation measures during repairs to damaged facilities to reduce the threat of future damage to those facilities.

- Other Federal Assistance (Non-Stafford Act Programs): The federal government provides assistance through authorities and programs outside of the Stafford Act. These programs may be implemented in conjunction with Stafford Act programs under a disaster declaration or separately. An example is the Public Health Emergency Response (PHER) funding provided to prepare for and respond to influenza pandemic. Congress appropriated funding to the U.S. Department of Health and Human Services (HHS) and other federal and State agencies to respond to ongoing and emerging outbreaks of the H1N1 influenza virus in the United States. The California Department of Public Health (CDPH) administered PHER funding in California.

REIMBURSEMENT FOR PROVISION OF MUTUAL AID AND ASSISTANCE

California's emergency management system is based on a statewide mutual aid system designed to ensure that additional resources are provided to the State's political subdivisions whenever their own resources are overwhelmed or inadequate. The California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA) obligates each signatory entity to provide aid during an emergency without expectation of reimbursement, although no party is required to unreasonably deplete its own resources, facilities and/or services in furnishing mutual aid. Under specific conditions, federal and State monies may be appropriated to reimburse public agencies that assist other jurisdictions. If other agreements, memoranda and contracts are used to provide assistance for consideration, the terms of those documents may affect disaster assistance eligibility and local entities may only be reimbursed if funds are available.

OPERATION OF GOVERNMENT-AUTHORIZED ALTERNATE CARE SITES

Government-authorized Alternate Care Sites may be eligible for disaster assistance. The same guidelines apply as for other eligible expenses related to disaster response and recovery. FEMA issued Disaster Assistance Policy #9523.17 on Emergency Assistance for Human Influenza Pandemic that lists a series of emergency protective measures that may be eligible for reimbursement to local and State governments and certain private non-profit organizations under the FEMA Public Assistance process.

PRIVATE NON-PROFIT ORGANIZATIONS

FEMA Public Assistance grants are primarily aimed at government and certain non-profit organizations, although the goal of these grants is to help a community and all of its residents recover from devastating natural disasters. Private non-profit facilities are eligible for FEMA Public

Assistance grants if they are open to the public and perform essential services of a governmental nature. Emergency medical facilities and other HCFs that provide direct patient care, such as hospitals, outpatient, and rehabilitation facilities, qualify as critical, private non-profit facilities. Costs associated with stabilizing patients following a catastrophic emergency, including personnel costs, equipment, supplies and utilities, are eligible for reimbursement. FEMA does not compensate for disaster-related stabilization and care administered in a private, for-profit health care setting.

The CDAA requires the Secretary of Cal EMA to administer a program that provides State financial assistance as reimbursement to private non-profit organizations for the distribution of supplies and other emergency or disaster assistance activities resulting in extraordinary costs. Title 19 of the California Code of Regulations, Sections 2991 through 2999, provides the framework for this reimbursement program for private non-profit organizations.

APPLICATION PROCESS

If State and/or federal disaster assistance are available, Cal EMA and the local emergency management agency will conduct a meeting to inform prospective applicants of available assistance and eligibility requirements. The meeting is held as soon as practical following the emergency or disaster declaration. During the briefing, the local emergency management agency/Cal EMA will present the incident period and a description of the declared event. Applicant work, cost eligibility and the project formulation process will be reviewed. Cal EMA and the local emergency management agency will also discuss funding options, record keeping, and documentation requirements. The application packages submitted by applicants may be routed through the local emergency management agency or directly to Cal EMA. Cal EMA administers the financial assistance provided through CDAA and FEMA.

Depending on the nature of the disaster, special federal funds may be appropriated for emergency response and recovery outside of the Stafford Act.

APPLICATION FORMS

If recovery funds are available, eligible applicants must complete specific forms to apply for assistance. The local emergency management agency cooperates with Cal EMA to facilitate the process at the local government level to access funding provided through CDAA and FEMA Public Assistance grants. The forms listed below are examples of forms used by Cal EMA; see www.calema.ca.gov for updated information following an emergency. Since the amount of funding, source(s) of funding, and application process may change depending on the disaster, local officials should check with Cal EMA for the latest information relevant to a particular disaster and opportunities to recover eligible disaster-related costs.

- Cal EMA Form 126 – Project Application. This is the initial form used to apply for public assistance under the California Disaster Assistance Act. This form must be submitted to

Cal EMA within 60 days after the date of a local declaration. The Cal EMA Secretary may extend this deadline for unusual or extraordinary circumstances.

- Cal EMA Form 130 – Designation of Applicant's Agency Resolution. This form is used to file a resolution designating an applicant's authorized representative to whom all official correspondence and funding will be directed. Funding will not be provided until this form has been approved by Cal EMA.
- Cal EMA Form 95 – List of Projects. This form is used when filing an application for assistance. This form lists the applicant's projects for which financial assistance is being requested and should be filed with Cal EMA Form 126.
- Cal EMA Form 89 – Project Application for Federal Assistance. This form is used to apply for federal assistance as a result of a federally declared disaster.
- Cal EMA Form 131 – Large Project Reimbursement Request/Federal Public Assistance Program. This form is used to apply for reimbursement from the Federal account in federally declared disasters.
- Request for Public Assistance (RPA) – This is FEMA's official application form that public and private non-profit organizations must use to apply for disaster assistance under the federal Public Assistance Program. The RPA must be submitted to the State Public Assistance Officer at Cal EMA within 30 days of the date of the designation of an area by the President, unless the deadline has been extended by FEMA.

Effective January 1, 2009, any entity requesting funding through a federal grant must have a Dun & Bradstreet Data Universal Numbering System (DUNS) number.

For more information, including current forms, consult the Cal EMA web site, www.calema.ca.gov.

SECTION II

FUNCTION SPECIFIC TOPICS

This page intentionally left blank.

INTRODUCTION TO FUNCTION SPECIFIC TOPICS

Section I provides cross-cutting chapters that focus on common operational processes in support of coordinated statewide response when incidents involve the Public Health and Medical System.

Section II provides chapters on function-specific topics that include greater detail on the major response roles of key participants involved in the Public Health and Medical System during specific types of emergencies.

Although the purpose of this manual is to focus on operational processes involving the Operational Area and Region/State, the progression of response actions includes the expected activities of field-level entities and local government jurisdictions to establish a more complete operational picture. It is important to note that local jurisdictions vary in their organizational approach, assignment of responsibilities and capacity to respond to specific emergencies as reflected in local emergency response plans. This variability should be considered when applying the general information presented in these function specific topics.

Each chapter in Section II is intended to serve as an independent reference source, therefore the following chapters contain redundant information regarding notification, information sharing, and resource requesting processes.

The function-specific topics include:

- Communicable Disease
- Drinking Water
- Food Emergencies
- Hazardous Materials
- Health Care Facilities
- Health Care Surge in the Continuum of Care
- Mass Fatality
- Nuclear Power Plant Emergencies
- Nuclear Weapon Detonation
- Patient Transportation, Distribution and Management
- Public Health Laboratories
- Risk Communication

Each function-specific topic is organized according to the following sections:

SECTION	PURPOSE
Introduction	• Provides an overview of the functional topic.
Response Actions	• Describes the progression of response actions and identifies the responsibilities of primary medical and health response agencies/entities.
Resource Management	• Briefly describes specialized resources currently maintained by CDPH or EMSA.
Other Response Agencies/Entities	• Briefly describes the role of other response agencies/entities.
Additional Information	• Provides additional information as needed.

COMMUNICABLE DISEASE

INTRODUCTION

Communicable diseases spread through contact with an infected host (people, animals or vectors), from contaminated food or drinking water, or from environmental sources where the organisms live. Unusual events and emergencies involving communicable diseases include atypical or unusually large outbreaks, periodic epidemics, pandemics or terrorism using bioterrorism agents/diseases, and depending on the severity of the illness and the number of people affected, may result in a health care surge and require the appropriate application of control measures to contain the spread of disease.

In accordance with Title 17 of the California Code of Regulations, health care providers, schools and laboratories report cases of communicable disease to their local health department (LHD) and LHDs report this information to the California Department of Public Health (CDPH) Division of Communicable Disease Control (DCDC). LHDs and CDPH DCDC continuously analyze communicable disease trends to identify increases in the occurrence of communicable diseases that may indicate an unusual event or emergency.

An unusual event involving a communicable disease requires increased levels of coordination and communication between local, State, and possibly federal public health agencies, and may involve but is not limited to:

- A local, regional or statewide increase in a communicable disease above normal background levels (e.g., an outbreak or epidemic) that requires increased communication with the public or the redirection of LHD or State-level resources;
- An infectious agent that is unknown or cannot be identified with testing methodologies;
- A cluster of cases exhibiting symptoms of communicable disease, especially with sudden onset, that requires increased communication with the public or the redirection of LHD or State-level resources; or
- A communicable disease that has the potential to cause unusual morbidity or elevated mortality and requires increased monitoring to determine public health impact.

A communicable disease emergency may include but is not limited to:

- The resources and/or capabilities of the affected jurisdiction(s) cannot meet the needs of the response (e.g., disease control or health care surge) and additional resources must be requested from other jurisdictions, the State or the federal government;
- A suspected or confirmed bioterrorism incident;
- Detection of a disease that has the potential to spread uncontrolled (e.g., novel agent) and there is uncertainty about the effectiveness of existing control measures; or
- The disease causes widespread, severe morbidity or mortality.

An unusual event or emergency involving a communicable disease initiates an epidemiological and laboratory investigation to provide information necessary to assess the situation, determine treatment protocols and determine response actions. The response to unusual events or emergencies varies depending on the type of infectious agent, its virulence and impact, and the capabilities and measures that exist to control the spread of the disease. LHDs apply appropriate control measures to contain the communicable disease, including distribution of public information/risk communication; vector control (in coordination with the local environmental health department (EHD) or vector control agency); provision of clinics to provide vaccination or medications; and orders to isolate or quarantine patients. During an unusual event or emergency involving a communicable disease, LHDs may redirect resources to support disease control efforts or activate their Department Operations Center (DOC) to coordinate or manage response activities in accordance with local policies and procedures.

CDPH DCDC provides State-level leadership and is responsible for State-level communicable disease surveillance, outbreak detection, and outbreak investigation. CDPH DCDC coordinates with LHDs to investigate and control communicable disease, and directly supports LHDs when requested. To ensure a coordinated State-level response, CDPH activates its emergency response structure and the Directors of CDPH and the Emergency Medical Services Agency (EMSA) activate the Joint Emergency Operations Center (JEOC) if multiple programs are involved in the response; if multiple LHDs activate their DOCs; and/or if the California Emergency Management Agency (Cal EMA) activates the Regional Emergency Operations Center (REOC) and State Operations Center (SOC). While program-specific activities continue between local and State programs, the JEOC functions as a central point of coordination between the involved CDPH and EMSA programs and the Regional Disaster Medical and Health Coordination (RDMHC) Programs, Medical Health Operational Area Coordination (MHOAC) Programs, LHDs and local emergency medical services agencies (LEMSAs). The JEOC provides a conduit of situational information between the State and local agencies, and distributes State-level policy decisions, key information and guidance. The JEOC receives and processes resource requests as described in the Resource Management chapter of this manual.

RESPONSE ACTIONS

The response actions summarized below identify activities undertaken by agencies/entities involved in unusual events or emergencies involving a communicable disease. Additional organizations may be involved in investigation and response activities, depending on the disease, causative agent and scope of the problem. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Affected Field-Level Entities

Affected field-level entities, (e.g., schools, health care providers, EMS providers) should:

- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- ☐ Cooperate with the investigation, implement control measures and mitigation activities, and follow guidance, protocols and orders released by the LHD, LEMSA and other regulatory agencies.
- ☐ Provide laboratory samples as directed by the LHD.
- ☐ Provide situation, case or other requested information to local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- ☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD

The LHD has jurisdiction over local response activities involving communicable diseases. During normal day-to-day activities, the LHD may contact CDPH DCDC for guidance or assistance if an outbreak occurs or there is an increase in disease prevalence or incidence. During an unusual event or emergency involving a communicable disease, the LHD should:

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
  - MHOAC Program.
  - The CDPH Duty Officer Program or the DCDC program responsible for monitoring the disease of concern during business hours or the CDPH Duty Officer Program (either directly or via the MHOAC Program) during non-business hours.
  - If bioterrorism is suspected, the LHD must notify:
    - California State Warning Center;
    - Local FBI office; and
    - Local law enforcement.

- ☐ Collect samples as necessary and conduct laboratory testing to support epidemiological investigation. If bioterrorism is suspected, submit samples as directed by the FBI for criminal investigation.
- ☐ Coordinate with State and federal agencies on epidemiological activities and/or criminal investigation.
- ☐ Take steps necessary to protect public health and environmental health, including providing guidance on appropriate community mitigation activities or control measures to contain the spread of disease.
- ☐ Provide treatment/prophylaxis to field providers, response personnel and the public, as necessary.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

Laboratory Response Network

The Laboratory Response Network (LRN) is a network of local, State and federal laboratories that provide the infrastructure and capacity to respond to biological and chemical terrorism and other public health emergencies. The LRN provides a mechanism for laboratories to access additional resources when their capabilities or capacity have been exceeded. Within the LRN, there are LRN-Biological (LRN-B) and LRN-Chemical (LRN-C) laboratories. LRN-C laboratories are addressed in the chapter on Public Health Laboratories.

LRN-Biological (LRN-B) laboratories include Sentinel, Reference and National Laboratories (see the chapter on Public Health Laboratories for more information). LRN-B laboratories may be contacted through a LHD communicable disease control officer or the CDPH Duty Officer. CDPH coordinates all access to National Laboratories and LHDs must contact CDPH to facilitate access to the National Laboratories and other federal resources.

LRN Sentinel Laboratories – Includes hospital, clinical, and private microbiological laboratories that are members of the LRN and those local public health laboratories that do not have LRN Reference Laboratory capabilities. Activities include:

- ☐ Perform identification, rule-out and reference testing on clinical/medical specimens. (Note: Environmental samples must go directly to the LRN Reference Laboratory assigned to the geographical catchment area.)
- ☐ If the agent cannot be identified or confirmatory testing is needed:
  - For private laboratories, coordinate with the LHD to arrange for submission of samples to the LRN Reference Laboratory in accordance with local policies and procedures.
  - Consult with the LRN Reference Laboratory regarding preparing, packaging and transporting the specimen(s).
  - Forward the specimen(s) to the LRN Reference Laboratory assigned to the designated geographic catchment area.

LRN Reference Laboratories – California has 15 LRN-B Reference Laboratories (14 local public health laboratories and the CDPH laboratory) that can conduct a wide variety of tests including techniques to isolate, grow and identify bacterial, viral, fungal and other types of microscopic organisms. The Reference Laboratories may be contacted through the LHD communicable disease control officer or the CDPH Duty Officer. Activities include:

- ☐ Test samples and report results to the LHD and the LRN Sentinel Laboratory.
- ☐ Serve as single points of contact for LRN Sentinel Laboratories within the designated geographic catchment areas.
- ☐ Provide assistance on issues such as sample preparation, documentation, chain of custody and transport.
- ☐ Provide guidance and assist in training LRN Sentinel Laboratory staff to conduct rule-out testing prior to submission to the Reference Laboratory.
- ☐ Support and coordinate surge testing when the capacities of other laboratories have been exceeded.
- ☐ Contact CDPH if the agent cannot be identified or when definitive characterization is needed. CDPH will analyze or refer the cultured isolates or specimen(s) to the LRN National Laboratory. CDPH will contact the submitting LHD and LRN Sentinel Laboratory when the sample has been submitted to the National LRN Laboratory.
- ☐ CDPH reports LRN National Laboratory results to the LHD and the LRN Sentinel Laboratory.

LRN National Laboratories – LRN National Laboratories include the U.S. Centers for Disease Control and Prevention, U.S. Army Medical Research Institute of Infectious Diseases and the Naval Medical

Research Center. The LRN National Laboratories conduct specialized strain characterizations, bioforensics, select agent activity, and handling of highly infectious biological agents that can cause severe morbidity or mortality in humans and for which vaccines or other treatments may not be available. Activities include:

- ☐ Test samples and report results to CDPH.
- ☐ Provide assistance on issues such as sample preparation, documentation, chain of custody and transport.
- ☐ Provide guidance and assist in training LRN Reference Laboratories.
- ☐ Support and coordinate surge testing when the capacities of other laboratories or the LRN are exceeded.

LEMSA

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
  - MHOAC Program.
- ☐ Provide protocols and guidance to EMS providers on personal protective equipment.
- ☐ Report potentially exposed EMS personnel to the LHD; screening and/or necessary treatment after exposure should be the responsibility of the worker's compensation occupational health service provider.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area and other agencies in accordance with local policies and procedures; and

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When significant changes in status, prognosis or actions are taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.

- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).

☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.

☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.

☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.

☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.

- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Division of Communicable Disease Control

The CDPH DCDC implements State-level activities to control the spread of disease and respond to communicable disease emergencies. During an unusual event or emergency involving communicable diseases, CDPH DCDC works with affected LHDs and other local response agencies when requested. CDPH DCDC supports State-level response activities in coordination with the JEOC. CDPH DCDC will also:

- ☐ Notify:
  - Partner agencies and appropriate CDPH DCDC programs;
  - CDPH Duty Officer Program if the report came directly to CDPH DCDC.
- ☐ Identify laboratory capacity through the LRN-B (reference) or other networks that may be available to provide specific expertise for immediate support.
- ☐ Ensure the integrity of the laboratory, epidemiology and surveillance processes/strategies in support of response efforts.
- ☐ Support and coordinate statewide investigation and response activities, particularly for emergencies involving multiple LHDs.
- ☐ Collaborate with local partners and subject matter experts to develop guidance (e.g., community mitigation activities and infection control) for LHDs and health care providers to adopt as appropriate and coordinate distribution through the JEOC.
- ☐ Provide direct support to LHDs when requested.
- ☐ Coordinate with other states and federal agencies and programs to provide access to subject matter expertise.
- ☐ Through the CDPH Microbial Diseases Laboratory Branch:
  - Analyze samples for bacterial, fungal (coccidiodomycosis only), and parasitic agents as well as toxins (e.g., ricin, botulism, staphylococcal enterotoxin B and other microbial toxins). Refer specimens for other testing to appropriate laboratories.
  - Provide diagnostic testing for enteric diseases and special pathogen identification; mycobacteriological and mycological testing; and environmental microbiological testing for various media such as water, shellfish and food.

- Test or refer environmental samples to other appropriate laboratories to test for bioterrorism agents.
- Provide consultative and laboratory services to LHDs.
- Function as the State-level laboratory for the LRN-B for microbial, parasitic and mycotic diseases and facilitate access to LRN National Laboratories.

☐ Through the CDPH Viral and Rickettsial Diseases Laboratory Branch:

- Analyze samples for influenza and other viral and rickettsial agents; screen samples for rule out of smallpox and viral hemorrhagic fever agents; and refer specimens if necessary for further laboratory testing.
- Test samples to rule out bioterrorism agents.
- Work closely with local and federal partners in viral and rickettsial disease outbreaks.
- Provide consultative and laboratory services to LHDs.
- Coordinate the Respiratory Laboratory Network.
- Provide surge support for local and federal laboratories, and conduct screening and definitive testing for disease control programs.
- Function as the State-level laboratory for the LRN-B for viral and rickettsial diseases and facilitate access to LRN National Laboratories.

CDPH Duty Officer

☐ Notify and share information with local and State agencies, including LHD/EHDs, DCDC and other CDPH Programs, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during a communicable disease emergency to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the

CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)

- ☐ Activate the Richmond Campus Coordination Center (RCCC) as a satellite to the JEOC to connect CDPH programs located at the Richmond Campus, including CDPH DCDC and its laboratories, with the JEOC's emergency response operations.
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Resolve inconsistencies in received information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.
- ☐ Coordinate statewide distribution of resources, including vaccines, pharmaceuticals and medical assets.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility during unusual events and emergencies involving communicable disease in addition to agencies/entities that provide assistance and support.

NAME	ROLE
CDPH Emergency Preparedness Office (EPO)	• Maintains pharmaceuticals and medical caches and coordinates access to additional resources such as the Strategic National Stockpile.
Federal Bureau of Investigation (FBI)	• Lead agency in event of a known terrorist incident or threat against the food supply. • Coordinates with CDPH Food and Drug Branch (FDB) on the investigation of tampering, extortion, and terrorism related to food products.
U.S. Centers for Disease Control and Prevention (CDC)	• Provides national-level communicable disease expertise/resources, including CDC laboratories.

RESOURCE MANAGEMENT

CDPH DCDC maintains specialized resources to support field-level entities, LHDs, and response agencies during emergencies involving communicable diseases, including:

- Epidemiologic and surveillance staff;

- Subject matter expertise for State-level communications including hotlines to support health care providers and LHDs and to provide public information;
- Staff with communicable disease control expertise;
- Vector control staff;
- Policy and guidance preparation, including guidance on community mitigation activities and infection control;
- Subject matter expertise for analysis and reporting of data;
- Assistance with obtaining and distributing certain vaccines; and
- Laboratory analytical capability for identification and confirmation of infectious and communicable disease agents.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with the Standardized Emergency Management System (SEMS).

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Division of Communicable Disease Control:

Telephone: (916) 552-9700 during normal business hours (call the CDPH Duty Officer Program outside of normal business hours).

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

DRINKING WATER

INTRODUCTION

Public Water Systems (systems with 15 or more service connections or that serve more than 25 individuals) manage and maintain watersheds, collection facilities, treatment facilities, and water distribution systems. Public Water Systems protect drinking water supplies and militate against, respond to, and recover from natural, technological, and human-caused emergencies. In coordination with regulatory agencies, Public Water Systems must quickly restore affected water service and deliver a safe and potable supply of drinking water to the public during an emergency. This may include the procurement and distribution of alternative sources of water to customers during prolonged service interruptions. If the Public Water System does not have the resources to procure and distribute drinking water during an emergency, alternative supplies of drinking water are requested through the Standardized Emergency Management System (SEMS) resource request process described in the Resource Management chapter of this manual.

The agency that regulates a Public Water System may be the CDPH Drinking Water Program, Local Primacy Agency, or the local health department (LHD), depending on the type and size of the Public Water System. CDPH, under the provisions of California Health and Safety Code Section 116330, has the authority to delegate primary enforcement (primacy) for the regulation of Public Water Systems serving between 15 and 200 service connections to Local Primacy Agencies. Local Primacy Agencies are LHDs or local environmental health departments (EHDs) that have applied for and been granted regulatory authority by CDPH over a portion of the Public Water System in their county. A list of current Local Primacy Agencies can be found at http://www.cdph.ca.gov/certlic/drinkingwater/Pages/Smallwatersystems.aspx

Small Water Systems have between 5 and 14 service connections and do not regularly serve more than 25 individuals for over 60 days per year. The regulatory responsibilities for these systems are delegated to the local health officer or to a local agency designated by the local health officer.

The table below provides a summary of system types and the associated regulatory agency for that system.

WATER SYSTEMS		
Type	Definition	Regulatory Agency
Public Water System	System with 15 or more service connections or that serves more than 25 individuals.	CDPH Drinking Water Program or Local Primacy Agency in 35 counties
Small Water System	System with 5-14 service connections that does not regularly serve more than 25 individuals.	Local Health Officer or Agency Designated by Local Health Officer

If the water supply becomes unavailable or unsafe to drink or use, the Public Water System can independently notify customers and provide instructions for use. The local health officer, State health officer, and local agency that regulates the Public Water System also have the authority to issue or direct the Public Water System to issue notices. Potential notices include:

- Boil Water Notices
- Do Not Drink Notices
- Do Not Use Notices

Once a notice has been issued, only the designated regulatory agency that oversees the Public Water System has the authority to lift it. The notice will not be lifted until the Public Water System has resolved the problem and at least two confirmatory tests taken at least 24 hours apart indicate the drinking water meets regulatory requirements.

RESPONSE ACTIONS

The response actions below summarize the activities undertaken by agencies/entities during unusual events and emergencies that impact the safety and supply of drinking water. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Public Water Systems

Public Water Systems take actions to restore service when an unusual event or emergency causes a Public Water System to fail a drinking water standard or creates a service outage. The Public Water System manages the incident and should:

☐ Activate emergency plans and procedures, (e.g., Emergency Response Plan, Emergency Water Supply Treatment Procedures, and/or Water Quality Emergency Notification Plans).

☐ Notify:

- Local and State regulatory agencies in accordance with statutory and regulatory requirements and local policies and procedures (e.g., CDPH Drinking Water Program District Engineer or Local Primacy Agency).
- LHD/EHD within the affected jurisdiction if public health is threatened.
- Other agencies (e.g., public safety and local emergency management) and entities (e.g., corporate headquarters) in accordance with local policies and procedures.

☐ Issue notices to the public (e.g., Boil Water Notices) in coordination with regulatory and public health agencies according to notification protocols.

- ☐ Manage the incident in accordance with emergency response plans, policies and procedures (e.g., implement the Incident Command System or activate a Department Operations Center (DOC)/Emergency Operations Center (EOC)).
- ☐ Coordinate with response partners and integrate into the emergency response structure, (e.g., field-level Incident Command or DOC/EOCs if established) as required by the type and scope of the emergency.
- ☐ Provide situational information to the local and/or State regulatory agencies and other agencies in accordance with policies and procedures.

CDPH Drinking Water Program, Local Primacy Agencies or Other Regulatory Agency

The CDPH Drinking Water Program, Local Primacy Agency, or appropriate regulatory agency may become directly involved in the response upon request from the Public Water System or affected jurisdiction, or if there is a public health concern. The regulatory agency should:

- ☐ Notify:
  - Other regulatory agencies;
  - LHD/EHD; and
  - CDPH Duty Officer Program (or JEOC if activated).
- ☐ Contact the affected Public Water System and/or send a representative to assess impact upon notification that the Public Water System has experienced an unusual occurrence or emergency.
- ☐ Provide technical assistance to the affected Public Water System and/or local jurisdictions.
- ☐ Coordinate remotely with the affected jurisdiction or send an Agency Representative, depending on staff availability and the needs of the emergency, to the appropriate location (e.g., Incident Command Post, Area Command, LHD DOC, Operational Area EOC, or Regional Emergency Operations Center (REOC)).

LHD, EHD and LEMSA

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
  - MHOAC Program; and
  - LHD and EHD only: CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

- ☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.
- ☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).
- ☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:
  - RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
  - Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.
- ☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.
- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including the Drinking Water Program, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC is activated, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH

Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)

- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that provide assistance and support to the CDPH Drinking Water Program, which has jurisdictional authority and responsibility to ensure the safety and security of Public Water Systems during unusual events and emergencies.

ORGANIZATION	ROLE
CDPH Drinking Water and Radiation Laboratory Branch (DWRLB)	• Analyzes human specimens for toxic substances as a Level 1 laboratory in the Laboratory Response Network – Chemical (LRN-C). • Analyzes water samples to ensure that drinking water is free of harmful substances and suitable for human consumption. • Analyzes environmental samples for radioactive material.
CDPH Food and Drug Branch (FDB)	• Maintains lists of licensed water haulers, bottlers and distributors that could provide drinking water to affected areas.
CDPH Division of Communicable Disease Control (DCDC)	• Coordinates with the CDPH Drinking Water Program, LHD and CDPH laboratories in response to a waterborne disease outbreak.
U.S. Environmental Protection Agency (EPA) Region IX	• Provides technical assistance and personnel from their Water Emergency Response Team (WERT) to assist the Drinking Water Program in the field or to assist in the Division Response Center.
U.S. Centers for Disease Control and Prevention (CDC)	• Provides technical assistance to investigate waterborne disease outbreaks.

RESOURCE MANAGEMENT

California Water/Wastewater Agency Response Network (CalWARN)

The CDPH Drinking Water Program actively supports the mutual aid/assistance concept of utilities assisting one another during emergencies. Approximately 200 of the 8,000 Public Water Systems

maintain mutual aid and assistance agreements and contracts as part of the California Water/Wastewater Agency Response Network (CalWARN). CalWARN provides emergency resources, supplies, equipment and support, including surge capacity water testing and specialized water testing to detect and identify unknown contaminants. The California Mutual Aid Laboratory Network (CAMAL Net) operating under the master mutual aid agreement of Cal WARN provides additional laboratory surge capacity.

If resources are needed beyond existing agreements, the Public Water System should submit a resource request to the appropriate local agency in accordance with local policies and procedures. During emergency system activations, all resources, including State and federal assets, should be requested in accordance with the Standardized Emergency Management System (SEMS).

Provision of Emergency Drinking Water to Customers

Public Water Systems prioritize system restoration during emergencies and may not have adequate resources to supply drinking water to customers during prolonged interruptions. Under such circumstances, the Public Water System should submit a resource request to the appropriate local agency in accordance with local policies and procedures. Depending on the size and scope of the emergency, the local emergency management agency or Cal EMA Administrative Region may establish a Multi-Agency Coordination (MAC) Group to manage the delivery of emergency water or appoint a Water Coordinator to support mutual aid requests for potable water and coordinate procurement and delivery.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

California Poison Control System:

Telephone: (800) 222-1222

CDPH Drinking Water Program Regional Offices:

OFFICE	ADDRESS	TELEPHONE NUMBER
CDPH Drinking Water Program	MAILING ADDRESS: California Department of Public Health Drinking Water Program HQ 1616 Capitol Avenue MS 7400 PO Box 997413 Sacramento, CA 95899-7413 PHYSICAL ADDRESS: 1616 Capitol Avenue Sacramento, CA 95814-5006	(916) 449-5600
District 01 – Klamath Redding	415 Knollcrest Drive Ste. 110 Redding, CA 96002	(530) 224-4800
District 02 – Lassen Redding	415 Knollcrest Drive Ste. 110 Redding, CA 96002	(530) 224-4800
District 21 – Valley Redding	415 Knollcrest Drive Ste. 110 Redding, CA 96002	(530) 224-4800
District 09 – Sacramento Sacramento	1616 Capital Ave. Sacramento, CA 95899-7413	(916) 449-5600
District 04 – San Francisco Richmond	850 Marina Bay Parkway, Bldg. P Richmond, CA 94804	(510) 620-3474
District 17 – Santa Clara Richmond	850 Marina Bay Parkway, Bldg. P Richmond, CA 94804	(510) 620-3474
District 3 - Mendocino Santa Rosa	50 D Street, Ste. 200 Santa Rosa, CA 95404-4770	(707) 576-2145
District 18 - Sonoma Santa Rosa	50 D Street, Ste. 200 Santa Rosa, CA 95404-4770	(707) 576-2145
District 05 – Monterey Monterey	1 Lower Ragsdale Dr., Ste. 120 Monterey, CA 93940	(831) 655-6939
District 06 – Santa Barbara Carpentaria	1180 Eugenia Place Ste. 200 Carpentaria, CA 93013	(805) 566-1326
District 11 - Merced Fresno	285 W. Bullard Ave. Ste. 101 Fresno, CA 93710-5864	(559) 447-3300
District 12 - Visalia Fresno	285 W. Bullard Ave. Ste. 101 Fresno, CA 93710-5864	(559) 447-3300
District 23 - Fresno Fresno	285 W. Bullard Ave. Ste. 101 Fresno, CA 93710-5864	(559) 447-3300

OFFICE	ADDRESS	TELEPHONE NUMBER
District 10 - Stockton Stockton	31 E. Channel Street, Ste. 270 Stockton, CA 95202-2314	(209) 948-7696
District 19 – Tehachapi Bakersfield	1200 Discovery Dr. Ste. 100 Bakersfield, CA 93309	(661) 335-7315
District 07 – Hollywood Glendale	500 N. Central Avenue, Ste. 500 Glendale, CA 91203	(818) 541-2004
District 15 – Metropolitan Glendale	500 N. Central Avenue, Ste. 500 Glendale, CA 91203	(818) 541-2004
District 16 – Central Glendale	500 N. Central Avenue, Ste. 500 Glendale, CA 91203	(818) 541-2004
District 22 – Angeles Glendale	500 N. Central Avenue, Ste. 500 Glendale, CA 91203	(818) 541-2004
District 13 – San Bernardino	464 W. 4th Street Ste. 437 San Bernardino, CA 92401	(909) 383-4328
District 14 – San Diego San Diego	1350 Front Street Ste. 2050 San Diego, CA 92101-3611	(619) 525-4159
District 20 - Riverside San Diego	1350 Front Street Ste. 2050 San Diego, CA 92101-3611	(619) 525-4159
District 08 – San Diego Santa Ana	605 W. Santa Ana Blvd. Ste. 325 Santa Ana, CA 92701-4027	(714) 558-4410

FOOD EMERGENCIES

INTRODUCTION

Food emergencies may be caused by biological/chemical contamination, natural disasters, or intentional acts of sabotage and terrorism (e.g., bioterrorism or agroterrorism).

The entities involved in "farm to fork" production include farms, food processors, storage facilities, transportation/distribution systems and retail food establishments. In general, LHD/EHDs regulate retail food establishments with CDPH Food and Drug Branch (FDB) oversight, while multiple State and federal agencies regulate wholesale, processed and imported foods. The table below shows the Lead and Support regulatory agencies for emergencies in California involving different types of food products and facilities.

FACILITY TYPE OR FOOD PRODUCT	LHD/EHD	CDPH FDB	CDFA	USDA	FDA
Retail Food Facilities	L	S			
Bottled/Hauled Water and Ice Manufacturers	S	L			
Food and Beverage Manufacturers/Processors	S	L CA			L Imported
Produce	S Retail	L CA	S CA		L Imported
Dairy Products	S	S	L CA		L Imported
Shell Eggs	S	S	L CA	L	
Meat and Poultry	S	S	L*	L	
Seafood and Shellfish	S	L CA / All Shellfish			L Imported Seafood

L	Lead Agency/Co-Lead
S	Supporting Agency
CA	Produced in California
CDPH FDB	California Department of Public Health, Food and Drug Branch
CFDA	California Department of Food and Agriculture (CFDA regulates meat and poultry processors that are exempt from USDA regulations (e.g., processors that sell exclusively to retail chains)).
USDA	United States Department of Agriculture
FDA	United States Food and Drug Administration

Both manufacturers and regulatory agencies monitor food products to ensure they are safe for consumption and take measures to remove unsafe food products from the system. Under federal requirements, food processors and distributors are required to notify the FDA if food contamination is suspect or has been detected. FDA routinely shares these reports with CDPH FDB. In addition, federal and State regulatory agencies also conduct routine surveillance of food products to identify contaminants and this information is provided to CDPH FDB. The LHD, EHD or CDPH FDB may also receive complaints directly from consumers. In some instances contaminated food may not be identified until after it reaches consumers. Manufacturers, LHDs and EHDs may be the first to identify and respond to these incidents and subsequently notify CDPH FDB and other regulatory agencies.

Food emergencies typically require coordination between local, State and federal agencies and may involve law enforcement if intentional contamination is suspected. CDPH has broad authority to investigate the causes of food-borne illness outbreaks and may assume a lead role for any commodity even if CDPH is not the agency that regulates the food product/facility. CDPH FDB can prevent the distribution or movement of adulterated food products in commerce by embargoing the contaminated food items. CDPH FDB works with food processors and distributors that have distributed contaminated foods to initiate voluntary recalls of the products to ensure consumers are not exposed to adulterated foods. CDPH issues health alerts to the public to alert them to food recalls and warn consumers to avoid or dispose of contaminated food items. LHDs and EHDs work with retail food facilities to remove contaminated food from sale and correct unsafe conditions.

RESPONSE ACTIONS

The response actions summarized below identify activities undertaken by agencies/entities when the safety of the food supply is compromised. Additional agencies may be involved in investigation and response activities, depending on the products involved and the scope of the problem. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Facilities that Process, Store, Distribute and Sell Food Products

Food processing/storage/distribution facilities and retail food facilities are responsible for ensuring the safety and security of food products they produce, store, distribute or sell. In the event of a food-related emergency, such facilities must:

- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- ☐ Activate emergency programs, crisis management plans and procedures including product recall plans.

- ☐ Manage the facility's response to the emergency in accordance with policies and procedures.
- ☐ Work with regulatory agencies to determine if a health advisory or other consumer notice is needed.
- ☐ Cooperate with emergency investigation and mitigation activities.
- ☐ Provide situational information to the appropriate local agencies in accordance with local policies and procedures.

Local Response Agencies/Incident Command

Local agencies have primary responsibility for responding to food emergencies in accordance with local policies and procedures. Response activities may include the deployment of public health teams and other resources necessary to investigate food-related emergencies. Incident Command may be established if warranted by the type, size and scope of the emergency. If a food emergency is suspected or has occurred, response agencies/Incident Command should:

- ☐ Notify:
  - LHD/EHD according to local policies and procedures;
  - CDPH FDB Duty Officer;
  - California State Warning Center if intentional contamination or terrorism is suspected;
  - Lead agency (see previous table); and
  - Other agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- ☐ Coordinate with the LHD/EHD and CDPH FDB.
- ☐ Work with licensed retail food facilities to restore operation.
- ☐ Coordinate with local, State and federal agencies to provide public information and media updates.
- ☐ Request assistance to support emergency response activities.

LHD/EHD

The LHD/EHD has jurisdiction over retail food, including markets, farmers' markets, and restaurants, pursuant to the authority granted in the California Retail Food Code. The LHD/EHD may investigate incidents at these facilities without involving other local, State or federal agencies. When an LHD/EHD investigation identifies a food emergency that implicates an entity or food product they do not regulate or encounters a widespread food emergency, the LHD/EHD should:

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
- MHOAC Program; and
- CDPH FDB Duty Officer;
- If intentional food contamination is suspected, also notify:
    - California State Warning Center.
    - Local law enforcement.

☐ Conduct an epidemiological investigation to identify the source of illness and scope of the food emergency.

☐ Work with State and federal agencies to investigate foodborne illness outbreaks, including collecting documentation from retail food facilities.

☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

☐ Take necessary steps to protect public health and environmental health, (e.g., food impounds at retail facilities).

☐ Work with licensed retail food facilities to restore operation.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH FDB Program (unless previously notified by LHD/EHD);
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).

- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources.

A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.
- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Food and Drug Branch

CDPH is the lead State agency for ensuring the safety of foods, beverages, ice products, bottled, hauled and vended water. CDPH FDB regulates and ensures food safety through licensing and compliance programs in accordance with the California Health and Safety Code, Title 17 of the California Code of Regulations, and Title 21 of the Code of Federal Regulations. CDPH FDB works with local, State and federal agencies to ensure the safety of the food supply. In general, CDPH FDB has primary responsibility for regulating wholesale food facilities (manufacturers, processors, distributors, etc.) while LHD/EHDs have responsibility for retail food facilities. CDPH FDB works with licensees, partner agencies, local response agencies and Incident Command for the duration of an emergency.

Notification of an emergency may occur through the California State Warning Center; CDPH FDB Duty Officer; CDPH Duty Officer; directly from a regulated facility, local, State or federal agency; or by direct observation of CDPH FDB staff. Such notification will be triaged immediately by CDPH FDB management using an established process for checking facts and developing a strategy for response. CDPH FDB management will determine CDPH FDB's role in the response and if other State and federal agencies need to be contacted and informed of the situation.

In support of the response, CDPH FDB will:

☐ Notify:

- Partner agencies; and
- CDPH Duty Officer if report came directly to CDPH FDB.

☐ Coordinate with partner agencies.

☐ Identify and remove contaminated food products/drinking water from commercial channels through:

- Trace back and environmental investigations.
- Consultation with food facility operators.
- Food sampling and analysis.
- Embargo of food products.
- Providing technical assistance to LHD and EHD.
- Keeping local officials advised of the retail distribution of contaminated or recalled food products distributed to their jurisdiction.

☐ Support community relief/recovery efforts:

- Assist with identifying food processors and distributors that may be available to provide food and water for immediate relief support.

- Ensure the safety of supplies of food, ice, bottled or hauled water provided to the disaster area.
- Work with LHD/EHDs to assist licensed retail food facilities to restore operations.

☐ Coordinate with local, State and federal agencies to provide public information and media updates.

CDPH Duty Officer

☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH FDB, MHOAC Programs, and RDMHC Programs. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)

☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.

☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.

☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

Cal EMA

The State may learn of food emergencies through the California State Warning Center and Cal EMA may become involved in the response if intentional contamination is suspected. Upon learning of a food emergency, Cal EMA will:

☐ Notify:

- CDPH Duty Officer Program.
- Federal Bureau of Investigation (FBI) if intentional contamination is suspected.
- California Environmental Protection Agency (CalEPA) if a chemical agent involved.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility during food emergencies in addition to agencies/entities that provide assistance and support.

NAME	ROLE
CDPH Food and Drug Laboratory Branch (FDLB)	• Analyzes food samples to determine chemical, physical or toxicological properties to ensure these products are safe for human consumption. • Provides laboratory and consultative support to CDPH FDB. • Maintains Reference Laboratory capability. • Participates in Food Emergency Response Laboratory Network (FERN).
CDPH Division of Communicable Disease Control (DCDC)	• Reviews LHD and EHD reports of epidemiologic investigations of foodborne illness outbreaks. • Coordinates with CDPH FDB in conducting foodborne illness investigations. • Maintains a specialized team to detect, identify, investigate, and control illnesses due to biological terrorist attacks.
CDPH Microbial Diseases Laboratory Branch (MDLB)	• Support foodborne illness investigations by analyzing biological samples and referring food samples to appropriate laboratories. • Provides consultative services to LHD laboratories or others.
CDPH Pre-Harvest Shellfish Program	• Regulates the commercial growing and harvesting of shellfish to assure that shellfish are safe for human consumption.
U.S. Food and Drug Administration (FDA)	• In partnership with CDPH FDB, maintains the California Food Emergency Response Team (CalFERT), a team of investigators, scientists and epidemiologists from federal and State agencies that jointly investigate foodborne illness outbreaks.
California Environmental Protection Agency (Cal/EPA)	• Lead agency for investigation of pesticide-related illnesses through its Department of Pesticide Regulation (DPR). • Provides consultation concerning chemical contaminants through its Office of Environmental Health Hazard Assessment (OEHHA)

NAME	ROLE
Federal Bureau of Investigation (FBI)	• Lead agency in event of a known terrorist incident or threat against the food supply. • Coordinates with CDPH FDB on the investigation of tampering, extortion, and terrorism related to food products.
U. S. Centers for Disease Control and Prevention (CDC)	• Participates in food-borne illness investigations.

RESOURCE MANAGEMENT

CDPH FDB maintains the following specialized resources to support the response to food emergencies:

- CDPH FDB Investigators have the authority to embargo regulated food products to prevent their distribution.
- CDPH FDB activates its Emergency Response Unit to conduct environmental investigations associated with foodborne outbreaks or product contamination within California. The Emergency Response Unit includes investigators, scientists and epidemiologists that specialize in the investigation of foodborne illness.
- If interstate commerce is involved, FDA and CDPH FDB may activate the California Food Emergency Response Team, which augments the CDPH FDB Emergency Response Unit with federal resources.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

CDPH Food and Drug Branch Regional Offices:

OFFICE	ADDRESS	TELEPHONE	FAX
Food and Drug Branch	California Department of Public Health Food and Drug Branch HQ 1500 Capitol Avenue MS 7602 PO Box 997435 Sacramento, CA 95899-7435	(916) 650-6500 (800) 495-3232 Consumer Complaint Line FDB Duty Officer: (916) 650-6625	(916) 650-6650
Food and Drug Branch Richmond	850 Marina Bay Parkway, Bldg. P Richmond, CA 94804	(510) 620-3480	(510) 620-3491
Food and Drug Branch Sacramento	3901 Lennane Drive, Suite 200 Sacramento, CA 95834	(916) 928-2237	(916) 928-2560
Food and Drug Branch Fresno	285 W. Bullard Ave. Ste. 101 Fresno, CA 93710-5864	(559) 447-3250	(559) 447-3423
Food and Drug Branch San Jose	100 Paseo de San Antonio, Ste. 304 San Jose, CA 95113-1490	(408) 277-1832	(408) 277-1141
Food and Drug Branch Glendale	500 N. Central Avenue, Ste. 300 Glendale, CA 91203	(818) 548-3081	(818) 548-3083
Food and Drug Branch Long Beach	11 Golden Shore Ste. 420 Long Beach, CA 90802-4218	(562) 590-5380	(562) 590-5394
Food and Drug Branch Ontario	2151 Convention Center Way, Ste. 218B Ontario, CA 91764-5628	(909) 937-3454	(909) 937-3455
Food and Drug Branch San Diego	1350 Front Street Ste. 4021 San Diego, CA 92101-3611	(619) 525-4108	(619) 525-4191
Food and Drug Branch Santa Ana	650 W. Santa Ana Blvd. Bldg 28, Room 324 Santa Ana, CA 92701-4027	(714) 558-4413	(714) 558-4677

This page intentionally left blank.

HAZARDOUS MATERIALS

INTRODUCTION

The accidental or intentional release of chemical, biological or radiological substances may threaten public health, property and the environment. Examples include:

- Releases at facilities that handle/store hazardous materials;
- Releases during the transportation of hazardous materials;
- Discovery of uncontrolled, unlicensed or unidentified hazardous materials;
- Natural disasters; or
- Terrorist acts involving hazardous materials (e.g., radiological dispersion device).

Many State and federal laws and regulations apply to the storage, handling and transportation of hazardous materials; the development of emergency plans; and reporting requirements. Title 19 of the California Code of Regulations requires entities that generate, handle, or store hazardous material in reportable quantities maintain a Hazardous Materials Business Plan/Contingency Plan that documents the type(s) and location(s) of hazardous materials within their facilities and emergency contact information. In addition, Title 19 requires all entities that handle or store particularly high risk hazardous materials maintain a Risk Management Plan that details the consequences of a hazardous material release; how the entity will prevent, mitigate and respond to potential or actual releases; and how the entity coordinates with local emergency response agencies.

Local governments designate a Certified Unified Program Agency (CUPA) to consolidate and administer the environmental and emergency response programs for hazardous materials within a local jurisdiction. The CUPA develops an Area Plan for hazardous material spills or releases that documents the risks within a designated geographical area and the roles and responsibilities of local response agencies (e.g., law enforcement, fire, public health, and EMS). The CUPA provides copies of the Area Plan to local agencies, including the local health department (LHD)/local environmental health department (EHD) and local emergency medical services agency (LEMSA).

During emergencies involving the release of hazardous materials, response agencies establish Incident Command or Unified Command, deploy Hazardous Materials (HAZMAT) Teams to contain and clean up the hazardous materials, and if necessary, dispatch EMS providers to triage, treat and transport victims. Specific actions taken by response agencies focus on reducing the public's exposure to hazardous materials and include:

- Preventing, minimizing or mitigating a release;
- Stabilizing the release or preventing the spread of the hazardous materials;
- Providing clear and consistent information to the public;

- Conducting protective actions such as evacuation or shelter-in-place;
- Conducting sampling and testing to determine impacts to public health and the environment;
- Decontaminating persons, property and the environment; or
- Placing controls on or disposing of contaminated items (e.g., property, soil and water).

Owners, operators, licensees, persons-in-charge, employers and local agencies must report the suspected or actual release of reportable quantities of hazardous materials to the California Emergency Management Agency (Cal EMA) State Warning Center, which then notifies appropriate State and federal agencies that have regulatory authority. The California State Warning Center notifies the CDPH and EMSA Duty Officer Programs of hazardous material releases; the CDPH Duty Officer Program in turn notifies the appropriate CDPH program(s). Facilities that experience the release of reportable quantities of certain hazardous materials must promptly report the release to the National Response Center. Various State and federal agencies regulate the transportation, storage, use and disposal of hazardous materials and, depending on the type and amount of material and where it is released, may take action when notified of a hazardous material release. In addition, the release of hazardous materials may impact entities regulated by CDPH, such as public water systems, food manufacturers, or drug manufacturers, requiring CDPH to take actions in accordance with statutory or regulatory responsibilities.

The CDPH Radiologic Health Branch (RHB) and Division of Environmental and Occupational Disease Control (DEODC) maintain capabilities and resources to support the response to emergencies involving the release of hazardous materials, and CDPH RHB is the lead State agency for radiological and nuclear emergencies that do not involve nuclear power plants. In addition to enforcing the laws and regulations designed to protect the public, workers and the environment, CDPH RHB provides technical expertise to support local HAZMAT response. Local response agencies should consult CDPH RHB immediately for technical support for all radioactive material releases. Title 17 of the California Code of Regulations requires facilities licensed by CDPH RHB to notify CDPH RHB directly whenever a reportable hazardous material release occurs at their facility.

EMSA supports the State's medical efforts specific to a hazardous materials incident and provides guidance and support to assist with transporting contaminated patients outside of the affected areas.

RESPONSE ACTIONS

The response actions below summarize the activities undertaken by the principle agencies/entities during emergencies involving the release of hazardous materials. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Entities that Handle/Store/Transport Hazardous Materials

Owners/operators of facilities or transport vehicles that handle/store/transport hazardous material are responsible for ensuring the safety and security of hazardous materials within their facilities or carried by their transport vehicles and minimizing the hazards posed to the public. When a hazardous material release occurs, owners/operators must:

- ☐ Activate emergency plans and procedures.
- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - CUPA.
  - California State Warning Center.
  - For emergencies involving radioactive materials, notify the CDPH RHB Regional Office during business hours or contact the CDPH Duty Officer during non-business hours or if the CDPH RHB District Office is unreachable.
  - LHD/EHD and MHOAC Program if there is the potential that public health or environmental health will be affected or as required by local policies and procedures.
  - Per Title 22, heath care facilities must notify the LHD and CDPH Licensing and Certification Program (L&C).
- ☐ Manage the hazardous material release in accordance with plans, policies and procedures (e.g., implement the Incident Command System or activate a Department Operations Center (DOC)/Emergency Operations Center (EOC)).
  - Manage on-site response activities, (e.g., take action to secure individual radiation sources within the facility).
- ☐ Coordinate with response partners and integrate into the emergency response structure.
- ☐ Provide situational information to appropriate local agencies in accordance with local policies and procedures.

Local Response Agencies/Incident Command

Local agencies (including fire, law enforcement, LHD/EHDs, LEMSA, and local emergency management) have primary responsibility for responding to emergencies involving the release of hazardous materials in accordance with local plans and procedures and should prioritize the protection of people, the environment and property, including the triage and treatment of victims. Activities may include the deployment of HAZMAT Teams, law enforcement, EMS providers, public health staff and other resources. Incident Command or Unified Command may be established if warranted by the type, size and scope of the hazardous material release. Response agencies/Incident Command should:

☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:

- California State Warning Center;
- LHD/EHD, LEMSA and MHOAC Program; and
- CDPH Duty Officer and/or EMSA Duty Officer Program. (Note: For emergencies involving radioactive materials, also notify the CDPH RHB Regional Office during business hours.)
- Other agencies as warranted.

☐ Integrate CDPH RHB or CDPH DEODC into the Incident Command or Unified Command structure, as necessary.

☐ Request any needed technical assistance from CDPH RHB.

☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD/EHD

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
- MHOAC Program; and
- CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources

through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ If a designated CUPA or HAZMAT response agency, provide support to Incident Command or Unified Command.

☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

LEMSA

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
- MHOAC Program.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area and other agencies in accordance with local policies and procedures; and

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. Submit a Medical and Health Situation Report with the resource request or as soon as possible.

☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.
- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Radiological Health Branch

CDPH RHB provides technical expertise on radioactive materials and enforces the laws and regulations designed to protect the public, emergency response workers, and the environment. CDPH RHB is responsible for public health functions including the investigation of potential or actual emergencies involving radiation, licensing of radioactive materials users, and surveillance of radioactive contamination in the environment. CDPH RHB contracts with Los Angeles County and San Diego County for licensed facilities in those jurisdictions.

During radiological emergencies, CDPH RHB works with affected licensees, local response agencies, and Incident Command. CDPH RHB will:

- ☐ Communicate with affected licensees and/or response agencies to determine the need to deploy RHB health physicists.
- ☐ Assure radiation sources are secured in the event a licensee is unable or unwilling to take the necessary actions to secure the radiation source.
- ☐ If requested, deploy a team of health physicists to provide technical support to licensees, response agencies, Incident/Unified Command, and other agencies. Technical support may include:
  - Identifying steps to secure radioactive materials.
  - Identifying measures to protect the health and safety of response personnel and the public.
  - Assessing radiological exposure within affected areas.
  - Consultation on the decontamination and rehabilitation of affected areas.

CDPH Division of Environmental and Occupational Disease Control

CDPH DEODC provides technical expertise to LHD/EHDs and other local response agencies when hazardous materials are released into the air, water, and/or on land. This includes occupational and environmental health expertise to protect first responders, workers, and the surrounding community. Upon learning of a hazardous material release, CDPH DEODC will:

- ☐ Contact LHDs and EHDs to get more complete information about the incident and offer technical support and assistance;
- ☐ If requested, deploy a specially trained team including physician, epidemiologist, laboratorian, toxicologist, industrial hygienist and health educator to provide technical support to response agencies or Incident Command. Technical support may include:
  - Medical toxicology and management recommendations.
  - Epidemiological analysis.
  - Health and exposure surveillance/investigations.
  - Interpretation of exposure assessment.
  - Laboratory forensics and monitoring.
  - Risk communication.
  - If requested, technical support for health care facilities and EMS providers on decontamination and shelter-in-place recommendations.

CDPH Division of Drinking Water and Environmental Management

The CDPH Division of Drinking Water and Environmental Management (DDWEM) provides technical expertise and laboratory support to LHD/EHDs and other local response agencies when hazardous materials threaten drinking water supplies or shellfish growing areas. The response to Drinking Water emergencies is documented in another chapter of this document. Upon learning of a hazardous materials release that impacts a shellfish growing area, DDWEM activates the management plans for the affected growing area. Actions may include closing the growing area for harvesting.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

Cal EMA

Cal EMA manages the California State Warning Center and notifies the appropriate State agencies following the report of a hazardous materials release. Cal EMA establishes and manages the State Dose Assessment Center for emergencies involving radioactive materials, which provides State-level coordination to:

- Assess radiation exposure and provide recommendations to decision makers to protect emergency response personnel, the public and the environment.
- Integrate complex data including field radiation measurements from field assessment work.
- Determine appropriate protective public health measures based on assessment of human exposure, epidemiological and toxicological investigations.
- Coordinate with the Federal Radiological Monitoring and Assessment Center, if activated.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility during unusual events or emergencies involving hazardous materials in addition to agencies/entities that provide assistance and support.

NAME	ROLE
CDPH Drinking Water and Radiation Laboratory Branch (DWRLB)	• Analyzes human specimens for toxic substances as a Level 1 laboratory in the Laboratory Response Network-Chemical (LRN-C). • Measures radiation in environmental samples. • Provides laboratory support for the CDPH response to emergencies involving chemical, biological or radiological agents including capabilities for detection and identification of unknown contaminants and materials. • Maintains reference laboratory capability for the analysis of materials including air, water, vegetation, milk and soil for chemical, biological or radiological contamination.
CDPH Environmental Health Laboratory Branch (EHLB)	• Measures unknown chemicals in environmental samples and biological specimens (blood and urine). • Provides laboratory support for emergencies involving the use or threatened use of chemical agents. • Maintains Reference Laboratory capability for the analysis of materials including air, water, food, and fiber for chemical contamination.
CDPH Drinking Water Program (DWP)	• Works with Public Water Systems to ensure that drinking water is safe for consumption.
CDPH Food and Drug Branch (FDB)	• Oversees protection of food and drug supplies. Works with food, drug, and medical device manufacturers and wholesalers to ensure that potentially contaminated products are removed from commerce.

NAME	ROLE
CDPH Pre-Harvest Shellfish Program	• Monitors commercial shellfish growing areas to ensure that shellfish is safe for consumption.
California Environmental Protection Agency (Cal EPA)	• Oversees the program to evaluate and certify the Certified Unified Program Agencies. • Lead State agency for the development of the California Oil and Hazardous Materials Emergency Function Annex. • Through its departments, provides sampling, monitoring, plume modeling, analytical, toxicological risk assessments and other services.
California Department of Fish and Game (DFG)	• The lead State agency for oil spills affecting inland and coastal waterways, lakes and reservoirs (through the Office of Oil Spill Prevention and Response). Serves as Incident Command for areas within its jurisdiction.
Emergency Medical Services Authority (EMSA)	• Provides support and guidance on the evacuation of patients.
California Department of Industrial Relations, Division of Occupational Safety and Health (Cal OSHA)	• Supports worker health and safety by providing technical expertise in chemical and hazardous material exposure, personal protective equipment selection and use and exposure assessment for emergency response workers.
California Highway Patrol (CHP)	• Serves as Incident Commander for emergencies involving the transportation of hazardous material on the State's freeways, State-owned bridges, and highways in unincorporated areas. • Supports local governments with evacuations, establishing road closures, traffic controls, detours, and/or alternate routes.
California Department of Transportation (Caltrans)	• Supports State and local governments and CHP in evacuations, establishing road closures, traffic controls, detours, and/or alternate routes, keep roads open during the emergency, assist in the evaluation process, and provide media information related to the State highways.
U.S. Environmental Protection Agency (EPA)	• Serves as lead federal agency for a hazardous materials release not involving a federal or State owned or licensed facility; also for foreign or unknown sources. • Serves as lead federal agency during the recovery phase of an emergency. • Provides aerial monitoring capability when requested.
Federal Bureau of Investigation (FBI)	• Acts as the lead law enforcement agency for all acts of terrorism. • Establishes a joint task force of local, State and federal law enforcement following a terrorist event.
U.S. Nuclear Regulatory Commission (NRC)	• Responsible for monitoring the activities of its licensees or radioactive material to ensure that appropriate protective actions are taken. • If a hazardous material release occurs involving a NRC-regulated facility or activity and poses a threat to public safety or the environment, serves as lead federal agency.

NAME	ROLE
U.S. Department of Energy (DOE)	• Manages the Federal Radiological Monitoring and Assessment Center for radiological emergencies. • Coordinates assessment operations involving special nuclear material (fissile material) and classified components. • Serves as lead federal agency in the event of a radiological accident involving a DOE facility or materials in shipment.
U. S. Department of Defense (DOD)	• Serves as lead federal agency in the event of a radiological accident involving a DOD facility or shipment.

RESOURCE MANAGEMENT

CDPH maintains specialized resources to support local jurisdictions during an emergency involving the release of hazardous materials including staff, monitoring and laboratory testing capabilities. For emergencies involving radioactive materials, CDPH RHB has resources to support licensees and response agencies during a radiological health emergency, including:

- Health physicists.
- Laboratory services that support CDPH response that analyzes samples and provides technical assistance.
- Radiation monitoring equipment and supplies to assist in the assessment of risk to the public, workers, and the environment.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Food and Drug Duty Officer:

Telephone: (916) 650-6625

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

California Poison Control System:

Telephone: (800) 222-1222

CDPH Radiologic Health Branch Regional Offices (for emergencies involving radioactive materials):

OFFICE	ADDRESS	TELEPHONE	FAX
Radiologic Health Branch Sacramento	Mailing Address: Department of Public Health Radiologic Health Branch P.O. Box 997414, MS 7610 Sacramento, CA 95899-7414 Physical Address: Department of Public Health Radiologic Health Branch 1500 Capital Avenue, 5th floor, MS 7610 Sacramento, CA 95814-5006	(916) 327-5106	(916) 440-7999
Radiologic Health Branch Granada Hills	10605 Balboa Boulevard, Suite 315 Granada Hills, CA 91344	(818) 366-1349	(818) 366-0462
Radiologic Health Branch Richmond	850 Marina Bay Parkway Bldg. P, 1st Floor Richmond, CA 94804	(510) 620-3416	(510) 620-3420
Radiologic Health Branch Brea	1800 E. Lambert Road Suite 125 Brea, CA 92821-4370	(714) 257-2025	(714) 257-2036
Radiologic Health Branch San Diego	DEH-CHD-Rad Health 9325 Hazard Way, MS 0565 San Diego, CA 92123	(858) 694-3621	(858) 694-3629
Radiologic Health Branch Los Angeles	Radiation Management 3530 Wilshire Boulevard, 9th Floor Los Angeles, CA 90010	(213) 351-7897	(213) 351-2718

This page intentionally left blank.

HEALTH CARE FACILITIES

INTRODUCTION

Health care facilities (HCF), including but not limited to hospitals, community clinics, skilled nursing facilities, Indian health clinics and other facilities, implement their Disaster Plans when incidents occur or are anticipated that may impact the operating status of the HCF and/or the health and safety of patients, visitors or staff. HCFs may use the term Disaster Plan, Emergency Operations Plan, or other terminology, all of which are represented here as "Disaster Plan".

Emergencies may be internal and limited to a specific HCF or result from an external incident that impacts the HCF and surrounding community. The decision to activate an HCF's Disaster Plan is made by the HCF management.

When an unusual event or emergency threatens the health or safety of patients, visitors or staff, it should be reported as soon as possible to the local health officer and California Department of Public Health Licensing and Certification (CDPH L&C) in accordance with Title 22 of the California Code of Regulations. In addition, HCFs affected by an emergency should contact their local emergency medical services agency (LEMSA) if the HCF's ability to receive patients is compromised or if the need for patient relocation is anticipated.

Potential actions taken by an affected HCF during an unusual event or emergency include, but are not limited to:

- Request authorization for regulatory/statutory flexibility from appropriate authorities, including the CDPH L&C (e.g., request authorization for alternate use of space to meet the needs of the emergency).
- Evacuate patients, in coordination with the LEMSA, through patient transfer to another HCF or location that can provide the appropriate level of care until conditions caused by the emergency have subsided and the HCF is cleared by the appropriate regulatory agencies (e.g., CDPH L&C and the Office of Statewide Plan Health Planning and Development (OSHPD)), allowing re-population of the HCF.
- Implement shelter-in-place procedures in coordination with emergency response personnel/agencies and continue to provide care and provisions to patients and staff.
- If needed, obtain resources through existing agreements or request resources from vendors within the HCF's existing supply chain, vendors beyond the normal supply chain, associated facilities (e.g., HCFs within its health care system), and from the appropriate governmental jurisdiction.

RESPONSE ACTIONS

The response actions described in this chapter assume that a HCF anticipates activation or has activated its Disaster Plan in response to an emergency or incident that threatens the welfare, safety or health of patients, visitors or staff. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Health Care Facilities

To ensure continuity of patient care and protect the health and safety of patients and staff, the HCF should activate its Disaster Plan as appropriate. In addition, the HCF should:

- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - LHD;
  - LEMSA;
  - CDPH L&C District Office. If the CDPH L&C District Office cannot be contacted due to an after-hours event or damage to the CDPH L&C district office, contact the CDPH Duty Officer Program.
  - OSHPD;
  - Other agencies/entities such as public safety agency and local emergency management.
- ☐ Manage the incident in accordance with its disaster plans, policies, and procedures.
- ☐ Coordinate with response partners and integrate into the emergency response structure (e.g., MHOAC Program, field-level Incident Command, or DOCs/EOCs if established) in accordance with local policies and procedures.
- ☐ Provide situational information to the appropriate local agency in accordance with local policies and procedures.
- ☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
  - MHOAC Program; and
  - CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Coordinate with CDPH L&C to share situational information.
- ☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

LEMSA

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
  - MHOAC Program.
- ☐ Monitor the capacity of HCFs to receive patients and communicate operational status to EMS providers.
- ☐ Coordinate the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs.
- ☐ Ensure that hospital bed availability assessments (HAvBED) are completed when requested by CDPH/EMSA.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with CDPH L&C to share situational information.

☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are significant changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with CDPH L&C to share situational information.

- ☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.
- ☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.
- ☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).
- ☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:
  - RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
  - Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.
- ☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.
- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Licensing and Certification Program

CDPH L&C coordinates with the affected HCF and local response agencies (e.g., LHD and LEMSA) for the duration of the emergency. CDPH L&C should:

- ☐ Contact the affected HCF and/or send a CDPH L&C District Office representative to the HCF upon notification that the HCF has experienced an unusual event or emergency.
  - Determine the status of the HCF.
  - Assess the ability of the HCF to continue to provide care and protect the health and safety of patients and staff.
  - Monitor the care provided to patients in affected facilities and/or relocation sites.
  - Track HCF status.
- ☐ Notify the CDPH Duty Officer Program or JEOC if activated and provide situational information.
- ☐ Notify the MHOAC Program of L&C activities within the affected Operational Area and coordinate with the MHOAC Program to share situational information.
- ☐ Depending on the needs of the emergency and staff availability, CDPH L&C may send an Agency Representative, when requested, to the primary medical and health coordination

location (e.g., the Incident Command Post, Area Command, LHD DOC, LEMSA DOC, or the Operational Area EOC).

☐ Communicate situational information, including the status of affected certified HCFs, to the Region IX Office of the Centers for Medicare and Medicaid Services (CMS) and coordinate and distribute information from CMS to HCFs and governmental entities.

☐ Support HCFs in their response to an emergency, including the following actions:

- Grant departmental authorizations to provide program flexibilities in order to allow alternative methods of compliance to meet existing required levels of care;
- Provide guidance to HCFs on compliance with Governor's suspension(s) of laws or regulations under a proclaimed State of Emergency in response to a surge in demand for patient care or other emergency;
- Provide guidance to HCFs on compliance with new levels of care pursuant to federal waivers through the U.S. Department of Health and Human Services (HHS)/Centers for Medicare and Medicaid Services (CMS).

☐ Provide technical assistance to HCFs and MHOAC Programs when requested, such as assisting in the identification of like facilities and bed types for patient transfers.

☐ Inspect hospitals and skilled nursing facilities prior to re-population.

☐ Coordinate with OSHPD to inspect damaged HCFs prior to re-population.

Office of Statewide Health Planning and Development

☐ Based on the type of emergency, dispatch staff to the affected HCF to assess damage and display appropriate tag:

- **Red Tag.** HCF is unsafe and shall be evacuated immediately. Access to red-tagged buildings is restricted to persons authorized by OSHPD to enter.
- **Yellow Tag.** HCF has been authorized for limited occupancy, and the OSHPD representative shall write directly on the yellow tag that portion of the hospital building that may be entered with or without restriction and those portions that may not be entered.
- **Green Tag.** HCF and its systems have been inspected by an authorized OSHPD representative and have been found to be safe for use and occupancy.

☐ Communicate assessment results to local and State emergency response personnel, including CDPH L&C, EMSA and Cal EMA.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including CDPH L&C, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility when HCFs are affected by unusual events or emergencies in addition to agencies/entities that provide assistance and support.

NAME	ROLE
U.S. Department of Health and Human Services/Centers for Medicare and Medicaid Services (CMS)	• Contracts with CDPH L&C for the certification of California HCFs and enforcement of federal regulations.
CDPH Radiologic and Health Branch	• Provides technical support to HCFs to ensure the safety and security of radioactive materials under their license.
County of Los Angeles	• Within the County of Los Angeles, inspects HCFs and enforces compliance with applicable laws and regulations, with the exception of those facilities owned/managed by Los Angeles County, which are under the jurisdiction of CDPH.
Local Ombudsperson	• When assigned this responsibility by the county, support and coordinate patient evacuation and relocation.
Local Government Agency Responsible for Code Enforcement	• Inspects intermediate care facilities when the HCF sustains damage.
Local Public Safety Agencies (e.g., Fire, Law Enforcement)	• Inspects and licenses temporary facilities (e.g., tents) to ensure compliance with State and local fire codes. • May order evacuation or shelter-in-place to protect patients and staff.

RESOURCE MANAGEMENT

HCFs should attempt to procure needed resources from commercial vendors, other facilities within their health care system, or through existing agreements.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

CDPH Licensing and Certification Program District Offices:

OFFICE	ADDRESS	TELEPHONE	FAX
Bakersfield District Office Counties: Kern, Tulare	200 Discovery Plaza, Suite 120 Bakersfield, CA 93309	(661) 336-0543 or (866) 222-1903	(661) 336-0529
Chico District Office Counties: Butte, Colusa, Glenn, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba	126 Mission Ranch Boulevard Chico, CA 95926	(530) 895-6711 or (800) 554-0350	(530) 895-6723
Daly City District Office Counties: San Francisco, San Mateo, Santa Clara (Parts: Cupertino, Los Altos, Mountain View, Palo Alto, Stanford, Santa Clara, Saratoga, Sunnyvale)	350 90th St, 2nd Floor Daly City, CA 94015	(650) 301-9971 or (800) 554-0353	(650) 301-9970
East Bay District Office Counties: Alameda, Contra Costa	850 Marina Bay Parkway Building P, 1st Floor Richmond, CA 94804-6403	(510) 620-3900 (510) 620-5800 (866) 247-9100 (800) 554-0352	(510) 620-5820
Fresno District Office Counties: Fresno, Kings, Madera, Mariposa, Merced	285 West Bullard, Suite 101 Fresno, CA 93704	(559) 437-1500 or (800) 554-0351	(559) 437-1555
Los Angeles District Office County: Los Angeles	12440 E. Imperial Highway, Suite 522 Norwalk, CA 90650	(562) 345-6884	(562) 409-5096
Orange County District Office County: Orange	2150 Towne Centre Place, #210 Anaheim, CA 92806	(714) 456-0630 or (800) 228-5234	(714) 456-0643
Redwood Coast/Santa Rosa District Office Counties: Napa, Solano, Marin, Sonoma, Mendocino, Humboldt, Lake, Del Norte	2170 Northpoint Parkway Santa Rosa, CA 95407	(707) 576-6775 or (866) 784-0703	(707) 576-2037
Riverside District Office County: Riverside	625 E. Carnegie Drive, Ste 280 San Bernardino, CA 92408	(909) 388-7170 or (888) 354-9203	(909) 388-7174

OFFICE	ADDRESS	TELEPHONE	FAX
Sacramento District Office Counties: Alpine, Amador, Calaveras, El Dorado, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, Yolo	3901 Lennane Drive Suite 210 Sacramento, CA 95834	(916) 263-5800 or (800) 554-0354	(916) 263-5840
San Bernardino District Office Counties: Inyo, Mono, San Bernardino	464 West Fourth Street Suite 529 San Bernardino, CA	(909) 383-4777 or (800) 344-2896	(909) 888-2315
San Diego North District Office Counties: (Parts of) Imperial, San Diego North County	7575 Metropolitan Drive Suite 104 San Diego, CA	(619) 278-3700 or (800) 824-0613	(619) 278-3725
San Diego South District Office Counties: Imperial, San Diego (south of Interstate 8)	7575 Metropolitan Drive, Suite 211 San Diego, CA 92108-4402	(619) 688-6190 or (866) 706-0759	(619) 688-6444
San Jose District Office Counties: Monterey, Santa Clara (Parts: San Jose, Los Gatos, Campbell, Milpitas, Morgan Hill, Gilroy), San Benito, Santa Cruz	100 Paseo de San Antonio Suite 235 San Jose, CA	(408) 277-1784 or (800) 554-0348	(408) 277-1032
Ventura District Office Counties: San Luis Obispo, Santa Barbara, Ventura	1889 North Rice Avenue Suite 200 Oxnard, CA 93030	(805) 604-2926 or (800) 547-8267	(805) 604-2997

This page intentionally left blank.

HEALTH CARE SURGE IN THE CONTINUUM OF CARE

INTRODUCTION

Health care surge occurs when an emergency causes the demand for health care to significantly exceed the capacity of the health care system within a community. Health care surge may be sudden and overwhelming, such as that caused by a catastrophic earthquake, or slow and building, such as that caused by a pandemic. During large scale disasters, health care surge is likely to affect the full continuum of care system, including pre-hospital care, hospitals, skilled nursing facilities, and home health agencies.

It is increasingly common for many components of the health care system to operate at or above capacity during day-to-day operations. Emergency departments are often crowded with admitted patients awaiting inpatient beds. Emergency Medical Services (EMS) system resources are often challenged by overwhelming demand for services. To differentiate between an increased demand for services associated with day-to-day conditions and health care surge due to emergencies, California Department of Public Health (CDPH)'s *Standards and Guidelines for Health Care Surge During Emergencies* defines health care surge as follows:

> A health care surge is proclaimed in a local jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant emergency or circumstances, that the health care delivery system has been affected, resulting in an excess in demand over capacity in hospitals, long-term care facilities, community clinics, public health departments, other primary and secondary care providers, resources and/or emergency medical services. The local health official uses the situation assessment information provided from the health care delivery system partners to determine overall local jurisdiction/Operational Area medical and health status.

Health care surge is not typical emergency department overcrowding or the result of a local multi-casualty incident that may stress nearby facilities but have little to no impact on the overall health care delivery system.

During health care surge, the EMS system will conduct field operations to save lives, triage and transport patients. Hospitals are likely to care for the most severely injured or ill during a surge event and will take actions to free up bed capacity to treat those in greatest need, such as cancelling elective surgeries, discharging patients early, and expanding bed capacity. Other health care facilities (HCFs) will increase or maintain capacity to the extent possible and thereby reduce pressure on acute care facilities.

RESPONSE ACTIONS

Progression of Response Actions

When a disaster leads to health care surge, HCFs and EMS providers should activate their Disaster Plans to manage the actual or anticipated health care needs of patients. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

When multiple agencies (e.g., public health, EMS, fire) are involved in an emergency response and Unified Command has been established, a representative from the LHD/EHD and/or the LEMSA should consider being present at Unified Command in accordance with local policies and procedures. During disasters, Operational Area Emergency Operations Centers (EOCs) will activate to coordinate information flow and resource requests (e.g., medical supplies, staff, and personal protective equipment). Field-level entities and agencies should provide situational information for inclusion in the Medical and Health Situation Report developed by the Medical Health Operational Area Coordination (MHOAC) on behalf of the Operational Area.

If resources are needed beyond those available in the Operational Area, the resource requesting process described in the Resource Management chapter should be followed. If requested resources are scarce, prioritization will be determined through the Multi-Agency Coordination System (MAC System) and involve appropriate stakeholder representation from all affected jurisdictions and/or agencies.

During health care surge within a community, hospitals may consult with CDPH Licensing and Certification (L&C) to determine if specific requirements can be flexed to maximize the hospital's response capabilities.

The local health officer or authorized local official may use color-coded descriptors to designate the status of the health care system in the local jurisdiction or Operational Area. Health care surge status represents the condition of the health care delivery system on a continuum from normal daily operations to a significant health care surge. There are five levels of local surge:

GREEN: Local system is operational and in usual day-to-day status. No assistance required.

YELLOW: Most health care assets within the local jurisdiction are experiencing a surge and are able to manage the situation within their organizational frameworks. No assistance required.

ORANGE: The health care assets in the local jurisdiction require the participation of additional health care assets within the jurisdiction to contain the situation.

RED: Local jurisdiction is not capable of meeting the demand for care, and assistance from outside the local jurisdiction/Operational Area is required.

BLACK: Local jurisdiction not capable of meeting the demand for care, and significant assistance from outside the local jurisdiction/Operational Area is required.

	Local Surge Emergency					Regional Level Surge	Statewide Surge Level
Surge Level	Green	Yellow	Orange	Red	Black		
Enabling Authorities	Regulatory/ Accrediting Agency Waiver	Regulatory/ Accrediting Agency Waiver	Regulatory/ Accrediting Agency Waiver/ Local Emergency Declaration	Local Emergency Declaration	Local Emergency Declaration	State of Emergency Declaration	Federal Emergency Declaration

Health care surge during emergencies may create sufficiently adverse conditions that compliance with existing statutes, regulations and professional standards of practice become an impediment to effective emergency response. The Governor may suspend statutory and regulatory requirements appropriate to the emergency through an Executive Order.

An Executive Order may address issues such as scope of practice; conversion of space; staffing ratios; informed consent; disease reporting; advanced health care directives; communication with health care agents, surrogates and next of kin; and honoring cultural preferences and rituals in disposing of human remains. An expanded list of State statutes and regulations that may be addressed by a Governor's Executive Order can be found in the Foundational Knowledge volume of *Standards and Guidelines for Healthcare Surge During Emergencies* (CDPH, 2007, pp 85-95).

In addition to the broad authority to issue Executive Orders, the Governor may also request a federal disaster declaration or specific relief from federal agencies. The Governor may request waivers of federal statutes and regulations from the U.S. Secretary of Health and Human Services (HHS), such as requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Emergency Medical Treatment and Active Labor Act (EMTALA).

Health Care Facilities

To ensure continuity of patient care and protect the health and safety of patients and staff, the HCF should activate its Disaster Plan as appropriate. In addition, the HCF should:

- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - LHD;
  - LEMSA;
  - CDPH L&C District Office. If the CDPH L&C District Office cannot be contacted due to an after-hours event or damage to the CDPH L&C district office, contact the CDPH Duty Officer Program.
  - Other agencies/entities such as public safety agency and local emergency management.
- ☐ Manage the incident in accordance with emergency plans, policies, and procedures.
- ☐ Coordinate with response partners and integrate into the emergency response structure (e.g., MHOAC Program, field-level Incident Command, or DOCs/EOCs if established) in accordance with local policies and procedures.
- ☐ Provide situational information to the appropriate local agency in accordance with local policies and procedures.
- ☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
  - MHOAC Program; and
  - CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Coordinate with CDPH L&C to share situational information.
- ☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

LEMSA

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
  - MHOAC Program.
- ☐ Monitor the capacity of HCFs to receive patients and communicate operational status to EMS providers.
- ☐ Coordinate the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs.
- ☐ Ensure that hospital bed availability assessments (HAvBED) are completed when requested by CDPH/EMSA.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Coordinate with CDPH L&C to share situational information.

☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with CDPH L&C to share situational information.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for

logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).

☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.

☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.

☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.

☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.

☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).

☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Licensing and Certification Program

CDPH L&C coordinates with the affected HCF and local response agencies (e.g., LHD and LEMSA) for the duration of the emergency. CDPH L&C should:

☐ Contact the affected HCF and/or send a CDPH L&C District Office representative to the HCF upon notification that the HCF has experienced an unusual event or emergency.

- Determine the status of the HCF.
- Assess the ability of the HCF to continue to provide care and protect the health and safety of patients and staff.
- Monitor the care provided to patients in affected facilities and/or relocation sites.
- Track HCF status.

☐ Notify the CDPH Duty Officer Program and provide situational information.

☐ Notify the MHOAC Program of L&C's activities within the affected Operational Area and coordinate with the MHOAC Program to share situational information.

☐ Depending on the needs of the emergency and staff availability, CDPH L&C may send an Agency Representative, when requested, to the primary medical and health coordination location (e.g., the Incident Command Post, Area Command, LHD DOC, LEMSA DOC, or the Operational Area EOC).

☐ Communicate situational information, including the status of affected certified HCFs, to the Region IX Office of the Centers for Medicare and Medicaid Services (CMS) and coordinate and distribute information from CMS to HCFs and governmental entities.

☐ Support HCFs in their response to an emergency, including the following actions:

- Grant departmental authorizations to provide program flexibilities in order to allow alternative methods of compliance to meet existing required levels of care;
- Provide guidance to HCFs on compliance with Governor's suspension(s) of laws or regulations under a proclaimed State of Emergency in response to a surge in demand for patient care;

- Provide guidance to HCFs on compliance with new levels of care pursuant to federal waivers through the U.S. Department of Health and Human Services (HHS)/Centers for Medicare and Medicaid Services (CMS).

☐ Provide technical assistance to HCFs and MHOAC Programs when requested, such as assisting in the identification of like facilities and bed types for patient transfers.

☐ Inspect hospitals and skilled nursing facilities prior to re-population.

☐ Coordinate with OSHPD regarding inspection of damaged HCFs prior to re-population.

CDPH Emergency Preparedness Office

☐ In coordination with EMSA, conduct assessments of hospital bed availability through HAvBED.

☐ Coordinate and support requests for CDPH-maintained stockpiled assets.

☐ Coordinate the requisition and delivery of supplies from the Strategic National Stockpile and other federal sources.

EMSA

☐ In coordination with CDPH, conduct assessments of hospital bed availability through HAvBED.

☐ Support requests for EMSA-maintained mobile medical assets.

☐ Monitor for status and integrity of overall EMS system and medical transportation capability.

Department of Health Care Services Medi-Cal Program

During a health care surge, the Department of Health Care Services (DHCS) Medi-Cal program may assist with surge response by:

☐ Assisting with the identification of available beds at long term care facilities, including skilled nursing facilities and intermediate care facilities. This activity will be coordinated with the MHOAC Program through the CDPH Duty Officer or JEOC if activated.

CDPH Duty Officer

☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including Licensing and Certification, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility during unusual events and emergencies involving health care surge in addition to agencies/entities that provide assistance and support.

ORGANIZATION	ROLE
Local Public Safety Agencies (e.g., Fire, Law Enforcement)	• Inspects and licenses temporary facilities (e.g., tents) to ensure compliance with State and local fire codes. • May order evacuation or shelter-in-place to protect patients and staff.
Local Ombudsperson	• When assigned this responsibility by the county, supports and coordinates patient evacuation and relocation.

RESOURCE MANAGEMENT

CDPH and EMSA maintain and/or support specialized resources to assist local emergency response when requested. During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

RESOURCE	DESCRIPTION
California Medical Assistance Teams	California Medical Assistance Teams (CAL-MATs) are deployable teams that support specialized health response needs such as disaster triage sites, clinics, medical shelters and hospitals including EMSA's three 200-bed Mobile Field Hospitals. EMSA maintains oversight of warehouse operations and cache management including vehicles, equipment and supplies, and coordinates team formation and response. The size of the team is determined by the medical mission.
Mobile Field Hospitals	EMSA maintains 3 Mobile Field Hospitals (MFHs) to assist with medical care during a disaster that impacts the operational status of the health care system. Each 200-bed Mobile Field Hospital is a vendor managed turnkey acute care hospital that provides basic emergency, surgical, intensive care unit, radiography and laboratory services and can be ready to receive patients within 72 hours of deployment.
Ambulance Strike Teams	Ambulance Strike Teams (ASTs) are positioned throughout the State to support local emergency medical service response, including medical transportation. There are both pre-designated and undesignated ASTs in California. Pre-designated ASTs are under contract with EMSA and consist of 5 ambulances and 1 Disaster Medical Support Unit (DMSU) that provides enhanced communication ability and supplies to support field deployment, including medical supplies and provisions for AST personnel. Use of the DMSUs and a requirement to provide ASTs is by contract with EMSA. Undesignated ASTs are organized at the local level and are not under contract with EMSA, although they may respond to requests from EMSA in times of need.
Mission Support Teams	Mission Support Teams (MSTs) provide logistical support to deployed mobile medical assets maintained by EMSA, (e.g., CAL-MAT, MFH, AST, etc.), and also provide coordination between the requesting local jurisdiction and the deployed asset(s). Coordinated by EMSA, MSTs may consist of State, local government, and/or private sector personnel. The size of the MST is determined by the medical mission.

RESOURCE	DESCRIPTION
Disaster Healthcare Volunteers	Disaster Healthcare Volunteers (DHV) is a secure, web-based system that registers and credentials health professionals who may wish to volunteer during a disaster, including doctors, nurses, paramedics, pharmacists, dentists, mental health practitioners, etc. DHV may be locally accessed by all 58 counties and 43 Medical Reserve Corps Units to support a variety of local needs, including augmenting medical staff at HCFs or supporting mass vaccination clinics. EMSA supports the system, coordinates statewide recruitment efforts and ongoing training opportunities.
Alternate Care Site Medical Supply Caches	CDPH maintains a stockpile of Alternate Care Site caches to augment local health care response during an emergency. Each cache includes basic medical equipment and supplies to support 50 patients for approximately 7 days. Alternate Care Site caches are intended to support government-authorized Alternate Care Sites and other medical needs during a disaster.
N95 Respirators	CDPH maintains a cache of N95 respirators, including different brands and models, to support resource needs during a disaster.
Antiviral Pharmaceuticals	CDPH maintains a cache of antiviral pharmaceuticals to support resource needs during influenza pandemic.
Ventilators	CDPH oversees a cache of vendor-managed ventilators to support resource needs during a disaster.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

CDPH Licensing and Certification Program District Offices:

OFFICE	ADDRESS	TELEPHONE	FAX
Bakersfield District Office Counties: Kern, Tulare	200 Discovery Plaza Suite 120 Bakersfield, CA 93309	(661) 336-0543 or (866) 222-1903	(661) 336-0529
Chico District Office Counties: Butte, Colusa, Glenn, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba	126 Mission Ranch Boulevard Chico, CA 95926	(530) 895-6711 or (800) 554-0350	(530) 895-6723
Daly City District Office Counties: San Francisco, San Mateo, Santa Clara (Parts: Cupertino, Los Altos, Mountain View, Palo Alto, Stanford, Santa Clara, Saratoga, Sunnyvale)	350 90th St 2nd Floor Daly City, CA 94015	(650) 301-9971 or (800) 554-0353	(650) 301-9970
East Bay District Office Counties: Alameda, Contra Costa	850 Marina Bay Parkway Building P, 1st Floor Richmond, CA 94804-6403	(510) 620-3900 (510) 620-5800 (866) 247-9100 (800) 554-0352	(510) 620-5820
Fresno District Office Counties: Fresno, Kings, Madera, Mariposa, Merced	285 West Bullard Suite 101 Fresno, CA 93704	(559) 437-1500 or (800) 554-0351	(559) 437-1555
Los Angeles District Office County: Los Angeles	12440 E. Imperial Highway Suite 522 Norwalk, CA 90650	(562) 345-6884	(562) 409-5096
Orange County District Office County: Orange	2150 Towne Centre Place, #210 Anaheim, CA 92806	(714) 456-0630 or (800) 228-5234	(714) 456-0643
Redwood Coast/Santa Rosa District Office Counties: Napa, Solano, Marin, Sonoma, Mendocino, Humboldt, Lake, Del Norte	2170 Northpoint Parkway Santa Rosa, CA 95407	(707) 576-6775 or (866) 784-0703	(707) 576-2037
Riverside District Office County: Riverside	625 E. Carnegie Drive, Ste 280 San Bernardino, CA 92408	(909) 388-7170 or (888) 354-9203	(909) 388-7174

OFFICE	ADDRESS	TELEPHONE	FAX
Sacramento District Office Counties: Alpine, Amador, Calaveras, El Dorado, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, Yolo	3901 Lennane Drive Suite 210 Sacramento, CA 95834	(916) 263-5800 or (800) 554-0354	(916) 263-5840
San Bernardino District Office Counties: Inyo, Mono, San Bernardino	464 West Fourth Street Suite 529 San Bernardino, CA	(909) 383-4777 or (800) 344-2896	(909) 888-2315
San Diego North District Office Counties: (Parts of) Imperial, San Diego North County	7575 Metropolitan Drive Suite 104 San Diego, CA	(619) 278-3700 or (800) 824-0613	(619) 278-3725
San Diego South District Office Counties: Imperial, San Diego (south of Interstate 8)	7575 Metropolitan Drive Suite 211 San Diego, CA 92108-4402	(619) 688-6190 or (866) 706-0759	(619) 688-6444
San Diego South District Office Counties: Imperial, San Diego (south of Interstate 8)	7575 Metropolitan Drive Suite 211 San Diego, CA 92108-4402	(619) 688-6190 or (866) 706-0759	(619) 688-6444
San Jose District Office Counties: Monterey, Santa Clara (Parts: San Jose, Los Gatos, Campbell, Milpitas, Morgan Hill, Gilroy), San Benito, Santa Cruz	100 Paseo de San Antonio Suite 235 San Jose, CA	(408) 277-1784 or (800) 554-0348	(408) 277-1032
Ventura District Office Counties: San Luis Obispo, Santa Barbara, Ventura	1889 North Rice Avenue, Suite 200 Oxnard, CA 93030	(805) 604-2926 or (800) 547-8267	(805) 604-2997

MANAGEMENT OF PATIENT MOVEMENT

INTRODUCTION

Patient Distribution

The local emergency medical services agency (LEMSA) is statutorily responsible for planning, coordinating, and evaluating local EMS systems, including establishing policies and procedures for patient distribution within the Operational Area. This may include transporting patients to receiving facilities or specialty care centers in other Operational Areas in the course of day-to-day operations. In addition to the distribution of patients from local incidents, the LEMSA is responsible for establishing the patient distribution process for receiving patients from outside the Operational Area and sending patients to other Operational Areas.

During Mass Casualty Incidents (MCIs) the demand for emergency medical care and transportation can exceed the day-to-day operating capacity of a local EMS system. The LEMSA assures that plans, policies and procedures for managing the response to MCIs are consistent with FIRESCOPE principles. During an MCI it is critical that all components of the EMS system function within a coordinated framework to expand capacity for the care, distribution, transportation and tracking of patients. When resource demands exceed the capacity of the Operational Area, the MHOAC Program is responsible for activating the medical mutual aid system. Critical EMS resources that are components of the medical mutual aid system include additional patient receiving facilities and ambulances for patient transport. When activated, the medical mutual aid system provides these additional resources within a structured and cooperative SEMS/NIMS framework involving adjacent Operational Areas through the LEMSA and MHOAC Program, the Region through the RDMHC Program, the State through EMSA and CDPH (which may function either through their respective Duty Officer Programs or the JEOC), and the federal National Disaster Medical System (NDMS).

The patient distribution process within each Operational Area should include a single point-of-contact so that neighboring jurisdictions can rapidly access facility statuses and capabilities. The single-point-of-contact responsible for patient distribution and medical transportation requests within an Operational Area may be a hospital, dispatch center, local warning center, on-call Duty Officer, or other entity that has the staffing and capabilities to complete the assigned tasks on a 24 hour-per-day, 7 day-per-week basis. LEMSAs should ensure that information regarding this single point-of-contact is current and communicated to neighboring LEMSAs, MHOAC Programs, RDMHC Programs and EMS providers.

Patient distribution outside the Operational Area requires inter-jurisdictional coordination. To the extent possible, there should be a degree of compatibility in patient distribution protocols among Operational Areas, Mutual Aid Regions and the State. System participants (both internal and external to the Operational Area) should use common or complementary terminology (e.g., START

triage categories) and procedures. Collaborative planning, training and coordination during exercises and real events will optimize system performance.

During significant incidents and disasters, each Operational Area must be able to rapidly assess the capabilities of receiving facilities in order to develop appropriate patient destinations. Most EMS systems in California have implemented computer-based networks designed to rapidly assess hospital capabilities for receiving patients (e.g. ReddiNet, EMSystems, StatusNet, etc.). However, special challenges exist when the need for patient destinations exceeds the capacity of facilities within the Operational Area(s) served by the local network.

EMS System Patient Distribution and Reception Capacity

Local medical response systems use two mechanisms to expand the capacity for patient distribution and reception: 1) the use of non-traditional patient receiving facilities within the Operational Area, and 2) the use of patient receiving facilities beyond the Operational Area. Non-traditional patient receiving facilities, including community clinics, urgent care centers, long-term care facilities, surgical facilities, military facilities, Government Authorized Alternate Care Sites (ACSs), etc., may receive lower acuity patients directly from the field or as a step-down from higher acuity facilities. See chapter on Health Care Surge in the Continuum of Care for further information on Health Care Surge.

Medical Transportation

The LEMSA is responsible for establishing the process for responding to medical transportation requests from outside the Operational Area in addition to establishing the medical transportation response protocols within the Operational Area. The requesting process within each Operational Area should include a single point-of-contact so that neighboring jurisdictions can rapidly access medical transportation statuses and capabilities.

Similar to patient distribution, medical transportation requests from outside the Operational Area require inter-jurisdictional coordination. This necessitates compatibility in medical transportation request protocols among Operational Areas, Mutual Aid Regions, and the State. EMSA's Ambulance Strike Team (AST) Program provides additional guidance on the requesting and movement of medical transportation resources, as well as the strategic placement of Disaster Medical Support Unit (DMSU) assets throughout the State. See www.emsa.ca.gov for more information on the AST Program.

RESPONSE ACTIONS

The response actions summarized below identify activities undertaken by agencies/entities when patient destinations are needed which exceed typical (i.e., day-to-day) operations. Additional agencies may be involved, depending on the incident type and size.

Affected Field-Level Entities (e.g., ambulance provider, health care facility)

- ☐ Notify the LEMSA and other local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
- ☐ Provide situational information to the appropriate local agency in accordance with local policies and procedures.
- ☐ Provide resource status information to the appropriate local agency in accordance with local policies and procedures
- ☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, e.g., LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Implement internal surge plans as appropriate.
- ☐ Coordinate with the LEMSA, LHD, MHOAC Program and other agencies in accordance with local policies and procedures.

LEMSA

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
  - MHOAC Program.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.
- ☐ Monitor the capacity of HCFs to receive patients and communicate operational status to EMS providers.
- ☐ Coordinate with EMS providers, MHOAC Program, and others regarding pre-hospital triage, patient care, and medical transportation of injured or contaminated patients in accordance with local policies and procedures.
- ☐ Coordinate the establishment of patient staging areas or Field Treatment Sites (FTS) to care for patients awaiting transportation to medical facilities.
- ☐ Coordinate the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs.

- ☐ Coordinate medical transportation resources coming into or leaving the Operational Area, including those included in the statewide AST program.
- ☐ Coordinate with LHD regarding local hospital assessments, capacity reporting, and patient distribution activities.
- ☐ Ensure that hospital bed availability assessments (HAvBED) are completed when requested by CDPH/EMSA.
- ☐ Coordinate with EMS dispatch centers and providers to develop a Communications Plan that addresses communications between transportation provider resources and non-traditional sites (e.g., FTS, ACSs, community clinics, etc.)
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.
- ☐ Coordinate with affected field-level entities, LHD, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

LHD

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
  - MHOAC Program; and
  - CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.
- ☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources

through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate the activation of government-authorized ACSs in response to a healthcare surge event as needed in accordance with local policies and procedures.

☐ Take steps necessary to protect public health and environmental health, including proclaiming a local health emergency under the authority of the local health officer.

☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Assist the LEMSA as needed with patient distribution and tracking activities.

☐ Assist in coordinating medical transportation resources within the Operational Area, and medical mutual aid resources, including ASTs in accordance with EMSA guidelines.

- ☐ Coordinate with the RDMHC Program regarding patient receiving facilities and destinations.
- ☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.
- ☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).
- ☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:
  - RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
  - Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.
- ☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.
- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.
- ☐ Ensure final patient tracking information is provided to the RDMHC Program for feedback to the affected MHOAC Program.

RDMHC Program

- ☐ Establish and maintain communications with the MHOAC Program(s) within the Mutual Aid Region, neighboring Mutual Aid Regions, and the State (e.g., EMSA and/or CDPH Duty Officer Program or JEOC if activated) to facilitate patient movement and distribution by the State, Region, and Operational Areas.
- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).

- ☐ Notify MHOAC Programs in neighboring Operational Areas, neighboring RDMHC Programs, and the CDPH/EMSA Duty Officer Programs to inform and provide advance warning if requests for assistance are anticipated.
- ☐ If patient transport destinations are required, request that MHOAC Programs in non-affected Operational Areas within the Region poll patient receiving facilities for patient receiving capacity, and provide the results of those assessments to the LEMSA or MHOAC Program in the affected Operational Area.
- ☐ Coordinate with MHOAC Programs to identify and establish FTSs to care for patients that are awaiting transportation to medical facilities outside the Region and/or identify and establish areas for receiving patients from outside the Region.
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.
- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including Licensing and Certification, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

RESOURCE MANAGEMENT

EMSA and CDPH maintain and/or support specialized resources to assist local emergency response when requested. During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

RESOURCE	DESCRIPTION
California Medical Assistance Teams	California Medical Assistance Teams (CAL-MATs) are deployable teams that support specialized health response needs, including medical shelters. EMSA maintains oversight of warehouse operations and cache management including vehicles, equipment and supplies, and coordinates team formation and response. The size of the team is determined by the medical mission.
Mobile Field Hospitals	EMSA maintains 3 mobile field hospitals (MFHs) to assist with medical care during a disaster that impacts the operational status of the health care system. Each 200-bed mobile field hospital is a vendor managed turnkey acute care hospital that provides basic emergency, surgical, intensive care unit, radiography and laboratory services and can be ready to receive patients within 72 hours of deployment.
Ambulance Strike Teams	Ambulance Strike Teams (ASTs) are positioned throughout the State to support local emergency medical service response, including medical transportation. There are both pre-designated and undesignated ASTs in California. Pre-designated ASTs are under contract with EMSA and consist of 5 ambulances and 1 Disaster Medical Support Unit (DMSU) that provides enhanced communication ability and supplies to support field deployment, including medical supplies and provisions for AST personnel. Undesignated ASTs are organized at the local level and not under contract with EMSA, although they may respond to requests from EMSA in times of need.
Mission Support Team	Mission Support Teams (MSTs) provide logistical support to deployed mobile medical assets maintained by EMSA, (e.g., California Medical Assistance Teams or mobile field hospitals), and also provide coordination between the requesting local jurisdiction and the deployed asset(s). Coordinated by EMSA, MSTs may consist of State, local government, and/or private sector personnel. The size of the MST is determined by the medical mission.
Disaster Healthcare Volunteers	Disaster Healthcare Volunteers (DHV) is a secure, web-based system that registers and credentials health professionals who may wish to volunteer during a disaster, including doctors, nurses, paramedics, pharmacists, dentists, mental health practitioners, etc. DHV may be locally accessed by all 58 counties and 43 Medical Reserve Corps Units to support a variety of local needs, including augmenting medical staff at HCFs or supporting mass vaccination clinics. EMSA supports the system, coordinates statewide recruitment efforts and ongoing training opportunities.
Alternate Care Site Medical Supply Caches	CDPH maintains a stockpile of Alternate Care Site caches to augment local health care response during an emergency. Each cache includes basic medical equipment and supplies to support 50 patients for approximately 7 days. Alternate Care Site caches are intended to support government-authorized Alternate Care Sites and other medical needs during a disaster.
N95 Respirators	CDPH maintains a cache of N95 respirators, including different brands and models, to support resource needs during a disaster.

RESOURCE	DESCRIPTION
Antiviral Pharmaceuticals	CDPH maintains a cache of antiviral pharmaceuticals to support resource needs during influenza pandemic.
Ventilators	CDPH oversees a cache of vendor-managed ventilators to support resource needs during a disaster.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

MASS FATALITY

INTRODUCTION

The care and management of the deceased is a challenging component of responding to and recovering from a disaster. The United States has experienced several mass fatality events, including terrorist attacks in New York on September 11, 2001 (approximately 3,000 fatalities), Hurricane Katrina on the Gulf Coast (approximately 1,500 fatalities) and the bombing of the Alfred P. Murrah Federal Building in Oklahoma City (approximately 170 fatalities). Although California has experienced many disasters, none to date have overwhelmed the capacity of the existing Coroner/Medical Examiner system. However, given the propensity for natural disasters, coupled with the presence of high impact terrorism targets, a large-scale event in California could produce mass fatalities beyond previous experience.

California's response to a significant Mass Fatality Incident is managed through the same process as other emergencies and disasters. All-risk planning and preparedness activities are organized at the local and Operational Area under the Standardized emergency Management System (SEMS). Health care facilities maintain Mass Fatality Plans that support their response to mass fatality incidents.

In California, primary responsibility for the investigation, recovery and management of the deceased resides within the local coroner or medical examiner (California Government Code §27491). There are a total of 58 Sheriff-Coroners, Coroners, or Medical Examiners throughout California. California Emergency Management Agency (Cal EMA) provides coordination of the Statewide Coroners Mutual Aid System, although Cal EMA's role is strictly advisory and limited to inter-agency coordination.

The Coroners Mutual Aid System is administered by the Law Enforcement Division of Cal EMA; however, it has rarely been utilized. The authority for this mutual aid system is stated in the California Emergency Services Act (Government Code §8550, §8569, §8615-8619, §8632, §8668) and the Master Mutual Aid Agreement. The Coroners Mutual Aid System is divided into seven regions throughout the State and follows SEMS for requesting mutual aid. Each Operational Area has a Sheriff-Coroner, Coroner, or Medical Examiner as its Coroner/Medical Examiner Mutual Aid Coordinator. At the region level, a Sheriff-Coroner, Coroner, or Medical Examiner is elected by their peers within the region to serve as the Regional Coroner/Medical Examiner Mutual Aid Coordinator. The Chief of the Law Enforcement Division of Cal EMA (or their designee) is tasked with coordinating coroner/medical examiner mutual aid above the region level. Interstate mutual aid is coordinated by Cal EMA through the Emergency Management Assistance Compact (EMAC), unless interstate agreements are already in place. Requests for assistance must be made through the SEMS process. Federal resources may be applied at all levels of the Coroner/Medical Examiner Mutual Aid System.

Each local authority, whether Coroner, Medical Examiner or Sheriff-Coroner, has a process for managing human remains that includes the following components:

- Notification;
- Scene evaluation and organization;
- Recovery of remains;
- Collection of ante-mortem data through a Family Assistance Center;
- Holding morgue;
- Level 1 transportation (from the scene to the fatality collection point or "holding morgue") and temporary storage;
- Morgue operations;
- Confirmed scientific (forensic) identification of Remains;
- Level 2 transportation (from the "holding morgue" to the forensic examination center/county morgue) and temporary storage; and
- Final disposition.

Significant disasters will likely require the use of private industry resources, interstate agreements under the EMAC, and deployment of federal fatality management resources from the National Guard Bureau, United States Department of Health and Human Services and Department of Defense mortuary affairs assets.

Perhaps the most commonly known federal mass fatality assets are the Disaster Mortuary Operational Response Teams (DMORTs). As part of the National Disaster Medical System (NDMS), there are 10 DMORTs within the United States that are composed of highly trained civilian personnel who specialize in the handling, identification and processing of human remains at the site of a mass fatality disaster. A DMORT provides a mobile morgue, victim identification and tracking software, and specific personnel to augment local resources. In addition to the 10 DMORTs previously described, there are two specialized DMORT teams available to the nation: The DMORT "All-Hazards" Decontamination Team and the Family Assistance Center Team.

The Public Health and Medical System also plays a role in emergency preparedness and response for those deaths resulting from a disease outbreak (naturally occurring or man-made), chemical or radiological release, or an event that causes large numbers of fatalities. The local health officer has responsibility for ensuring a prepared Public Health and Medical System with resources to provide fatality management surge capacity for morgue beds/storage options at each medical facility within their jurisdiction. Further, local health departments (LHDs) and local emergency medical services agencies (LEMSAs) have a role in educating stakeholders and the public about the absence of the risk of infection from human corpses. Certain diseases (e.g., HIV and hepatitis) pose a potential risk for individuals who come into close contact with dead bodies, but not for the general public.

RESPONSE ACTIONS

When a disaster occurs that produces mass fatalities, health care facilities implement their Mass Fatality Plans as appropriate. The Sheriff-Coroner, Coroner or Medical Examiner for the Operational Area is responsible for the investigation, recovery and management of human remains. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

In a mass fatality event, responsibilities of the Sheriff-Coroner, Coroner or Medical Examiner for the Operational Area may include:

- Provide initial response and assessment of injured and deceased.
- Identify/establish mortuary operations area(s), temporary cold storage, and transportation of the deceased.
- Coordinate with law enforcement to identify accessible routes for transporting the deceased.
- Establish a mechanism to collect ante-mortem data from those reporting a missing person that may be an unidentified decedent.
- Establish temporary morgue facilities and identifying fatality collection points.
- Disseminate emergency public information.
- Provide family assistance services as outlined in the Families in Aviation Disasters Act.
- Communicate estimates and assessments of fatalities to the Operational Area emergency Operations Center (EOC).
- Request mutual aid (if needed) from the Regional Coroner/Medical Examiner Mutual Aid Coordinator.

Under SEMS, when multiple agencies (e.g., public health, EMS, fire, law enforcement) are involved in an emergency response, Unified Command may be established close to the incident to manage field-level tactical operations. During disasters, Operational Area EOCs may activate to coordinate information flow and resource requests (e.g., fatality management supplies, staff, and personal protective equipment).

If the event is beyond the resource capability of the Coroner/Medical Examiner for the Operational Area, he/she requests mutual aid support from the Regional Coroner/Medical Examiner Mutual Aid Coordinator. This Regional Coordinator fills mutual aid requests from other Operational Areas within their region or from their own Coroner/Medical Examiner resources. If the Regional Coordinator is unable to supply sufficient resources to meet the requests from the affected area, the Regional Coordinator requests mutual aid support from the State Coroner/Medical Examiner Mutual Aid Coordinator. The State Coordinator will look for resources from other mutual aid regions or from the federal government, as is appropriate and in accordance with SEMS and the Resource Management chapter of this manual. (Note: Upon consultation with the Regional and

State Coroner/Medical Examiner Mutual Aid Coordinators, the State may request federal resources, including the DMORTs.) If requested resources are scarce, prioritization will be determined through the Multi-Agency Coordination System (MAC System). The MAC System process should involve appropriate stakeholder representation from all affected jurisdictions and/or agencies.

Health Care Facilities

- ☐ Implement Mass Fatality Plans in accordance with policies and procedures.
- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - Coroner/Medical Examiner;
  - LHD;
  - LEMSA;
  - CDPH Licensing and Certification (L&C) District Office. If the CDPH L&C District Office cannot be contacted due to an after-hours event or damage to the CDPH L&C district office, contact the CDPH Duty Officer Program.
  - Other agencies/entities such as public safety agency and local emergency management.
- ☐ Request assistance from Coroner/Medical Examiner and/or body transport contractor.
- ☐ Manage the response to the incident in accordance with plans, policies and procedures (e.g., activate the HCF's command center, review HCF's Mass Fatality Plan).
- ☐ Provide situational information to the appropriate local and State agencies (e.g., MHOAC Program, LHD, LEMSA, CDPH L&C), including current and projected number of dead on site.
- ☐ Utilize existing areas for storage of human remains.
- ☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

If the HCF's capacity to store human remains utilizing normal standards of care has been exceeded, or is anticipated, the HCF should consider (in addition to those activities described above):

- ☐ Utilizing surge areas for the storage of human remains (e.g., refrigerated portable storage containers).

- ☐ Executing existing Memorandums of Understanding (MOUs) for refrigerated trailers and/or other surge resources from public and private sources.
- ☐ Establishing non-refrigerated storage locations (e.g., parking garage conversions, secured outdoor tents) once refrigerated storage areas have been depleted.
- ☐ Preparing the deceased for transport to funeral homes or other surge locations, as directed by the Coroner/Medical Examiner or designee (e.g., MHOAC, LHD DOC, LEMSA DOC or Medical and Health Branch of the Operational Area EOC).

LHD

- ☐ Notify:
  - Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
  - MHOAC Program; and
  - CDPH Duty Officer Program or JEOC if activated.
- ☐ Activate LHD DOC and support the Medical and Health Branch of the Operational Area EOC.
- ☐ Coordinate with the local Coroner/Medical Examiner to provide HCFs with recommendations for handling deceased victims.
- ☐ Obtain situational status reports from all HCFs regarding the number of deceased on site and projections for future numbers.
- ☐ Monitor fatality management resources at HCFs and fill resource requests as appropriate and according to the process described in the Resource Management Chapter of this manual.
- ☐ Coordinate and process requests for resources that cannot be filled at the Operational Area level through the MHOAC Program.
- ☐ Assist Coroner/Medical Examiner in providing risk communications to stakeholders and the general public about the absence of risk of infection from handling human corpses.
- ☐ Consider alternate mechanisms for coordinating mass fatalities at HCFs when the capacity to store human remains or the ability to provide normal standards of care for the deceased has been exceeded and the local Coroner/Medical Examiner is not available to readily process the deceased. Any alternatives should be developed in coordination with the local Coroner/Medical Examiner.
- ☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures

will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

LEMSA

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures; and
- MHOAC Program.

☐ Activate local policies and procedures for managing 911 calls regarding deceased victims.

☐ Activate local policies and procedures for transporting deceased victims.

☐ Prepare to support medical needs of survivors and families at a family assistance center.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.
- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Licensing and Certification Program

- ☐ Contact affected HCFs and/or send a CDPH L&C District Office representative to those HCFs.
  - Determine the status of affected HCFs.
  - Assess the ability of the affected HCFs to protect the health and safety of patients and staff.
  - Track status of affected HCFs.
- ☐ Notify the CDPH Duty Officer Program (or JEOC if activated) and provide situational information.
- ☐ Notify and coordinate with the MHOAC Program to share situational information.
- ☐ CDPH L&C may send an Agency Representative, when requested, to the primary medical and health coordination location (e.g., LHD DOC or the Operational Area EOC).
- ☐ Support HCFs in their response to the emergency when requested.
- ☐ Coordinate with HCFs to authorize program flexibility. During emergencies leading to State and/or federal emergency declarations, facilitate requests for waivers of State and federal regulations if other options are not feasible.

CDPH Vital Records

- ☐ Provide emergency supplies of death certificates and disposition forms, if requested through the SEMS process as outlined in the Resource Management Chapter of this Manual.
- ☐ Provide training on the use of death certificates and disposition forms.
- ☐ Prepare to activate trained, qualified surge resources to expand the vital records processing function.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including Licensing and Certification, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

U.S. Department of Health and Human Services

Under the authority of the local jurisdiction, available DMORTs will:

- ☐ Provide a mobile morgue.
- ☐ Perform examination for the cause and manner of death in conjunction with local medical examiner/coroner system.
- ☐ Perform identification of remains by fingerprint, forensic dental, and/or forensic pathology/anthropology methods.
- ☐ Perform tracking of remains.
- ☐ Assist in DNA retrieval.
- ☐ Establish and assist in operating a Family Assistance Center (FAC).
- ☐ Provide ante-mortem data collection.
- ☐ Prepare remains for final disposition (with the exception of cremation).

DMORT does not establish command and control over the fatality management operation; the Coroner/Medical Examiner maintains responsibility for recovering remains, determining the cause and manner of death and signing all death certificates. In addition, DMORT does not provide the physical recovery, packaging or transport of human remains. While DMORT may provide medical-legal subject matter experts to “embed” into body recovery teams, they are not designed to

conduct physical recovery operations. California is in the U.S. Department of Health and Human Services (HHS) Region IX.

U.S. Centers for Disease Control and Prevention

Pursuant to a request by CDPH, the U.S. Centers for Disease Control and Prevention (CDC) may provide consultation regarding disease epidemiology. CDC, via CDPH, may assist the local jurisdiction with the diagnosis of biological agents and provide bio-safety and infection control information. CDC may also provide laboratory assistance for evidence analysis.

CDC houses the Medical Examiner and Coroner Information Sharing Program (MECISP). The MECISP was developed to improve the quality of death investigations in the United States and to promote the use of standardized policies for conducting investigations. The program facilitates communication among death investigators and interested groups, improves dissemination of information regarding investigated deaths, and promotes the sharing of Coroner/Medical Examiner death investigation data.

RESOURCE MANAGEMENT

LHD/EHDs, LEMSAs, CDPH and EMSA maintain and/or support specialized resources to assist local emergency response when requested.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

This page intentionally left blank.

NUCLEAR POWER PLANT EMERGENCIES

INTRODUCTION

Two commercial nuclear power plants operate in California: San Onofre Nuclear Generating Station in San Diego County and Diablo Canyon Power Plant in San Luis Obispo County. The utilities that operate these nuclear power plants maintain plans for responding to emergencies within the facility, and the counties surrounding the nuclear power plants maintain plans and protocols to protect the public from radiation exposure in the event of a nuclear power plant emergency.

The State of California maintains the State of California Nuclear Power Plant Emergency Response Plan, which details how the State and San Luis Obispo, Santa Barbara, Monterey, Orange, San Diego, Los Angeles, San Bernardino and Riverside counties prepare for and respond to nuclear incidents. The State of California Nuclear Power Plant Emergency Response Plan identifies the following type of nuclear power plant emergencies:

- **Notification of Unusual Event**: No threat to public safety. No release of radioactive material requiring off-site response or monitoring is expected unless further degradation occurs.
- **Alert**: Events are underway or have occurred that involve an actual or potential substantial degradation in the safety level of the plant. Any releases of radioactive material from the plant are expected to be limited to a small fraction of the limits established by the United State Environmental Protection Agency (EPA).
- **Site Area Emergency**: Events are underway or have occurred that result in actual or likely major failures of plant functions required for protection of the public. Any releases of radioactive material are not expected to exceed EPA's limits except near the site boundary.
- **General Emergency**: Events involve imminent or actual substantial core damage or melting of reactor fuel with the potential for loss of containment integrity. Radioactive releases during a general emergency can reasonably be expected to exceed EPA's limits beyond the immediate site area.

Nuclear power plants are required to notify off-site authorities, such as the California State Warning Center, county warning points, and the United States Nuclear Regulatory Commission within 15 minutes of experiencing any type emergency, and in these situations, brief authorities on the condition of the nuclear power plant and make recommendations to protect the public if necessary.

For significant emergencies, such as potential or actual Site Area Emergencies or General Emergencies, local jurisdictions activate their plans for responding to nuclear power plant emergencies and may establish a Unified Command to coordinate the response activities of multiple jurisdictions and agencies. Specific actions taken to reduce the public's exposure to radiation may include:

- Issuing instructions and orders to populations surrounding the nuclear power plant to evacuate or shelter-in-place;
- Controlling access into the areas containing radioactive material or radiation contamination;
- Administering stable iodine;
- Decontaminating persons, property and land; or
- Placing controls on food and water exposed to radiation.

Local Dose Assessment Centers and the State Dose Assessment Center may be established by local jurisdictions and the State, respectively, to assess radiation exposure and provide recommendations to decision makers to protect emergency response personnel, the public and the environment.

RESPONSE ACTIONS

The response actions summarized below identify activities undertaken by the principle agencies/entities that respond to nuclear power plant emergencies. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Nuclear Power Plants

Nuclear power plants are responsible for conducting on-site lifesaving activities, damage control and material containment. During a nuclear power plant emergency, the nuclear power plant should:

- ☐ Activate the on-site warning system.
- ☐ Activate emergency plans and protocols.
- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - California State Warning Center;
  - County Warning Points;
  - United States Nuclear Regulatory Commission; and
  - Others agencies/entities as warranted.
- ☐ Make recommendations to response agencies on appropriate measures to protect the public.
- ☐ Manage the incident in accordance with plans, policies, and procedures.

☐ Coordinate with response partners and integrate into the emergency response structure (e.g., Field-level Incident Command, or DOCs/EOCs if established) in accordance with local policies and procedures.

☐ Provide situational information to the appropriate regulatory agencies.

Local Response Agencies/Incident Command

Local agencies (including fire, law enforcement, local health department (LHD)/local environmental health department (EHD), and local emergency management) have primary responsibility for responding to nuclear power plant emergencies in accordance with local policies and procedures. Activities focus on protecting public health and may include evacuation or shelter-in-place recommendations. Unified Command may be established if multiple jurisdictions and agencies are affected by the nuclear power plant emergency. Response agencies/Unified Command should:

☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:

- California State Warning Center;
- LHD/EHD, LEMSA and MHOAC Program; and
- CDPH Duty Officer and/or EMSA Duty Officer Program. (Note: For emergencies involving radioactive materials, also notify the CDPH RHB Regional Office during business hours.)
- Other agencies as warranted.

☐ Coordinate with the LHD/EHD and LEMSA.

☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD, EHD and LEMSA

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
- MHOAC Program; and
- LHD and EHD only: CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

- ☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.
- ☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).
- ☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:
  - RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
  - Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.
- ☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.
- ☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.
- ☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

- ☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).
- ☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.
- ☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

- ☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.
- ☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.
- ☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.
- ☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.
- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Nuclear Emergency Response Program

The CDPH Nuclear Emergency Response Program (NERP) coordinates its activities with Cal EMA during nuclear power plant emergencies in accordance with the State of California Nuclear Power Plant Emergency Response Plan. In support of the response, NERP will:

- ☐ Deploy health physicists to the State Dose Assessment Center to provide technical support to response agencies, Incident Command, Cal EMA and/or other agencies responding to a nuclear power plant emergency. Technical support may include:
  - Collecting field measurements and samples.
  - Analyzing field and laboratory data.
  - Identifying measures to protect public health and the health and safety of response personnel.
  - Assessing the danger of entry into areas affected by radiation.
  - Consultation on the decontamination and rehabilitation of affected areas.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including CDPH NERP, MHOAC Programs, RDMHC Programs, EMSA and Cal

EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

Cal EMA

Cal EMA leads the State-level response to nuclear power plant emergencies in accordance with the California State Emergency Plan and the *State of California Nuclear Power Plant Emergency Response Plan*. Depending on the type and scope of emergency, Cal EMA may:

- ☐ Notify the CDPH Duty Officer and NERP Duty Officer.
- ☐ Activate the Regional Emergency Operations Center (REOC) and State Operations Center (SOC).
- ☐ Activate and manage the State Dose Assessment Center, which provides State-level coordination to:
  - Assess radiation exposure and provide recommendations to decision makers to protect emergency response personnel, the public and the environment.

- Integrate complex data including field radiation measurements from field assessment work.
- Determine appropriate protective public health measures based on assessment of human exposure, epidemiological and toxicological investigations.
- Coordinate with the Federal Radiological Monitoring and Assessment Center, if activated.

☐ Send staff to coordinate with the nuclear power plant, affected counties, and Joint Information Center.

☐ Request federal assistance if needed.

☐ Monitor protective actions.

☐ Make independent dose projections if needed.

☐ Recommend protective actions to the State Dose Assessment Center.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies the principal agencies/entities that have jurisdictional authority and/or responsibility during nuclear power plant emergencies in addition to agencies/entities that provide assistance and support.

ORGANIZATION	ROLE
CDPH Radiologic Health Branch (RHB)	• Provides technical assistance and resource support to NERP and deploys health physicists to the State Dose Assessment Center.
Federal Emergency Management Agency (FEMA)	• Serves as a coordinating agency during a radiological emergency. • Provides training and readiness evaluation during nuclear power plant emergency exercises.
California Highway Patrol (CHP)	• Serves as Incident Commander for radiological incidents on State highways and roadways in unincorporated areas. • Works with local law enforcement in directing evacuation routes.
CDPH Drinking Water and Radiation Laboratory Branch (DWRLB)	• Analyzes human specimens for toxic substances as a Level 1 laboratory in the U.S. Centers for Disease Control Laboratory Response Network (LRN-Chemical). • Provides laboratory support for the analysis of air, water, vegetation, milk and soil samples for radiological contamination. • Measures radiation in environmental samples. • Maintains Reference Laboratory capability for the analysis of air, water, vegetation, milk and soil samples for radiological contamination.
CDPH Drinking Water Program (DWP)	• Works with Public Water Systems to ensure that drinking water is safe for consumption.
CDPH Food and Drug Branch (FDB)	• Works with food, drug, and medical device manufacturers and wholesalers to ensure that potentially contaminated products are removed from commerce.
California Department of Food and Agriculture (CDFA)	• Provides support for assessment of food supplies during a radiological incident including field sampling of food and feed crops, food embargo, and other protective actions.

ORGANIZATION	ROLE
U.S. Environmental Protection Agency (EPA)	• Lead federal agency during the recovery phase of a nuclear power plant incident. • Provides response and support to state and local governments for radiological incidents including aerial monitoring capability and other assets, when requested.
U.S. Nuclear Regulatory Commission (NRC)	• Responsible for on-site activities related to a nuclear power plant emergency. • Monitors activities of its licensees to ensure that appropriate protective actions are taken.
U.S. Department of Energy (DOE)	• Manages the Federal Radiological Monitoring and Assessment Center. • Provides aerial monitoring capability and other assets when requested. • Provides assistance to local and State agencies.

RESOURCE MANAGEMENT

CDPH maintains specialized resources to support facilities and response agencies during a nuclear power plant emergency, including:

- Health physicists.
- Laboratory Services to analyze samples and provide technical assistance.
- Other supplies and radiation monitoring equipment to assist in assessment, including emergency worker kits.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

This page intentionally left blank.

NUCLEAR WEAPON DETONATION

INTRODUCTION

Detonation of a nuclear weapon in California would impact public health; the degree of impact would depend on the type and size of weapon and detonation location. The detonation of a nuclear weapon elsewhere in the United States or another country may also impact public health in California based on numerous factors.

The U.S. Department of Homeland Security has developed a planning scenario that models the impact of a 10 kiloton nuclear weapon detonation in California. Impacts include:

- A large number of fatalities within 1/2 mile of the detonation.
- An immediate health care surge within five miles of the detonation due to trauma, burns and other injuries.
- The need for immediate and long-term treatment of people exposed to high levels of ionizing radiation within 1 mile of the detonation or as much as 25 miles downwind from fallout.
- The need of local jurisdictions not directly affected by the nuclear blast or fallout to provide mutual aid and assistance to support the health care surge and evacuation of people from affected area.
- An electromagnetic pulse that incapacitates communications equipment, electronic devices and vehicles within one to two miles of the detonation.
- Dangerous levels of radioactive fallout that can be distributed up to 25 miles downwind requiring ongoing monitoring to assess impact to people, property and the environment, and implementation of protective measures.

Following the detonation of a nuclear weapon in California, the Governor may declare a State of Emergency or State of War Emergency in accordance with the California Emergency Services Act and may immediately request federal assistance. California Emergency Management Agency (Cal EMA) would activate the Regional Emergency Operations Centers (REOCs) and the State Operations Center (SOC), and the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) would activate the Joint Emergency Operations Center (JEOC) to coordinate the State's public health and medical response.

All local jurisdictions, even those not directly or immediately affected by the nuclear blast or fallout, should activate emergency response plans and Emergency Operations Centers (EOCs) to coordinate response activities or to provide assistance as soon as possible. Local jurisdictions within approximately 30 miles of the detonation should establish Unified Command consisting of local response agencies (including fire, law enforcement, local health department (LHD)/local

environmental health department (EHD), local emergency medical services agency (LEMSA), and local emergency management) to respond to the emergency.

Cal EMA, with support from CDPH and other federal, State and local agencies, will continuously monitor radioactive fallout throughout the State to identify potential or actual impacts and distribute monitoring reports and recommendations to protect public health.

RESPONSE ACTIONS

The response actions below summarize the activities undertaken by the principle agencies/entities during the initial response phase when a nuclear detonation impacts California. Refer to the chapter on Communication and Information Management for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Local Response Agencies/Incident Command

Any command post or facility established to respond to the emergency should be upwind from the detonation site to minimize radiation exposure for first responders and disaster workers. To further protect the health and safety of first responders and disaster workers, local jurisdictions should continuously monitor radiation levels at all facilities that support the emergency response to ensure that exposure levels are less than 2 millirem/hr. Title 17 of the California Code of Regulations limits workers' exposure to radiation to 5 rem/year and the Governor may need to increase total exposure limits through Executive Order, (e.g., increasing exposure limits to 50 rem/year in accordance with the National Council on Radiation Protection and Measurements guidelines).

Local agencies (including fire, law enforcement, LHD/EHDs, LEMSA, and local emergency management) within 30 miles of the detonation should:

- ☐ Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures, including but not limited to:
  - California State Warning Center;
  - LHD/EHD, LEMSA and MHOAC Program; and
  - CDPH Duty Officer and/or EMSA Duty Officer Program. (Note: For emergencies involving radioactive materials, also notify the CDPH RHB Regional Office during business hours.)
  - Other agencies as warranted.
- ☐ Organize under a Unified Command and establish a command post to coordinate response activities.
- ☐ Monitor radiation levels at the command post and other response facilities to ensure a general dose rate of 2 millirem/hr or less.

☐ Restrict response activities in the "hot zone" to areas with a general dose rate of 10 rem/hr or less. Life saving activities in areas greater than 10 rem/hr should only be done when it is certain that a life can be saved.

☐ Issue immediate orders and instructions to shelter in place:

- Residents within five miles of the detonation should protect themselves from exposure to radiation (e.g., shelter as far underground as possible, in the center areas of a building that is five stories or higher, or in the center areas of the largest building available.)
- All other residents should take shelter to minimize exposure to radiation.

☐ Request assistance to support emergency response activities.

☐ Closely monitor fallout reports and recommendations from the State or federal government to determine if actions need to be taken to protect public health.

☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD, EHD and LEMSA

☐ Notify:

- Local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures;
- MHOAC Program; and
- LHD and EHD only: CDPH Duty Officer Program (either directly or via the MHOAC Program) or JEOC if activated.

☐ Provide situational information to the MHOAC Program in accordance with local policies and procedures.

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources

through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

☐ Coordinate with affected field-level entities, LHD, LEMSA, MHOAC Program, Incident Command and DOCs/EOCs in accordance with local policies and procedures.

MHOAC Program

☐ Notify:

- RDMHC Program;
- CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC Program).
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated).

☐ Prepare a Medical and Health Situation Report containing the minimum data elements. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances.

☐ Within two hours of incident recognition, submit the initial Medical and Health Situation Report to the:

- RDMHC Program;
- CDPH and EMSA Duty Officer Programs (or JEOC if activated);
- Emergency management agency for the Operational Area (or the Operational Area EOC if activated) and other agencies in accordance with local policies and procedures.

☐ Provide updated Medical and Health Situation Reports as follows:

- Once during each operational period at agreed upon times;
- When there are changes in status, prognosis or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.

☐ Coordinate with the affected field-level entities, LHD, EHD, LEMSA, and CDPH and/or EMSA Duty Officer Programs (or JEOC if activated) to share situational information.

☐ Coordinate with the RDMHC Program to obtain information, policy-level decisions for response activities, and guidance developed by State-level programs and coordinated through the JEOC.

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum

information (see Resource Management chapter and Appendix D), including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process. Confirm receipt.
- Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry in RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources. A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

☐ Support the Medical and Health Branch of the Operational Area EOC if activated.

RDMHC Program

☐ Notify and coordinate with the CDPH and/or EMSA Duty Officer (or JEOC if activated).

☐ Notify and coordinate with emergency management agencies in accordance with policies and procedures, including the Cal EMA Regional Duty Officer (or REOC if activated).

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the CDPH and/or EMSA Duty Officer Programs (or JEOC if activated); if not, submit immediately.

☐ Confirm that the MHOAC Program submitted the Medical and Health Situation Report to the emergency management agency for the Operational Area (or Operational Area EOC if activated); if not, submit immediately.

☐ Confirm that the Cal EMA Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately.

☐ If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region.

☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.

- ☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.
- ☐ Coordinate with the JEOC to ensure that information, policy-level decisions for response activities, and guidance developed by State-level programs are distributed to the MHOAC Program(s).
- ☐ Coordinate with CDPH and EMSA to support the Medical and Health Branch of the REOC if activated.

CDPH Radiological Health Branch

The CDPH Radiologic Health Branch (RHB) provides technical expertise on radioactive materials and is responsible for public health functions including the investigation of radiation incidents and surveillance of radioactive contamination in the environment. As part of the response to a nuclear weapon detonation, CDPH RHB will:

- ☐ Function as the lead program for CDPH in matters concerning the effects of radiation. RHB response activities may include:
  - Provide staff and resources to support the Cal EMA State Dose Assessment Center.
  - Identify measures to protect the health and safety of response personnel and the public.
  - Assess radiologic exposure within affected areas.
  - Provide staff to the CDPH JEOC and the SOC.
  - The RHB Chief acts as Radiation Safety Officer for the State.

CDPH Duty Officer

- ☐ Notify and share information with local and State agencies, including LHD/EHDs, CDPH Programs including the Radiologic Health Branch, MHOAC Programs, RDMHC Programs, EMSA and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

EMSA Duty Officer

- ☐ Notify and share information with local and State agencies, including the LEMSA, RDMHC Programs, MHOAC Programs, CDPH and Cal EMA. If the JEOC activates, activities related to the specific incident are coordinated through the JEOC.

Joint Emergency Operations Center (if activated)

The Joint Emergency Operations Center (JEOC) activates during emergencies to coordinate the State-level response of CDPH, EMSA and the Department of Health Care Services. The JEOC functions as a central point of coordination between the involved State programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The JEOC will:

- ☐ Send an alert through the California Health Alert Network (CAHAN) that the JEOC has activated, including JEOC contact information and hours of operation. (Note that the CDPH Duty Officer Program and/or EMSA Duty Officer Program are the official points-of-contact outside JEOC operational hours.)
- ☐ Distribute State-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for State-level program information.
- ☐ Prepare the statewide Medical and Health Situation Report and distribute in accordance with policies and procedures.
- ☐ Monitor medical and health resource requests in RIMS, determine if State resources are needed, and fill resource requests as necessary.

Cal EMA

- ☐ Activate the REOCs and SOC.
- ☐ Activate and manage the State Dose Assessment Center, which provides State-level coordination to:
  - Assess radiation exposure and provide recommendations to decision makers to protect emergency response personnel, the public and the environment.
  - Integrate complex data including field radiation measurements from field assessment work.
  - Determine appropriate protective public health measures based on assessment of human exposure, epidemiological and toxicological investigations.
  - Coordinate with the Federal Radiological Monitoring and Assessment Center, if activated.
- ☐ Coordinate and obtain federal assistance as needed through the Department of Energy, Environmental Protection Agency and Department of Defense response teams.
- ☐ Request that Federal Radiological Monitoring and Assessment Center team be dispatched to assist California.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other agencies/entities that have jurisdictional authority and/or responsibility during emergencies involving the detonation of nuclear weapons in addition to agencies/entities that provide assistance and support.

NAME	ROLE
CDPH Drinking Water and Radiation Laboratory Branch (DWRLB)	• Analyzes human specimens for toxic substances as a Level 1 laboratory in the U.S. Centers for Disease Control Laboratory Response Network (LRN-Chemical). • Measures radiation in environmental samples. • Maintains Reference Laboratory capability for the analysis of materials including air, water, vegetation, milk and soil samples for radiological contamination.
CDPH Drinking Water Program (DWP)	• Oversees protection of drinking water supplies from contamination by radiation. • Coordinates with Public Water Systems to ensure that drinking water is safe for consumption.
CDPH Food and Drug Branch (FDB)	• Oversees protection of food and drug supplies from contamination by radiation. • Coordinates with food, drug, and medical device manufacturers and wholesalers to ensure that potentially contaminated products are removed from commerce.
California Department of Food and Agriculture (CDFA)	• Provides support for the assessment of food supplies during a nuclear weapons attack including field sampling, food embargo, and other protective actions.
California Highway Patrol (CHP)	• Works with local jurisdictions and State agencies to provide traffic control for the movement of evacuees, and emergency equipment and personnel. • Provides law enforcement support under the coordination of Cal EMA.
Federal Bureau of Investigation (FBI)	• Acts as the lead law enforcement agency for all acts of terrorism. • Establishes a joint task force of local, State and federal law enforcement following a terrorist incident.
U.S. Department of Homeland Security (DHS)	• Coordinating federal agency for implementing response activities related to deliberate attacks. • Controls the federal Nuclear Incident Response Team.
U.S. Environmental Protection Agency (EPA)	• Provides assistance to State and local authorities during the response and recovery phases of a nuclear attack. • Serves as lead federal agency during the recovery phase of an incident. • Provides aerial monitoring capability when requested.
U.S. Department of Energy (DOE)	• Manages the Federal Radiological Monitoring and Assessment Center. • Provides technical assistance when requested.
U.S. Department of Defense (DOD)	• For incidents involving a nuclear weapon, special nuclear material, and/or classified components that are in DOD custody, may establish a National Defense Area to manage the response within the National Defense Area boundaries. • Coordinates with State and local officials to ensure appropriate public health and safety actions are taken outside the National Defense Area. • Provides technical assistance when requested.

RESOURCE MANAGEMENT

CDPH maintains specialized resources to support the State following detonation of a nuclear weapon, including:

- Health physicists.
- Laboratory services to analyze samples and provide technical assistance.
- Other radiation monitoring equipment and supplies to assist in the assessment of risk to the public, workers, and the environment.

During emergency system activations, all resources, including State and federal assets, should be requested in accordance with SEMS and the Resource Management chapter of this manual.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

CDPH Regional Health Branch (RHB) Regional Offices:

OFFICE	ADDRESS	TELEPHONE	FAX
RHB Sacramento	Mailing Address: Department of Public Health Radiologic Health Branch P.O. Box 997414, MS 7610 Sacramento, CA 95899-7414 Physical Address: Department of Public Health Radiologic Health Branch 1500 Capital Avenue, 5th floor, MS 7610 Sacramento, CA 95814-5006	(916) 327-5106	(916) 440-7999

OFFICE	ADDRESS	TELEPHONE	FAX
RHB Granada Hills	10605 Balboa Boulevard, Ste 315 Granada Hills, CA 91344	(818) 366-1349	(818) 366-0462
RHB Richmond	850 Marina Bay Parkway, Bldg P, 1st Floor Richmond, CA 94804	(510) 620-3416	(510) 620-3420
RHB Brea	1800 E. Lambert Road Suite 125 Brea, CA 92821-4370	(714) 257-2025	(714) 257-2036
RHB San Diego	DEH-CHD-Rad Health 9325 Hazard Way, MS 0565 San Diego, CA 92123	(858) 694-3621	(858) 694-3629
RHB Los Angeles	Radiation Management 3530 Wilshire Boulevard 9th Floor Los Angeles, CA 90010	(213) 351-7897	(213) 351-2718

PUBLIC HEALTH LABORATORIES

INTRODUCTION

Public health laboratories operate at the local, State and federal levels. This chapter provides a broad overview of public health laboratories and more specific information on the functional role of relevant laboratories can be found in the function-specific topics.

Laboratory Response Network

The Laboratory Response Network (LRN) is a network of local, State and federal laboratories that provide the infrastructure and capacity to respond to biological and chemical terrorism and other public health emergencies. The LRN provides a mechanism for laboratories to access additional resources when their capabilities or capacity have been exceeded. Within the LRN, there are LRN-Biological (LRN-B) and LRN-Chemical (LRN-C) laboratories.

LRN-B laboratories are designated as sentinel, reference or national (see Figure 10):

- Sentinel Laboratories include many hospital-based or commercial diagnostic laboratories that are members of the LRN and local public health laboratories that do not have Reference Laboratory capabilities. Sentinel Laboratories provide routine diagnostic services, rule-out, and referral. If a suspicious specimen is obtained, it is referred to a LRN-B reference laboratory.
- Reference Laboratories are responsible for confirmatory testing of suspected biothreat agents and biotoxins.
- National Laboratories have unique resources for handling highly infectious biological agents and are responsible for specialized strain characterizations, bioforensics, and select agent activity.

LRN-C laboratories are designated by numeric levels as follows:

- Level 3 Laboratories work with hospitals and other first responders within their jurisdiction to maintain competency in clinical specimen collection, storage and shipment.
- Level 2 Laboratories have further capabilities in detecting exposure to toxic chemical agents, e.g., cyanide, nerve agents and toxic metals.
- Level 1 Laboratories are able to detect an expanded number of chemicals, including mustard agents, nerve agents, and other toxic industrial chemicals.

Local Public Health Laboratories

Local public health laboratories support local health departments (LHDs) and local environmental health departments (EHDs) by testing biological and environmental samples. Local public health

laboratories primarily focus on testing to support the identification of disease patterns and trends. Local public health laboratories provide confirmatory testing of clinical test results (performed by hospital or private clinical laboratories) and report this information to the LHD so that staff trained in epidemiology and surveillance may monitor for disease outbreaks, including food-borne, water-borne and vector-borne infectious diseases. Some local public health laboratories have the capacity to test food samples in suspected food-borne illness outbreaks; perform specific environmental testing, e.g., shellfish monitoring; and perform radiological or chemical testing. Local public health laboratories often provide specialized testing for diseases such as rabies as well as reference testing for hospitals and private clinical laboratories.

State Public Health Laboratories

State public health laboratories operated by the California Department of Public Health (CDPH) support State programs in addition to LHDs and EHDs. CDPH laboratories analyze biological and environmental samples, conduct screening and definitive testing for disease control programs, and provide surge support for local and federal laboratories. CDPH laboratories also provide specialized testing not available elsewhere, e.g., botulism toxin identification, and support access to other laboratory facilities outside of CDPH, such as the State Hazardous Materials Laboratory, Animal Disease and Food Safety Laboratory System and Forensic DNA Laboratory.

Federal Laboratories

Federal laboratories including those within the U.S. Centers for Disease Control and Prevention, U.S. Environmental Protection Agency, Department of Homeland Security, U.S. Department of Agriculture, U.S. Food and Drug Administration, and Federal Bureau of Investigation maintain laboratories with specialized biological and chemical capabilities.

CDPH Laboratories in Function-Specific Topics

The following table identifies the Function Specific Topic(s) where further information can be found on the role of specific CDPH laboratories during unusual events and emergencies.

FUNCTION SPECIFIC TOPIC	CDPH LABORATORY	FOCUS
• Drinking Water • Hazardous Materials • Nuclear Weapon Detonation • Nuclear Power Plant Emergency	• CDPH Drinking Water and Radiation Laboratory Branch (DWRLB)	• Analyzes human specimens for toxic substances as a Level 1 laboratory in the LRN-C. • Analyzes water samples to ensure that drinking water is free of harmful substances and suitable for human consumption. • Analyzes environmental samples for radioactive material.
• Hazardous Materials	• CDPH Environmental Health Laboratory Branch (EHLB)	• Analyzes environmental and biological samples for toxic substances such as pesticides, lead, and mold.

FUNCTION SPECIFIC TOPIC	CDPH LABORATORY	FOCUS
• Food Emergencies	• CDPH Food and Drug Laboratory Branch (FDLB)	• Analyzes food and drugs for chemical and microbiological contaminants.
• Communicable Diseases • Food Emergencies	• CDPH Microbial Diseases Laboratory Branch (MDLB)	• Analyzes biological samples for bacterial, fungal (coccidiodomycosis only), and parasitic agents as well as toxins (e.g., ricin, botulism, and other microbial toxins). • As a reference laboratory in the LRN-B, this laboratory also refers environmental samples (e.g., soil, water, air or other materials collected from the environment) to appropriate laboratories for bioterrorism agent testing.
• Communicable Disease • Health Care Surge in the Continuum of Care	• CDPH Viral and Rickettsial Diseases Laboratory Branch (VRDLB)	• Analyzes biological samples for viral and rickettsial agents, including West Nile, measles, influenza and other agents.

RESOURCE MANAGEMENT

All public health laboratory services should be accessed through established policies and procedures. When a need exists to access specialized laboratory resources offered by CDPH public health laboratories or other State and federal laboratories, contact the CDPH Duty Officer Program.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 845-8911 Email: Warning.Center@ops.calema.ca.gov

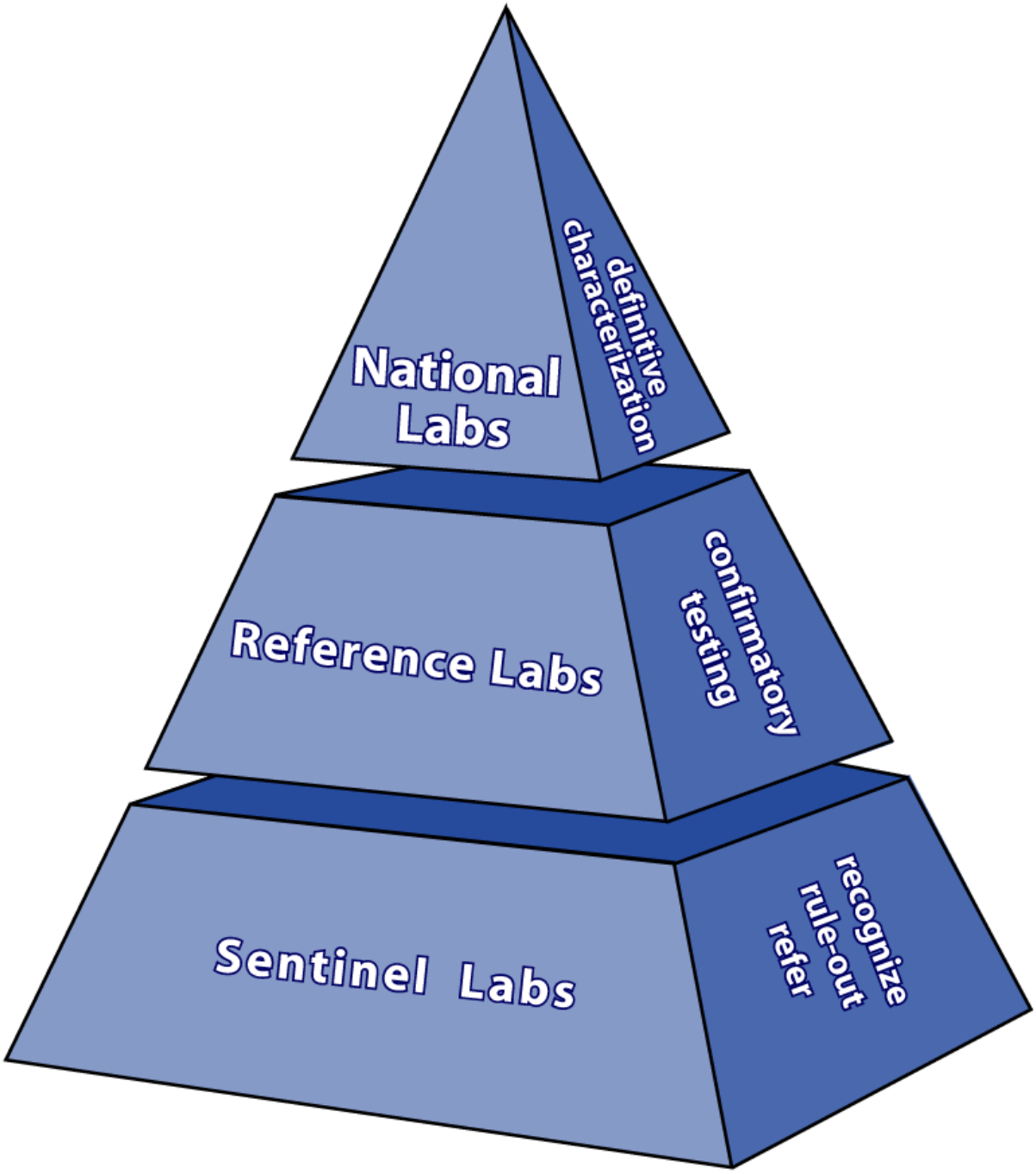
CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

Figure 10. Laboratory Response Network – Biological.



RISK COMMUNICATION

During day-to-day operations, the California Department of Public Health (CDPH) develops, approves, and disseminates information to key partners, media and the public. CDPH may alert the public to potential or actual public health or environmental health threats through advisories and notifications (e.g. Boil Water Notices, recalls, etc.) in accordance with program authorities, regulations and capabilities. Specific guidance documents are developed and disseminated by CDPH Centers/Programs.

The CDPH Office of Public Affairs (OPA) manages CDPH's emergency public information. During an unusual event or emergency, OPA provides information to external entities, including the general public, news media, California Health and Human Services Agency, Governor's Office, and other State agencies. OPA assigns staff to the California Emergency Management Agency (Cal EMA) Joint Information Center (JIC), if established, and responds to inquiries from the media and local, State and federal agencies related to the emergency.

OPA provides public information, leadership and support in risk communication to LHDs during emergencies. During public health and environmental health emergencies where CDPH is the lead agency for the State-level response and Cal EMA delegates the task of establishing a JIC to CDPH, OPA may coordinate a Public Health JIC. The Public Health JIC provides a mechanism to organize, integrate, and coordinate information from multiple agencies to ensure timely, accurate, accessible, and consistent messaging activities. CDPH requests participation in the Public Health JIC from relevant State agencies to ensure timely and accurate information sharing as well as consistent messaging related to the public health emergency.

During emergencies, CDPH coordinates with local health departments (LHDs) regarding public health risk communication activities including:

- Convening regularly scheduled conference calls;
- Providing materials, especially those in non-English languages, such as template news releases, talking points, FAQs, message maps, public service announcements, and hotline scripts;
- Coordinating the sharing of information and communication materials;
- Providing leadership and guidance on risk communication issues and media relations;
- Providing information from federal and international health organizations such as the U.S. Centers for Disease Control and Prevention and the World Health Organization;
- Participating, as needed, in local news conferences;
- Serving as a conduit for sharing information from LHDs with CDPH Executive Staff;
- Maintaining an e-mail contact list of public information officers; and
- Serving as a 24/7 contact for media inquiries.

During an emergency with medical impact, EMSA provides guidance to LEMSAs, emergency medical services transportation providers, first responders and other emergency health care personnel and organizations. Risk communication regarding protective personnel equipment, respirators, recommendations for immunization against biological threats, including pandemic influenza, and other information critical to safely providing emergency medical services in disaster situations are routinely distributed.

ADDITIONAL INFORMATION

California State Warning Center:

Note: Hazardous materials spills or releases must be reported immediately to the California State Warning Center (CSWC). Other notifications may be required to comply with State and federal statutes and regulations.

Telephone: (916) 440-7259 (for media inquiries)

CDPH Office of Public Affairs:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

CDPH Duty Officer:

Telephone: (916) 328-3605 Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Telephone: (916) 553-3470 Email: EMSADutyOfficer@emsa.ca.gov

PLAN MAINTENANCE

The California Public Health and Medical Emergency Operations Manual (EOM) will be maintained through a collaborative effort involving the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA). Periodic updates and revisions to the EOM will be posted on web sites hosted by CDPH and EMSA.

This page intentionally left blank.

APPENDIX A
MEDICAL HEALTH OPERATIONAL AREA COORDINATOR

Medical Health Operational Area Coordinator

Health and Safety Code Section 1797.153

In each operational area the county health officer and the local emergency medical services agency administrator may act jointly as the medical health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fulfill these responsibilities. If an operational area has a MHOAC, the MHOAC in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services (now the California Emergency Management Agency), shall be responsible for ensuring the development of a medical and health disaster plan for the operational area. The medical and disaster plans shall follow the Standard Emergency Management System and National Incident Management System. The MHOAC shall recommend to the operational area coordinator of the Office of Emergency Services a medical and health disaster plan for the provision of medical and health mutual aid within the operational area.

For purposes of this section, "operational area" has the same meaning as that term is defined in subdivision (b) of Section 8559 of the Government Code.

The medical and health disaster plan shall include preparedness, response, recovery, and mitigation functions in accordance with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code, and, at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:

1) Assessment of immediate medical needs.
2) Coordination of disaster medical and health resources.
3) Coordination of patient distribution and medical evaluations.
4) Coordination with inpatient and emergency care providers.
5) Coordination of out-of-hospital medical care providers.
6) Coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services.
7) Coordination of providers of nonfire based pre-hospital emergency medical services.

8) Coordination of the establishment of temporary field treatment sites.

9) Health surveillance and epidemiological analyses of community health status.

10) Assurance of food safety.

11) Management of exposure to hazardous agents.

12) Provision or coordination of mental health services.

13) Provision of medical and health public information protective action recommendations.

14) Provision or coordination of vector control services.

15) Assurance of drinking water safety.

16) Assurance of the safe management of liquid, solid, and hazardous wastes.

17) Investigation and control of communicable disease.

In the event of a local, State, or federal declaration of emergency, the medical health operational area coordinator shall assist the OES Operational Area coordinator in the coordination of medical and health disaster resources within the Operational Area, and be the point of contact in that Operational Area, for coordination with the RDMHC, the OES, the regional office of the OES, the State Department of Public Health, and the authority.

Nothing in this section shall be construed to revoke or alter the current authority for disaster management provided under either of the following: (1) The State Emergency Plan established pursuant to Section 8560 of the Government Code and (2) The California standardized emergency management system established pursuant to Section 8607 of the Government Code.

APPENDIX B
REGIONAL DISASTER MEDICAL AND HEALTH COORDINATOR

Regional Disaster Medical and Health Coordinator

Health and Safety Code Section 1797.152

The Emergency Medical Services Authority (EMSA) Director and the Director of Health Services may jointly appoint a regional disaster medical and health coordinator for each mutual aid region of the State. A regional disaster medical and health coordinator shall be a county health officer, a county coordinator of emergency services, an administrator of a local emergency medical services agency, or a medical director of a local emergency medical services agency. Appointees shall be chosen from among persons nominated by a majority vote of the local health officers in a mutual aid region.

In the event of a major disaster which results in a proclamation of emergency by the Governor, and in the need to deliver medical or health mutual aid to the area affected by the disaster, at the request of the authority, the State Department of Health Services, or the Office of Emergency Services, a regional disaster medical and health coordinator in a region unaffected by the disaster may coordinate the acquisition of requested mutual aid resources from the jurisdictions in the region.

A regional disaster medical and health coordinator may develop plans for the provision of medical or public health mutual aid among the counties in the region.

No person may be required to serve as a regional disaster medical and health coordinator. No state compensation shall be paid for a regional disaster medical and health coordinator position, except as determined appropriate by the State, if funds become available.

This page intentionally left blank.

APPENDIX C
MEDICAL AND HEALTH SITUATION REPORT

The Communication and Information Management chapter provides detailed information on the Medical and Health Situation Report.

The electronic Medical and Health Situation Report may be downloaded from the California Health Alert Network (CAHAN) web site at the following location: https://cahan.ca.gov. In CAHAN, go to the Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM → Electronic SIT REP.

A pen-and-paper version of the Medical and Health Situation Report is also be posted to the CAHAN Document Library as follows: Document Library → Documents → 2 State and Local Health → # CDPH → EPO → EOM → SIT REP Pen-and-Paper Form. The current pen-and-paper version at the time of manual publication is included in Appendix C for emergency use.

The Medical and Health Situation Report will be updated on a regular basis.

MEDICAL and HEALTH SITUATION REPORT (SITREP)

ver. 2.7c 28JUN2011

PEN & PAPER VERSION
ITEMS A - P ARE MINIMUMLY REQUIRED ON ALL REPORTS.

A. Report Type	
☐ INITIAL	☐ UPDATE #
	☐ FINAL

B. Report Status
☐ 1. Advisory: No Action Required
☐ 2. Alert: Action Required see "Critical Issues"

C. Report Creation Date/Time	
1. Report Date:	2. Report Time:

D. Incident / Event Information		
1. Mutual Aid Region:	2. Jurisdiction (OA):	3. Abrv:
4. Incident / Event Name:	5. Incident Date:	6. Incident Time:
7. Incident Location / Address:	8. Incident City:	
9. Incident Type:	10. Estimated Population Affected:	
11. Public Health and Medical Incident Level: ☐ Level I - Op Area ☐ Level II - Region ☐ Level III - State ☐ Unknown		

E. User Information
1. Report Creator:
2. Position:
2a. Agency:
3. Phone: ( )
4. Cell, Pager, Alt Phone: ( )
5. Email:

F. Current Condition of Public Health and Medical System:

☐ GREEN – Normal Operations:
(Update: Situation Resolved)

☐ YELLOW – Under Control:
NO Assistance Required

☐ ORANGE – Assistance from Within the jurisdiction/OA Required

☐ RED – SOME Assistance required from outside the jurisdiction/OA

☐ BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA

☐ GREY - Unknown

G. Prognosis: ☐ NO CHANGE ☐ IMPROVING ☐ WORSENING

Event Name: _____

PEN & PAPER VERSION SECTION 1 (Continued)

H. Current Situation: (Provide detailed Situational Awareness Information)

I. Current Priorities: (“NONE” or “Nothing to Report” is acceptable.)

J. Critical Issues or Actions Taken: (“NONE” or “Nothing to Report” is acceptable.)

Event Name: _____

PEN & PAPER VERSION SECTION 2
ITEMS A – P ARE MINIMALLY REQUIRED ON ALL REPORTS

K. Activities:

☐ 1. EMS/LHD DOC Active ☐ 2. OA EOC Active

☐ 3. OTHER: (Explain in Current Situation – Page 1) ☐ 4. OA EOC MH Branch Active

L. Proclamations/Declarations:

☐ 1. Local Emergency ☐ 2. State ☐ 3. Other (List in Box G Below)

☐ 4. PH Emergency ☐ 5. Federal

☐ 6. PH Hazard ☐ 7. Unknown

M. OA MH Primary Point of Contact NAME:

O. MH POC Telephone:

P. MH POC Email:

N. Health Advisories/Orders Issued:

☐ 1. Air Unhealthful ☐ 2. Heat
☐ 3. Boil Water ☐ 4. Cold
☐ 5. Food Hazard ☐ 6. Beach Closure
☐ 7. Disease Outbreak ☐ 8. Vector
☐ 9. School Dis/Closures ☐ 10. Radiation
☐ 11. Quarantine/Isolation ☐ 12. Other (List in Box G. Below)

Q. Hazard Specific Activities:

R. Summary of Impact:

1. Est. Population Affected (OA OEM Source):	#	☐ No Report/Assessment
2. Fatalities (County Coroner Source):	#	☐ No Report/Assessment
3. Injured – Immediate:	#	☐ No Report/Assessment
4. Injured – Delay:	#	☐ No Report/Assessment
5. Injured – Minor:	#	☐ No Report/Assessment

S. Evacuations:

☐ 1. Voluntary	#
☐ 2. Mandatory	#
3. Total:	#

Event Name: _____

PEN & PAPER VERSION SECTION 2 (Continued)

T. Medical and Health Coordination System Function Specific Status *Check box only if necessary*						(If other than green, provide brief comment)
1. Animal Care	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
2. Health HazMat	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
3. Out-Patient Clinics	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
4. In-Patient Healthcare Facilities	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
5. Drinking Water	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
6. Home Health Care	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
7. EPI / Disease Control	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
8. Homebound With Medical Needs	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
9. Locally based State/Federal Functions	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
10. LEMSA Program Services	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
11. Food Safety	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
12. Liquid Waste / Sewer Systems	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
13. Medical Waste	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
14. Radiation Health	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
15. Mental Health	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
16. Solid Waste Disposal	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
17. Public Health Lab	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
18. Vector Control	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
19. Medical Transport System	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
20. Shellfish	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	

Additional Notes:

Event Name: _____

PEN & PAPER VERSION SECTION 3

U. Overall Healthcare FACILITIES Status	☐ Green – Normal Operations: Situation Resolved	☐ Yellow – Under control: NO Assistance Required	☐ Orange- Assistance from Within the Facility Required	☐ Red –SOME Assistance from Outside Facility Required	☐ Black -SIGNIFICANT Assistance from Outside Facility Required

1. Total General Acute Care Hospitals:	#		5. Acute Care Hospital Comments:
1. GACH – Fully Functional	#		
2. GACH – Not Functional	#		
3. GACH – Partially Functional	#		
4. GACH – Not Reporting	#	☐ No Report/Assessment	

2. Total SNFs / LTCFs:	#	
1. SNF – Fully Functional	#	
2. SNF – Not Functional	#	
3. SNF – Partially Functional	#	
4. SNF – Not Reporting	#	☐ No Report/Assessment

3. Total ICF – DD Intermed Care Facil:	#	
1. IFC – Fully Functional	#	
2. IFC – Not Functional	#	
3. IFC – Partially Functional	#	
4. IFC – Not Reporting	#	☐ No Report/Assessment

4. Total Acute Psych Hospitals:	#	
1. APH – Fully Functional	#	
2. APH – Not Functional	#	
3. APH – Partially Functional	#	
4. APH – Not Reporting	#	☐ No Report/Assessment

5. Total State Hospitals (Corr, DD, MH):	#	
1. StH – Fully Functional	#	
2. StH – Not Functional	#	
3. StH – Partially Functional	#	
4. StH – Not Reporting	#	☐ No Report/Assessment

Event Name: _____

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Congregate Care Health Fac:	#	
1. CLF – Fully Functional	#	
2. CLF – Not Functional	#	
3. CLF – Partially Functional	#	
4. CLF – Not Reporting	#	☐ No Report/Assessment

7. Total Dialysis Centers:	#	
1. Dial – Fully Functional	#	
2. Dial – Not Functional	#	
3. Dial – Partially Functional	#	
4. Dial – Not Reporting	#	☐ No Report/Assessment

Event Name: _____

PEN & PAPER VERSION SECTION 4

V. General Infrastructure Damage as it relates to the Public Health & Medical System						(If other than green, provide brief comment)
1. Roads	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
2. Medical Health Communications	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
3. Communications	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
4. Power	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	

W. Care and Shelter				
1. Medical Mission at Shelter				
2. Number Opened:	#	3. Population Served:	#	
4. Medical Support of Shelter	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
5. Mobile Field Hospital	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
6. Gov Auth. Alternate Care Sites	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
7. Specialty Center	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
8. Field Treatment Sites	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				

Event Name: _____

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
10. Local Disaster Warehouse	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
11. PODS	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
12. Public Health Response Team	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
13. Warming Centers	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				
14. Other (List)	☐ Open	☐None	☐Planned	☐Assessing – no report
Comments:				

X. Medical Transportation			
1. Ambulance Units Available	#	2. Ambulances Committed	#
3. AST's Available (5:1)	#	4. AST's Committed	#
5. DMSU's Available	#	6. DMSU's Committed	#
7. Additional Medical Transportation Issues			

Event Name: _____

PEN & PAPER VERSION SECTION 5

Y. General and/or Additional Information (add anything here that does not appear elsewhere in this report)

END OF REPORT

Event Name: _____

APPENDIX D
RESOURCE REQUEST: MEDICAL AND HEALTH

The Resource Management chapter provides detailed information on the Medical and Health Situation Report.

The **Resource Request: Medical and Health** contains the minimum data elements and should be used to request medical and health resources from outside the Operational Area. This form will be updated and revised over time. Please download the latest version of the Resource Request: Medical and Health from the California Health Alert Network (CAHAN) in the document library section (CAHAN → Document Library → Documents → 2 State and Local Health → # CDPH → EPO →EOM). Please remember that the Medical and Health Situation Report should precede or accompany the Resource Request: Medical and Health unless extraordinary conditions prevail.

The Resource Request: Medical and Health will be updated on a regular basis.

Resource Request: Medical and Health Op Area (MHOAC) to Region/State

RR MH (5/2011)

REQUESTOR TO COMPLETE

1. Incident Name:						2a. DATE:	2b. TIME:	
3. Requestor Name, Agency, Position, Phone / Email:						2c. Requestor Tracking #: (Assigned by Requesting Entity)		
MISSION / TASK DESCRIPTION								
5. ORDER SHEETS - USE ATTACHED	☐	SUPPLIES/EQUIPMENT	☐	PERSONNEL	☐	OTHER:		

MHOAC

7. Requesting entity must confirm that the verification questions in the PH&M EOM have been reviewed and answered.

- ☐ This request meet the criteria for submission based upon EOM guidelines.
- ☐ The creation of this request was in consulation with the RDMHC program

8. MHOAC / EOC Review: (NAME, POSITION , AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; 3) THE REQUEST IS COMPLETE)	9. Describing the actions taken on this request so far.

LOGISTICS

NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).

10. Additional Order Fullfillment Information:	11. Likely Supplier Name/Phone/Email:

12. Resource Tracking:

☐	Entered into Resource Tracking System (Plans)	
☐	Demob Expected:	
☐	Demob Completed (if known):	

13. Notes:

14. ORDER FILLED AT (check box)

☐	Operational Area:	
☐	OA within Mutual Aid Region:	
☐	Outside of Region:	

FINANCE

15. Reply / Comments from Finance:	16. Finance Section Signature & Date/Time: (Name, Position & Verification)

ORDER SHEET

5. ORDER ***GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS***

17. Logistics Section: Fulfillment
NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).

Item #	Priority [3]	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	Product Class (Ea, Box, Cs, Pack)	Items per Product Class	Quantity [2] Requested	Expected Duration of Use:	Quantity			Tracking #	ETA (Date & Time)	COST
							Approved	Filled	Back-Ordered			

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

[2] **QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .**

[3] **PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)**

2011MAY18

ORDER SHEET

5. ORDER ***PERSONNEL REQUEST DETAILS*** ❒ PAID ❒ NON-PAID

17. Logistics Section: Fulfillment

ITEM #	Priority [3]	**Personnel Type & Probable Duties** Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	*Minimum* Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	*Required* Skills, Training, Certs (e.g., PALS, current ICU experience, languages, ICS training, 2nd license such as PHN, etc.)	*Preferred* Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	Quantity Approved	Quantity Filled	Tracking # or DHV Mission Number

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.

[3] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

ORDER SHEET

5. ORDER ***OTHER***

17. Logistics Section: Fulfillment
NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).

Item #	Priority [3]	Detailed Specific Description (Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)	Product (Ea, Cache, Team)	Quantity [2] Requested	Expected Duration of Use:	Quantity			Tracking #	ETA (Date & Time)	COST
						Approved	Filled	Back-Ordered			

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

[2] **QUANTITY: Number of individual items, caches, strike teams, or resources needed .**

[3] **PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)**

2011MAY18

This page intentionally left blank.

APPENDIX E
ACROYNMS

ACS	Alternate Care Site
AST	Ambulance Strike Team
CA-EF	California Emergency Function
CA-EF8	California Emergency Function 8 (Public Health and Medical)
CAHAN	California Health Alert Network
Cal EMA	California Emergency Management Agency
Cal EPA	California Environmental Protection Agency
CAL-MAT	California Medical Assistance Teams
Caltrans	California Department of Transportation
CCLHO	California Conference of Local Health Officers
CDC	United States Centers for Disease Control and Prevention
CDHOM	California Disaster Health Operations Manual
CDMOM	California Disaster Medical Operations Manual
CDPH	California Department of Public Health
CEH	CDPH Center for Environmental Health
CHP	California Highway Patrol
CID	CDPH Center for Infectious Disease
CHHS	California Health and Human Services Agency
CMS	Centers for Medicare and Medicaid Services
CSWC	California State Warning Center
CUPA	Certified Unified Program Agency
DCDC	CDPH Division of Communicable Disease Control
DDWEM	CDPH Division of Drinking Water and Environmental Management
DEODC	CDPH Division of Environmental and Occupational Disease Control
DFDRS	CDPH Division of Food, Drug and Radiation Safety
DHCS	Department of Health Care Services
DHS	United States Department of Homeland Security
DHV	Disaster Health Care Volunteers
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center

DOD	United States Department of Defense
DOE	United States Department of Energy
DMSU	Disaster Medical Support Unit
DOC	Department Operations Center
DWP	CDPH Drinking Water Program
DWRLB	CDPH Drinking Water and Radiation Laboratory Branch
EHD	Local Environmental Health Department
EHLB	CDPH Environmental Health Laboratory Branch
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMTALA	Emergency Medical Treatment and Active Labor Act
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
EPA	United States Environmental Protection Agency
EPO	CDPH Emergency Preparedness Office
ESF 8	Emergency Support Function 8 (Public Health and Medical Services)
FBI	Federal Bureau of Investigation
FDB	CDPH Food and Drug Branch
FDLB	CDPH Food and Drug Laboratory Branch
FEMA	Federal Emergency Management Agency
FIRESCOPE	Firefighting Resources of California Organized for Potential Emergencies
HAvBED	Hospital Available Beds for Emergencies and Disasters
HazMat	Hazardous Materials
HCF	Health Care Facility
HHS	United States Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ICS	Incident Command System
JEOC	Joint Emergency Operations Center
JIC	Joint Information Center
L&C	CDPH Licensing and Certification
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
LHO	Local Health Officer
LRN	Laboratory Response Network

MAC	Multi-Agency Coordination
MHOAC	Medical Health Operational Area Coordinator
MHOAC Program	Medical Health Operational Area Coordination Program
MDLB	CDPH Microbial Disease Laboratory Branch
MFH	Mobile Field Hospital
MMAA	California Disaster and Civil Defense Master Mutual Aid Agreement
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MECISP	Medical Examiner and Coroner Information Sharing Program
MST	Mission Support Team
NDMS	National Disaster Medical System
NERP	CDPH Nuclear Emergency Response Program
NIMS	National Incident Management System
NRC	United States Nuclear Regulatory Commission
N95	Facepiece that filters at least 95% of airborne particles
NRC	United States Nuclear Regulatory Commission
OA	Operational Area
OPA	CDPH Office of Public Affairs
POD	Point of Dispensing
RDMHC	Regional Disaster Medical and Health Coordinator
RDMHC Program	Regional Disaster Medical and Health Coordination Program
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operations Center
RHB	CDPH Radiologic Health Branch
RIMS	Response Information Management System
SDAC	State Dose Assessment Center
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SNS	Strategic National Stockpile
SOC	State Operations Center
VRDLB	CDPH Viral and Rickettsial Diseases Laboratory Branch

This page intentionally left blank.

APPENDIX F
GLOSSARY

Agency: A division of government with a specific function. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance).

Agency Representative: A representative of any agency that provides resources or personnel in support of an incident. The Agency Representative is assigned to the Liaison Officer at the Incident Command Post or Emergency Operations Center and provides representation for their agency and assigned staff and/or resources.

All–Hazards: Any incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities.

Ambulance Strike Team (AST): Ambulance Strike Teams are positioned throughout the State to support local emergency medical service response, including medical transportation. There are both pre-designated and undesignated ASTs in California. Pre-designated ASTs are under contract with EMSA and consist of 5 ambulances and 1 Disaster Medical Support Unit (DMSU) that provides enhanced communication ability and supplies to support field deployment, including medical supplies and provisions for AST personnel. Use of the DMSUs and a requirement to provide ASTs is by contract with EMSA. Undesignated ASTs are organized at the local level and are not under contract with EMSA, although they may respond to requests from EMSA in times of need.

Assessment: The evaluation and interpretation of measurements and other information to provide a basis for decision making.

Assistance-by-Hire: Assistance-by-hire resources are those elements of personnel and equipment which are provided through specific arrangements not associated with mutual aid.

California Department of Public Health (CDPH): The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California and is the lead State agency for coordinating State-level support for public health and/or environmental health incidents. CDPH's responsibilities include the following: administers and coordinates disaster-related public health programs and assesses hazards to the public's health; assists local public health departments and local environmental health departments in conducting public health functions.; coordinates with local health departments to conduct surveillance of infectious diseases in a disaster area and determines appropriate actions to be taken to prevent and control disease outbreaks; provides epidemiological and laboratory support through State and local public health and clinical laboratories and cooperating federal health and environmental laboratories; collects and analyzes

data and reports information for public health emergency planning and response; assesses health, safety, emergency preparedness and response plans for healthcare facilities; ensures the safety of drinking water supplies; assesses potential health effects, recommends protective measures and drafts measures to protect the public from chemical, biological, radiological and nuclear incidents; obtains and provides medical supplies and pharmaceuticals following a disaster; and assesses health, safety, emergency preparedness and response plans for health care facilities that the department regulates.

California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA): An agreement entered into by and between the State of California, its various departments and agencies and the various political subdivisions, municipal corporations and public agencies of the State of California to assist each other by providing resources during an emergency. Mutual Aid occurs when two or more parties agree to furnish resources and facilities and to render services to each other in response to any type of disaster or emergency.

California Emergency Function (CA-EF): The CA-EFs are a grouping of State agencies, departments and other stakeholders with similar functional activities/responsibilities whose responsibilities lend to improving the State's ability to collaboratively prepare for, effectively mitigate, cohesively respond to and rapidly recover from any emergency. CA-EFs unify a broad-spectrum of stakeholders with various capabilities, resources and authorities to improve collaboration and coordination for a particular discipline.

California Emergency Function 8 (CA-EF8): CA-EF8, Public Health and Medical, coordinates public health and medical activities and services statewide in support of local jurisdiction resource needs for preparedness, response and recovery from emergencies and disasters. The California Health and Human Services Agency is the lead agency for CA-EF8.

California Emergency Management Agency (Cal EMA): Cal EMA is responsible the coordination of overall State agency response to major disasters in support of local government. The Agency is responsible for assuring the State's readiness to respond to and recover from all hazards – natural, manmade, war-caused emergencies and disasters – and for assisting local governments in their emergency preparedness, response, recovery and hazard mitigation efforts.

California Emergency Services Act (ESA): An act within the California Government Code to insure that preparations within the State will be adequate to deal with natural, man-made, or war caused emergencies which result in conditions of disaster or in extreme peril to life, property and the natural resources of the State and generally to protect the health and safety and preserve the lives and property of the people of the State.

California Medical Assistance Teams (CAL-MATs): California Medical Assistance Teams (CAL-MATs) are deployable teams that support specialized health response needs such as disaster triage sites, clinics, medical shelters and hospitals including EMSA's three 200-bed Mobile Field Hospitals. EMSA maintains oversight of warehouse operations and cache management including vehicles, equipment

and supplies, and coordinates team formation and response. The size of the team is determined by the medical mission.

Demobilization: The orderly, safe, and efficient return of an incident resource to its original location and status.

Department Operations Center (DOC): An Emergency Operations Center specific to a single department or agency. The focus is on internal agency incident management and response. DOCs are usually linked to, and in most cases are physically represented within, a combined agency EOC through authorized representatives for the department or agency.

Disaster: A sudden calamitous event bringing great damage loss or destruction. See Major Disaster.

Disaster Healthcare Volunteers (DHV): DHV is a secure, web-based system that registers and credentials health professionals who may wish to volunteer during a disaster, including doctors, nurses, paramedics, pharmacists, dentists, mental health practitioners, etc. DHV may be locally accessed by all 58 counties and 43 Medical Reserve Corps Units to support a variety of local needs, including augmenting medical staff at HCFs or supporting mass vaccination clinics. EMSA administers the system, coordinates statewide recruitment efforts and ongoing training opportunities. DHV is California's Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP).

Emergency: Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Assistance Agreements: Written or oral agreements between and among public and private agencies and organizations that provide a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate the rapid, short-term deployment of emergency support prior to, during, and/or after an incident. Such agreements often describe the circumstances, conditions, limitations, and provisions for reimbursement of costs related to the provision of assistance. Sometimes called day-to-day agreements, such arrangements may supplement resources whenever demand exceeds the available supply of the needed resource. Pre-established emergency assistance agreements are distinct from "mutual aid" provided under the California Civil Defense Master Mutual Aid Agreement (MMAA).

Emergency Management Assistance Compact (EMAC): A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement.

Emergency Medical Services Authority (EMSA): EMSA has been designated as the lead agency for coordinating disaster medical services in California. It is responsible for coordinating the prompt delivery of disaster medical resources to local governments in support of their disaster medical response. This includes the acquisition of personnel and medical supplies and materials from unaffected regions of the State to meet the needs of affected counties. EMSA also facilitates the evacuation of injured disaster victims to hospitals in areas/regions not impacted by the disaster.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or some combination thereof.

Emergency Operations Plan (EOP): The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

Emergency System Activation: When an Operational Area activates any aspect of its Medical and Health Disaster Plan or when an incident leads to activation of Department Operations Centers (DOCs) and/or Emergency Operation Centers (EOCs).

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE). FIRESCOPE was originally developed to improve the capability of firefighting agencies in southern California in allocating and managing fire suppression resources. The current mission of FIRESCOPE is to provide recommendations and technical assistance to Cal EMA to provide a statewide program for California that unifies federal, State and local fire agencies into a single fire response system.

Function: Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The same five functions are also found at all SEMS EOC Levels. At the EOC, the term Management replaces Command. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence/Investigations, may be established, if required, to meet emergency management needs.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Hazardous Material: Any material that because of its quantity, concentration, physical or chemical characteristics poses a significant present or threatened hazard to human health and safety or to the environment if released into the workplace or the environment (Health and Safety Code §25501). An umbrella term that includes but is not limited to hazardous materials; hazardous

wastes; oil; petroleum products; radioactive materials; radioactive wastes; mixed wastes (combination of radioactive and chemical); biological agents; sewage and infectious wastes; industrial and agricultural chemicals (pesticides, herbicides, fungicides, etc.); explosives; air contaminants and marine pollutants.

Incident: An occurrence or event, natural or man-made, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild-land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command Post (ICP): The field location where primary response functions are performed. The ICP may be co-located with the incident base or other incident facilities.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands 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, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Joint Emergency Operations Center (JEOC): The JEOC is the co-located Emergency Operations Center for CDPH, DHCS and EMSA. The role of the JEOC includes the following core functions: coordination; communications; resource allocation and tracking; and information collection, analysis and dissemination.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, and local boundary lines) or functional (e.g., law enforcement, public health).

Jurisdictional Agency: The agency having jurisdiction and responsibility for a specific geographical area, or a mandated function.

Liaison Officer: A member of the Command Staff (management staff at EOC) responsible for coordinating with representatives from cooperating and assisting agencies/organizations. The Liaison Officer coordinates the initial entry of Agency Representatives into the EOC and provides guidance and support as required.

Local Emergency Medical Services Agency (LEMSA): The agency, department, or office having primary responsibility for administration of emergency medical services in a county or multiple counties, including disaster medical preparedness and response.

Local Environmental Health Department (EHD): The agency, department, or office having primary responsibility for administration of environmental health services in a county or counties.

Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a non-profit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal entity, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity.

Local Health Department (LHD): The agency, department, or office having primary responsibility for administration of public health services in a county or city.

Local Health Officer (LHO): City and county health officers are authorized by the Health and Safety Code to take any preventive measure necessary to protect and preserve the public health from any public health hazard during a local emergency or State of Emergency within their jurisdiction. Preventive measures include abatement, correction, removal, or any other protective steps which may be taken against any public health hazard that is caused by a disaster and affects public health. The local health officer may proclaim a local emergency if he or she has been specifically designated to do so by ordinance adopted by the governing body of the jurisdiction (H&S Code, Section 101310). When a health emergency has been declared by a local health officer or board of supervisors, the local health officer has supervision and control over all environmental health and sanitation programs and personnel employed by the county during the State of Emergency.

Logistics: Providing resources and other services to support incident management.

Major Disaster: Any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States that, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Medical Health Operational Area Coordinator (MHOAC): See Health and Safety Code §1797.153 (Appendix A).

Medical Health Operational Area Coordination (MHOAC) Program: A comprehensive program under the direction of the MHOAC that supports the 17 functions outlined in Health and Safety Code §1797.153.

Mission Support Team (MSTs): MSTs provide logistical support to deployed mobile medical assets maintained by EMSA, (e.g., California Medical Assistance Teams, Mobile Field Hospitals, Ambulance Strike Teams, etc.), and also provide coordination between the requesting local jurisdiction and the deployed asset(s). Coordinated by EMSA, MSTs may consist of State, local government, and/or private sector personnel. The size of the MST is determined by the medical mission.

Mitigation: Provides a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

Mobile Field Hospitals (MFHs): In addition to local and federal MFHs, EMSA maintains three MFHs to assist with medical care during a disaster that impacts the operational status of the health care system. Each of EMSA's 200-bed MFH is a vendor-managed turnkey acute care hospital that provides basic emergency, surgical, intensive care unit, radiography and laboratory services and can be ready to receive patients within 72 hours of deployment.

Mobilization: The process and procedures for activating, assembling, and transporting the resources that have been requested to respond to or support an incident.

Mobilization Center: An off-emergency location where emergency services personnel, equipment and supplies may be temporarily located, pending assignment to the emergency, release, or reassignment.

Multi-Agency Coordination System (MAC System): A MAC System that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. A MAC System includes facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are EOCs and MAC Groups, which assist agencies and organizations responding to an incident. MAC Groups typically consist of administrators/executives, or their appointed representatives, who are authorized to commit agency resources and funds.

Mutual Aid Coordinator: An individual at local government, Operational Area, Region or State Level that is responsible to coordinate the process of requesting, obtaining, processing and using mutual aid resources. Mutual Aid Coordinator duties will vary depending upon the mutual aid system.

Mutual Aid Region: A mutual aid region is a subdivision of the State established to assist in the coordination of mutual aid and other emergency operations within a geographical area of the State, consisting of two or more Operational Areas.

National Disaster Medical System (NDMS): A federal medical response system that supplements state and local emergency resources during disasters or major emergencies. NDMS may be

activated in response to a presidential disaster declaration or a state request for major medical assistance.

National Incident Management System (NIMS): Provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

Non-Governmental Organization (NGO): An entity with an association that is based on the interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with the government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross.

Operational Area (OA): An intermediate level of the State of California emergency organization, consisting of a county and all political subdivisions within the geographical boundaries of the county.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours.

Political Subdivision: Includes any city, city and county, county, tax or assessment district, or other legally authorized local governmental entity with jurisdictional boundaries.

Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within NIMS, preparedness focuses on the following elements: planning, procedures and protocols, training and exercises, personnel qualification and certification, and equipment certification.

Private Sector: Organizations/entities that are not part of the governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry.

Public Health and Medical System: An inter-connected system of public and private entities whose activities and responsibilities involve public health; environmental health; and medical services, including emergency medical services. The participants in the Public Health and Medical System include those involved in the delivery of health care in addition to those involved in the protection and promotion of public health and environmental health. Examples include but are not limited to health care facilities such as hospitals, skilled nursing facilities, and community clinics; Indian health services; local health departments; local emergency medical services agencies; local environmental health departments; ambulance providers; public health laboratories; public water systems; hazardous materials responders; dispatch centers; and many other entities/organizations that

conduct daily activities and/or emergency response activities relevant to public health, environmental health and medical services.

Public Information: Processes, procedures, and systems for communicating timely, accurate, and accessible information on the incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders directly and indirectly affected.

Recovery: The development, coordination, and execution of service and site restoration plans; the reconstitution of government operations and services; individual, private sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

Regional Disaster Medical and Health Coordinator (RDMHC): See Health and Safety Code §1797.152 (Appendix B).

Regional Disaster Medical and Health Coordination (RDMHC) Program: A comprehensive program under the direction of the Regional Disaster Medical and Health Coordinator that supports information flow and resource management during unusual events and emergencies. This program includes the Regional Disaster Medical and Health Specialist.

Regional Disaster Medical Health Specialist (RDMHS): The Regional Disaster Medical Health Specialist is a component of the RDMHC Program that directly supports regional preparedness, response, mitigation and recovery activities.

Region Emergency Operations Center (REOC): Regional facilities representing each of Cal EMA's three Administrative Regions (Inland, Coastal and Southern). REOCs provide centralized coordination of resources among Operational Areas within their respective regions, and between the Operational Areas and State level.

Reimbursement: The recouping of funds expended for incident-specific activities.

Resource Management: Efficient emergency management and incident response requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under NIMS includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Response: Activities that address the short−term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Response Information Management System (RIMS): The Internet-based information management system maintained by the California Emergency Management Agency for collecting information on the disaster situation, communicating action plans, and requesting mission requests.

Special District: A unit of local government (other than a city, county, or city and county) with authority or responsibility to own, operate and maintain systems, programs, services, or projects (as defined in California Code of Regulations Section 2900(s) for purposes of natural disaster assistance. This may include a joint powers authority established under Section 6500.

Stafford Act: The Robert T. Stafford Disaster Relief and Emergency Assistance Act establishes the programs and processes for the Federal Government to provide disaster and emergency assistance to States, local governments, tribal nations, individuals, and qualified private non-profit organizations. The provisions of the Stafford Act cover all hazards including natural disasters and terrorist events. Relevant provisions of the Stafford Act include a process for Governors to request Federal disaster and emergency assistance from the President. The President may declare a major disaster or emergency.

Staging Area: An area established for the temporary location of available resources. A Staging Area can be any location in which personnel, supplies and equipment can be temporarily housed or parked while awaiting operational assignment.

Standardized Emergency Management System (SEMS): A system required by California Government Code for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels, which are activated as necessary: Field response, Local Government, Operational Area, Region and State.

State Operations Center (SOC): The SOC is operated by the California Emergency Management Agency. It is responsible for the centralized coordination of State resources in support of the three Cal EMA Administrative Regions (REOCs). It is also responsible for providing updated situation reports to the Governor and legislature.

Tribal Entity: Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 stat. 688) [43 U.S.C.A. and 1601 et seq].

Unified Command: An ICS application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan.

Unusual Event: An unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or medical services. An unusual event may be self-limiting or a precursor to emergency system activation. The specific criteria include any of the following:

- 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, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.