California Public Health and Medical Emergency Operations Manual EOM

July 2011

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Presentation to CCLHO Semi-Annual Meeting
Sacramento, October 19, 2011

"Take
your
passion
and
make
it
happen "

from What a Feeling,
Irene Cara
in Flashdance

“It’s complex to make things simple – it’s simple to make things complex”

- Dileep Bal

History and Context

- Dec 2008 – EMSA introduced the CDMOM
- EMS Commission approved
- CDPH convened a workgroup to create a CDHOM
- California Emergency Plan, July 2009, California Emergency Function 8 – Public Health And Medical, corresponds to Federal ESF #8 – PH and Medical Services, in the National Response Framework
- 2009 – H1N1
- October 2009 – Interim CDHOM, focusing on Information Sharing and Resource Management

It takes a workgroup

But there is always one who keeps us focused!

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DRAFT

Principal Stakeholders

- Health Officers
- LEMSA Administrators
- MHOAC's
- RDMHS's
- PH Laboratory Directors
- EH Directors
- CDPH, including subject matter experts
- EMSA
- Cal EMA

A bear of a task!

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"I'm not sure I can make it next week."

For me, 12,000 miles and 240 mountain passes of driving

History and Context (2)

- CDMOM + CDHOM = ?CDMHOM = draft **<u>California Public Health and Medical Emergency Operations Manual (EOM)</u>**
- Public comment period Dec 21, 2010 – Feb 4, 2011, over 1,700 comments from YOU!
- Workgroup revisions Feb 10-11, 2011

Other Stakeholders (public comments)

- CCLHO
- CHEAC
- CHA (California Hospital Association)
- CAHCF (California Association of Health Care Facilities)
- CPCA (California Primary Care Association)
- CAA (California Ambulance Association)
- EMS Commission
- EMSAAC (EMS Administrators Assoc) Disaster Committee
- CFCA (California Fire Chiefs Association)
- others

Cal EMA

CDPH Director – July 7

EMS Commission
June 22

Final Approval!

JULY 2011

So, what is the EOM, and why should you care?
A roadmap:
reaching up – reaching down

Sex (EOM) Education – Session #1: “Boys have penis’, girls have vaginas”

- A new language of “4 letter words”
  - CDMOM, CDHOM, CDMHOM, EOM
  - MHOAC, RDMHS/C
  - DOC, EOC, REOC, JEOC, SOC
  - ICS, SEMS, NIMS, NRF, ESF#8, EF#8, MAC, Firescope
  - Cooling centers, MCI, FTS, GAACS

Alternate Care Site Circa 1918

Your local urban cooling center

Sex (EOM) Education – Session #2: "Adolescence – The Best of Times – The Worst of Times"

- 95% the best of times – denial, silos
- 5% the worst of times – response expected to be seamless
- Past: events/exercises and AAR/IP's
- Future: events and scenarios based on HVRA
- Present: plans and planning - relationships

Discernment comes from aligning:

- The past – memory (exercises, events)
- The future – imagination (scenarios)
- The present – will (relationships)

Sex (EOM) Education – Session #3: "To Do It or Not To Do It – NO CHOICE!"

- Current climate of lack of faith in government
- Lack of personal preparedness – BUT, "We (gov't) are not the cavalry!"
- Ethical/moral obligation as public servants
- Pursuit of excellence – whatever you do, do well, remembering, perfection is the enemy of progress
- denial

NEVER COMING
TO A THEATER NEAR YOU
KENNETH TURAN

NOT ANOTHER SHALLOW
HOLLYWOOD MOVIE.
DISASTER
MOVIE
AL GORE WAS RIGHT.
IN THEATERS AUGUST 29
LIONSGATE

Utøya

California: The State of Disaster

Since 2003, 114 Emergency and Disaster Proclamations, and 28 Executive Orders

Denial – Are you sure you will not be impacted by “The Big One”?

Short-sighted and limited experience – “We have never needed resources from outside of the OA”

Purpose and Scope of the EOM

- Common operational framework
- Timely, credible, accurate information flow
- Rapidly, effectively, efficiently respond to needs and requests when local resources exceeded
- Coordination among public and private partners
- Collaborative process between CDPH and EMSA
- Builds upon/supports SEMS, SEP EF#8, NRF ESF#8

PH and Medical System

- LHD, EHD, LEMSA, local EMA
- Healthcare facilities (hospitals, clinics, SNF's)
- EMS providers
- Tribal health entities
- MHOAC Program

Field, Local, OA

- RDMHS/C Program

Region

- State (CDPH, EMSA, DHCS, CHHS Agency, Cal EMA)
- Others (private and public)

State

Why have a med/health disaster system?

All Disasters Are LOCAL

Disasters Impact On People And The Medical/Health System

- Deaths & Injuries
- Response System Overwhelmed
- Need For Supplies, Personnel And Evacuation
- Infrastructure Damaged and/or Destroyed
- Destruction of Housing/Use of Mass Shelters
- Hazmat Exposure
- Food Handling, Vector Control, Personal Hygiene, Communicable Disease
- Mental Health

San Joaquin County 1997

Pan Flu 20??

San Francisco Marina District 1989

Southern California Wildfires 2007

Medical and Health Response

SEMS 5 Organizational Levels

State

OES Region

EOM

Operational Area

Local Government

Field (ICS)

Assumptions - General

- SEMS will be used
- Multi-agency coord (MAC) will be essential
- Public and private entities are part of the system
- Emergencies may result in
  - Casualties and fatalities
  - Disruption to EMS systems
  - Damage to infrastructure (buildings, food/water)
  - Exposure to haz mat or infect/comm dis agents

Assumptions – Field, Local, Op Area

- Agreements (MOU's, MOA's) in place before emergencies (entities and response agencies)
- **Each Operationl Area will have a MHOAC Program that addresses the key functions outlined in this manual.**
- Situational reporting – minimum set of data elements
- Resource requesting – minimum set of data elements

Assumptions – Region/State/fed

- RDMHS/C Program will provide support and coordination
- CDPH and EMSA – Duty Officer Programs
- CDPH/EMSA = JEOC (support and coord)
- Agencies with stat/reg responsibility – continue to fulfill responsibilities
- Feds – follow NIMS, integrate with SEMS

Emergency Medical Services Authority

Ambulance Strike Teams

Emergency Medical Services Authority

California Medical Assistance Teams
(CAL-MAT)

Emergency Medical Services Authority

California Mobile Field Hospitals

Emergency Medical Services Authority

Mission Support Teams

Emergency Medical Services Authority

California Disaster Healthcare Volunteers

California Department of Public Health

Alternate Care Site Cache

California Department of Public Health

N-95 Masks

California Department of Public Health

Antiviral Drugs

California Department of Public Health

Federal Strategic National Stockpile

FOUND

Artifacts from the future

by Laura Moorhead

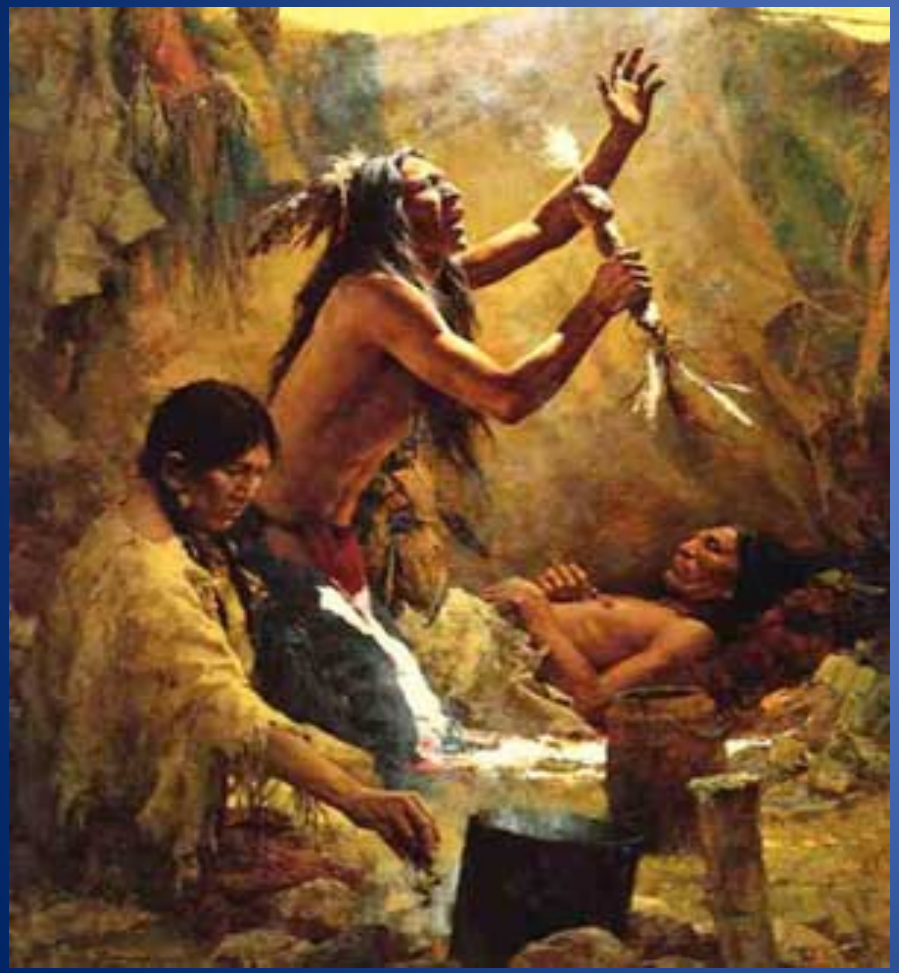
BACKGROUND: GETTY IMAGES; FOREGROUND: ERIK PAWASSAR

How does one access these resources?

At the County Level, the key to accessing these and other state and federal resources is the Medical/Health Operational Area Coordinator

(MHOAC)

The “Mohawk”



The Medical Health Operational Area Coordinator (MHOAC)

Who can be the MHOAC?

- Under Health and Safety Code § 1797.153: The Operational Area's MHOAC is:
  - A) "the County Health Officer and the LEMSA Administrator may act jointly…."; or,
  - B) Either the County Health Officer or the LEMSA Administrator; or their designee that,
  - C) "they may jointly appointed another individual to fulfill these responsibilities…."

What is a “MHOAC”?

- Is it a person? Yes
- Is it a function? Yes
- Is it a program? Yes

The medical and health disaster plan, policies, and procedures shall consist of the following (17) functions at a minimum:

1. Assessment of immediate medical needs. EMS/LHD
2. Coordination of disaster medical and health resources. EMS/LHD
3. Coordination of patient distribution and medical evacuations. EMS

MHOAC Functions

4. Coordination with inpatient and emergency care providers. EMS
5. Coordination of out-of-hospital medical care providers. EMS
6. Coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services. EMS

MHOAC Functions

7. Coordination of providers of non-fire based pre-hospital emergency medical services. EMS
8. Coordination of the establishment of temporary field treatment sites. EMS
9. Health surveillance and epidemiological analyses of community health status. LHD

MHOAC Functions

10. Assurance of food safety. LHD
11. Management of exposure to hazardous agents. LHD
12. Provision or coordination of mental health services. LHD
13. Provision of medical and health public information and protective action recommendations. LHD

MHOAC Functions

14. Provision or coordination of vector control services. LHD
15. Assurance of drinking water safety. LHD
16. Assurance of the safe management of liquid, solid, and hazardous wastes. LHD
17. Investigation and control of communicable disease. LHD

MHOAC Functions:

include the four functions of emergency management:

Mitigation

Preparedness

Response

Recovery

MHOAC

Duties and Responsibilities in an emergency

Coordinate disaster medical and health resources within the operational area.

Be the single Point Of Contact for coordination with the Regional Disaster Medical and Health Coordinator/Specialist, (RDMHC/S), the state Emergency Medical Services Authority, (EMSA) and the state Department of Public Health, (CDPH).

What to do?!

- Disaster/Emergency strikes

  Various means of learning about the incident, e.g. formal notification, media
- Obtain Briefing
- Gather info on OA Situation Status
- Assess OA resources

What to do?!

- Notifications/Alerts
- Situation Reports to REOC Med/Health
- Mutual Aid Requests

Quiz Time!!!

How is sex (the EOM) like fire?

- It is good – very good!
- It is bad – you can get burned
- It spreads – everyone is interested
- People are passionate about it
- If you were stranded in the snowy backcountry wilderness, it is the first thing you would want!

How is sex (the EOM) like driving?

- You have to be a certain age
- You need a license
- You have to go to a class
- There are rules of the road
- Practice makes perfect

How is sex (the EOM) like team sports?

- Just “getting to the table” is more than half of the battle – or the fun (like the Final 4, or the World Series!
- It’s all about the team – not the talent
- It’s all about communication/coordination

Incident Level – based on level of unmet need

Level 1	Requires resources or distribution of patients within the affected Operational Area only or as available from other Operational Areas through pre-established emergency assistance agreements (including day-to-day agreements, memoranda of understanding or other agreements/contracts).
Level 2	Requires resources from Operational Areas within the Mutual Aid Region beyond pre-established emergency assistance agreements (including day-to-day agreements, memoranda of understanding or other agreements/contracts), 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.

Incident Types (1)

Medical

Health

Incident Types (2)

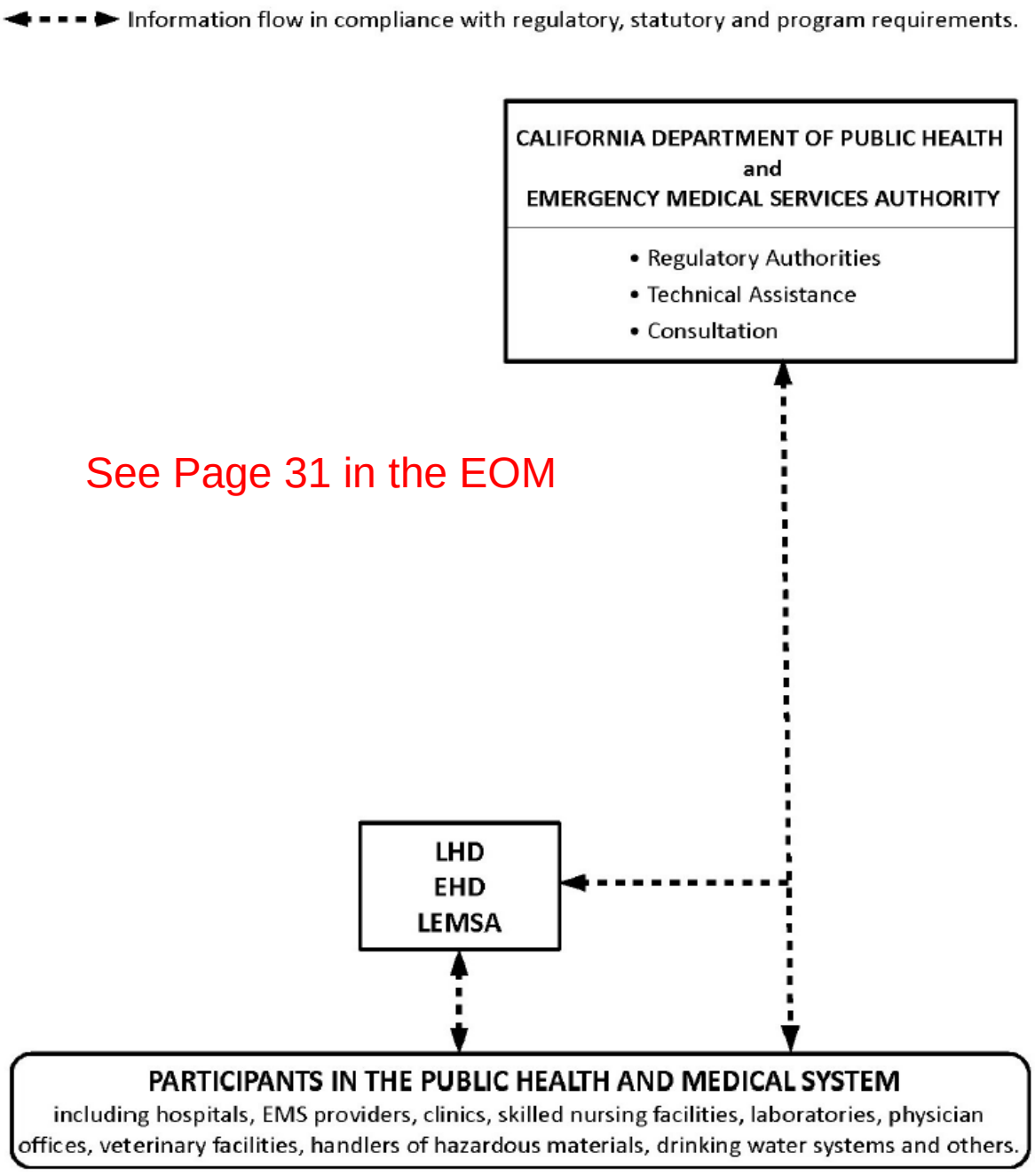
Non-health/medical

Non-health/medical

Health and Medical System Operational Status

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.

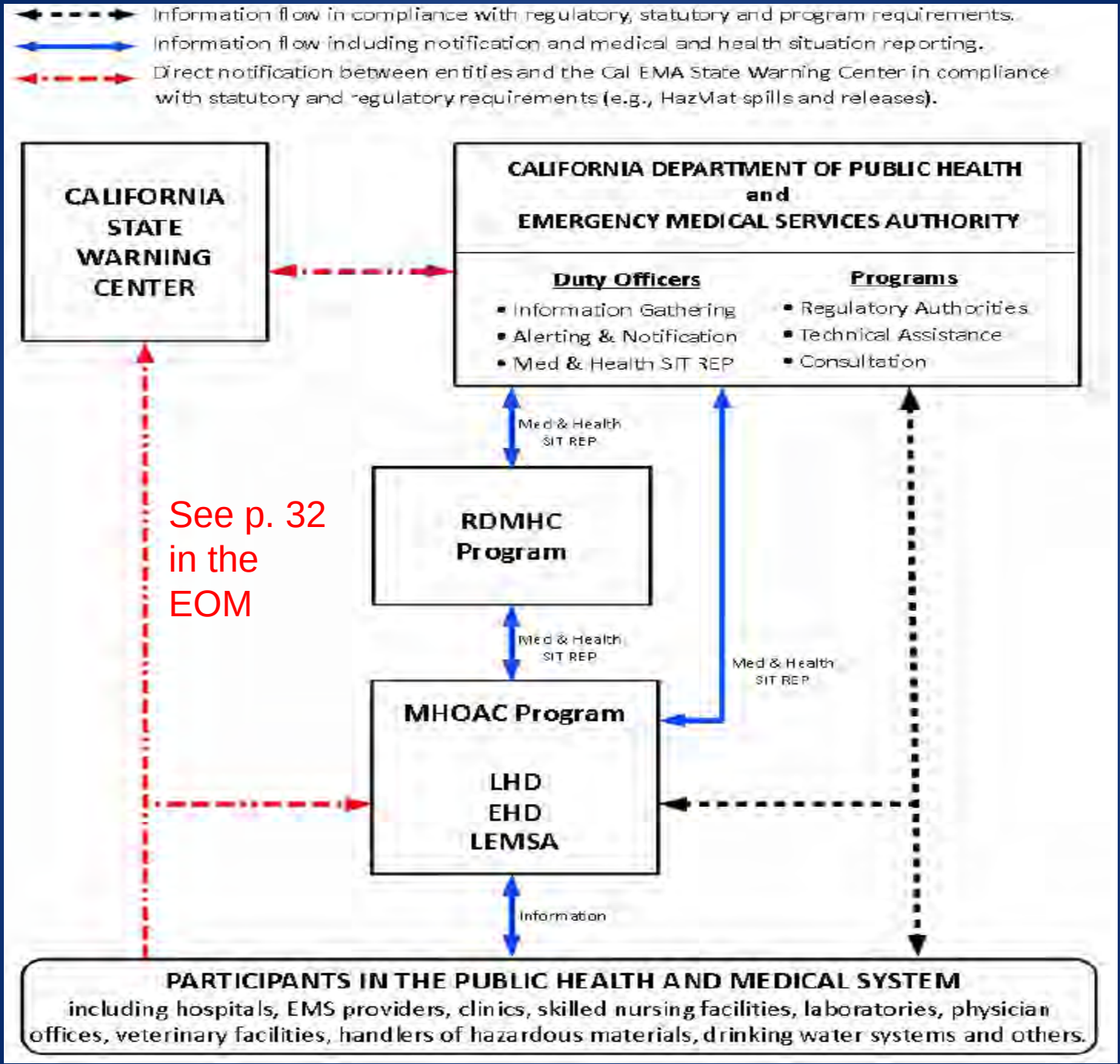
FIGURE 1. Information Flow during Day-to-Day Activities



See Page 31 in the EOM

Unusual events

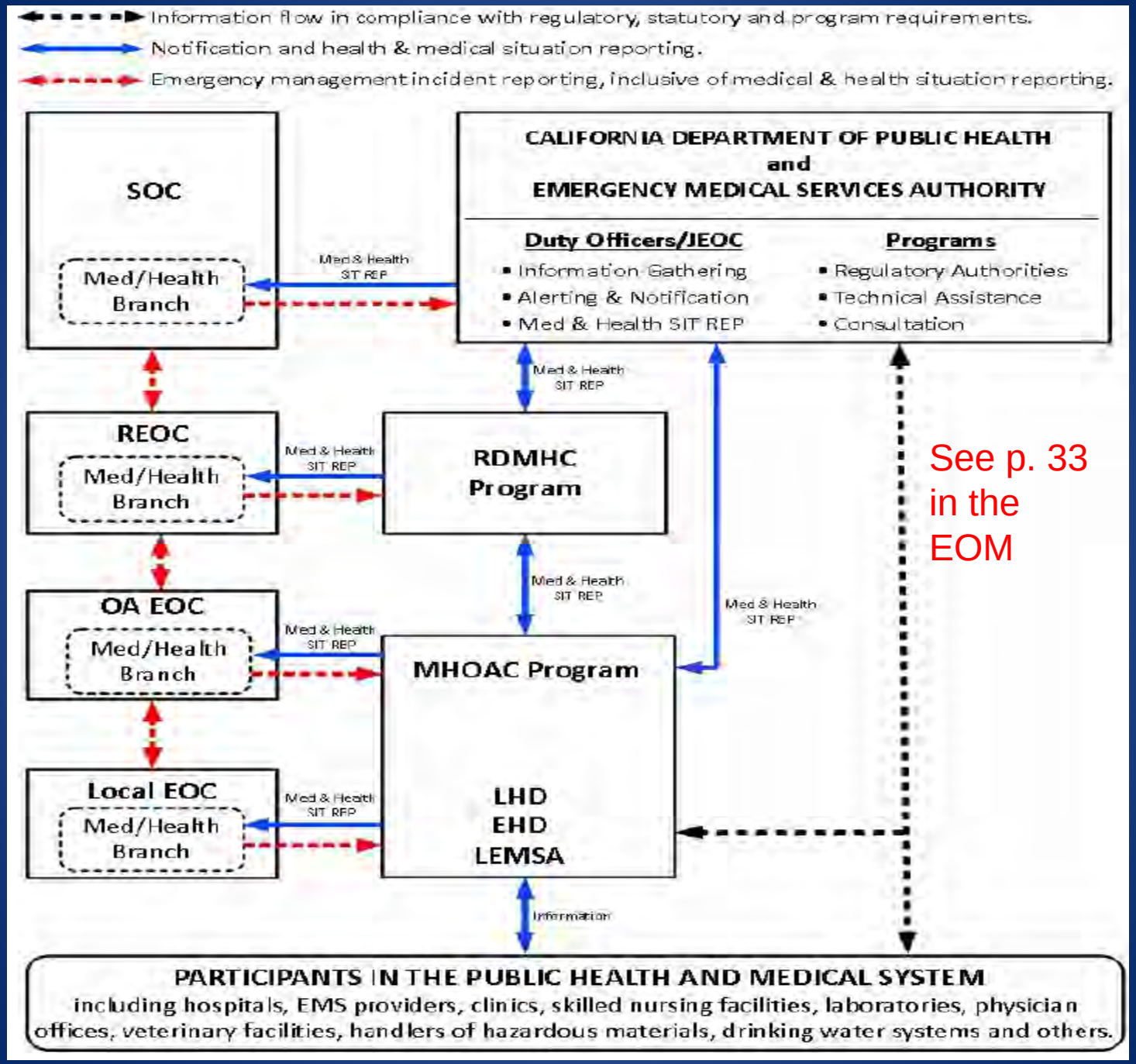
- Significantly impacts PH or safety (or anticipated)
- Disruption of PH/Medical system (or anticipated)
- Resources needed beyond the capability of the OA or existing agreements
- Media attention or politically sensitive
- Regional or state request for information
- Increased information flow from OA to region/state will assist in management or mitigation of the impact



See p. 32 in the EOM

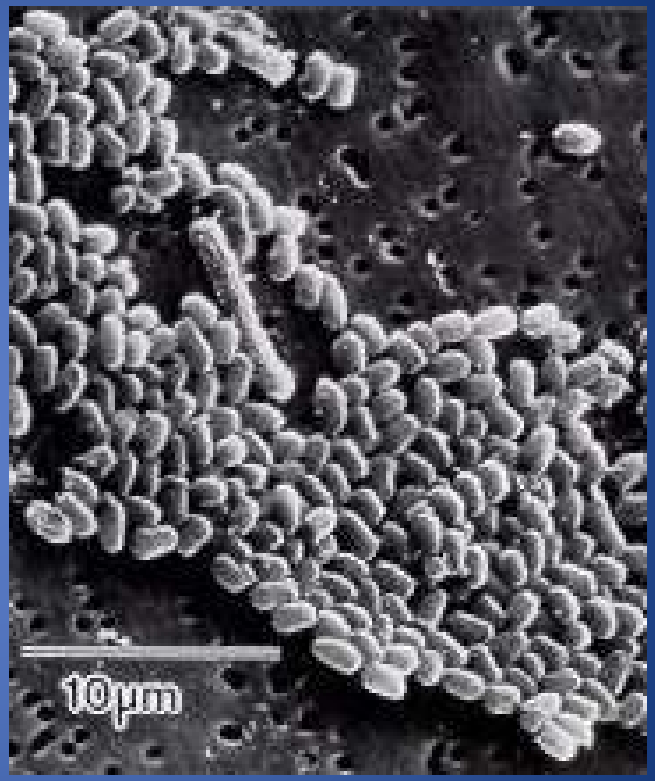
Emergency System Activation

- Occurs when the OA activates any part of its Medical and Health Disaster Plan (DOC, EOC)
- Triggers advanced level of information sharing – situational reporting
- This provides the foundation for support and coordination and facilitates faster and more efficient resource acquisition.



See p. 33 in the EOM

Bacillus anthracis



1 trillion spores = 1 gm
8,000-10,000 spores = 1 lethal dose
1 gm = 100 million lethal doses

Health and Medical Situation Report

HEALTH and MEDICAL SITUATION REPORT (SITREP)
MEDICAL and PUBLIC HEALTH OA BRANCH REPORT

PEN & PAPER VERSION SECTION 1
ITEMS IN SECTION 1, A - J 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. Incident Level: ☐ Level I - Op Area ☐ Level II - Region ☐ Level III - State ☐ Unknown		

E. User Information
1. Report Creator:
2. Position:
3. Phone: ( )
4. Cell, Pager, Alt Phone: ( )
5. Email:

F. Current Operational Area Medical and Health System Condition:		
☐ GREEN – Normal Operations: Situation Resolved	☐ ORANGE – Modified Services: Assistance from within OA	☐ BLACK – Impaired Services: MAJOR Assistance Required
☐ YELLOW – Under Control: NO Assistance Required	☐ RED – Limited Services: SOME Assistance Required	☐ GREY - Unknown

G. Prognosis:	☐ NO CHANGE	☐ IMPROVING	☐ WORSENING

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.)

PEN & PAPER VERSION SECTION 2
ITEMS IN SECTION 2, K – 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 (Reported OA OEM):	#	☐ 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:	#

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:

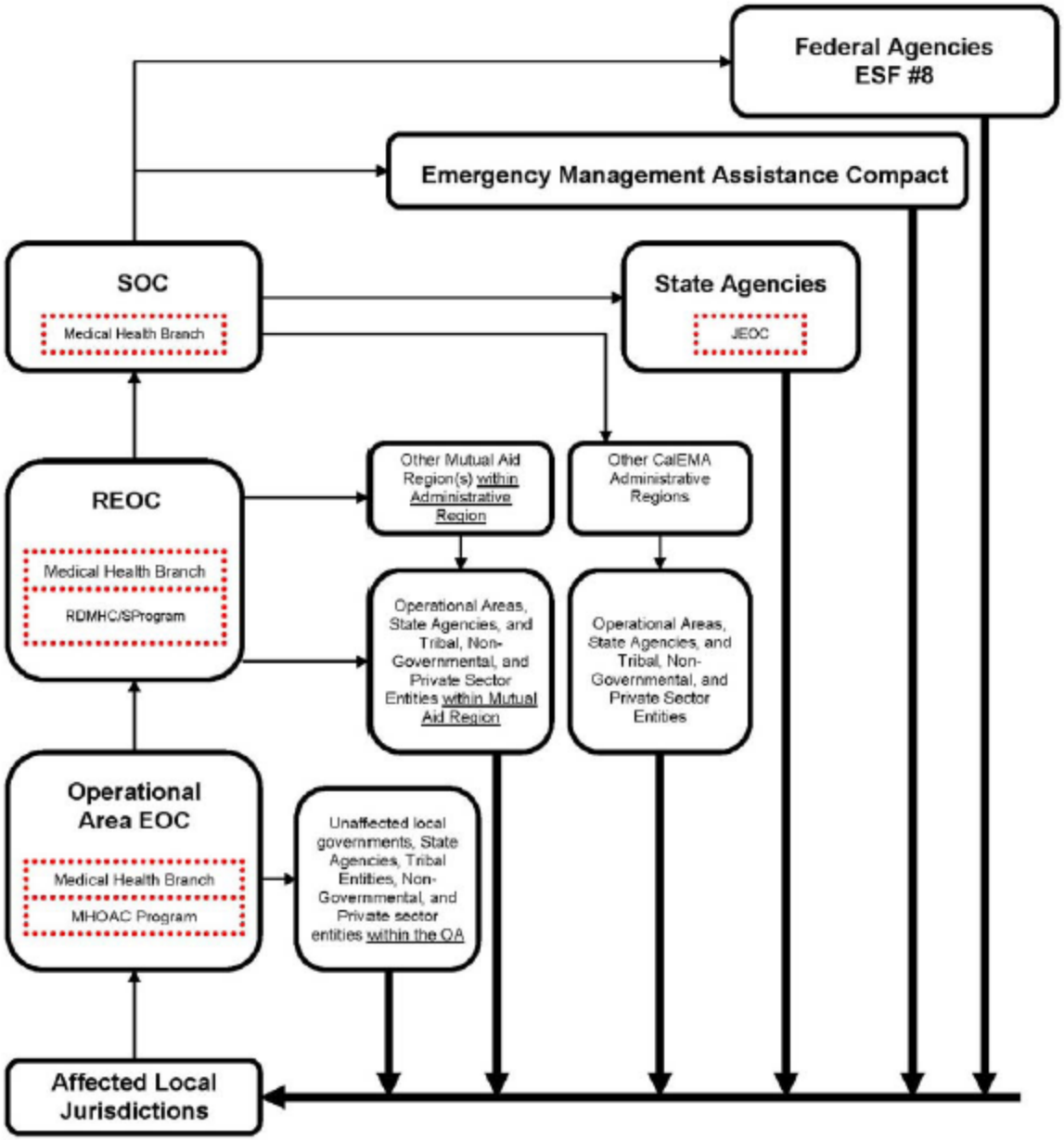
ONLY YOU

Resource Management

- Emergency assistance agreements
- Mutual aid
- Standardized resource requesting process when the response ability of an OA is exceeded
- Follows SEMS (5 levels) – local government should not submit a request to the federal level

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

See page 50 in the EOM



Print Form

PAGE# ___ OF ___

RESOURCE REQUEST: HEALTH AND MEDICAL - **OUT OF OA**

RR MH (12/10)

REQUESTOR TO COMPLETE

1. INCIDENT NAME:

2a. DATE:

2b. TIME:

2c. REQUESTOR TRACKING #: ENTER INTERNAL TRACKING #

3. REQUESTOR NAME, POSITION, AGENCY, PHONE, EMAIL:

PRIMARY DELIVERY POINT: (LOCATION AND CHECK-IN DETAILS)

DESCRIPTION OF MISSION/TASK:

5 - 7. ORDER SHEET - SEE ATTACHED ☐ EQUIPMENT/SUPPLIES ☐ PERSONNEL ☐ PRE-ALLOCATED

MHOAC

8. MHOAC / DOC Review (NAME, POSITION, AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)

MHOAC INFO:

MHOAC VERIFICATION

9. Processing Activities: (DESCRIBE DETAILS)

LOGISTICS

NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).

10. Additional Order Fulfillment Information:

11. Supplier Name / Phone / Fax / Email:

12. Resource Tracking:

☐ ENTERED INTO RESOURCE TRACKING SYSTEM

☐ PAYMENT/REIMBURSEMENT DISCUSSED W/FIN & ADMIN

☐ RESOURCE ARRIVED

DEMOB DATE/TIME

13. Notes:

14. ORDER FILLED AT (check box) ☐ OA EOC ☐ REGION OAs ☐ STATE ☐ PRE-ALLOCATED

FINANCE

15. Reply / Comments from Finance:

16. Finance Section Signature & Date/Time: (Name, Position & Verification)

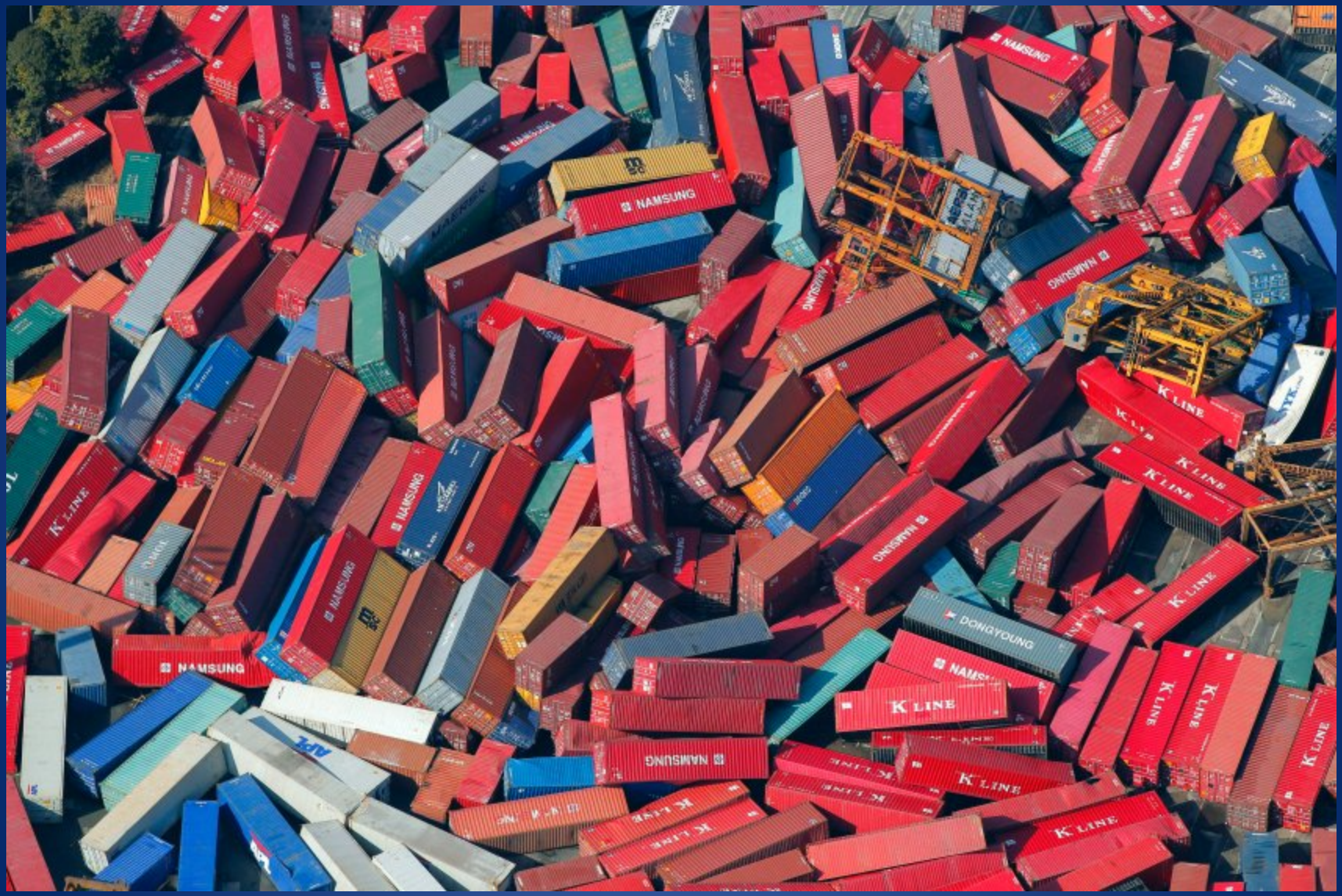
Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

MHOAC Questions for Resource Requesting

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

Resource Requesting – Required Data Elements

- Situation Report
- Describe the requested resource(s)
- Specify the type of service the requested resource will provide
- Name of requesting agency and OA contact
- Time frame needed – estimated duration
- Delivery location with map
- Indicate if logistical support is needed (food, etc.)


NAMSUNG
K LINE
DONGYOUNG
APL

Multi-Agency Coordination

- EOC or MAC Group
- Primary functions:
  - Situational assessment
  - Information sharing
  - Incident prioritization
  - Allocation of scarce resources
  - Support interagency activities

Disaster Financial Assistance

- General eligibility requirements
- Recordkeeping and accounting
- Labor costs
- Equipment and contract costs
- State and federal assistance
- Reimbursement for mutual aid/assistance
- Operation of GAACS's

Function Specific Topics

- Communicable Disease
- Drinking Water
- Food Emergencies
- Hazardous Materials
- Health Care Facilities
- Health Care Surge in the Continuum of Care

Function Specific Topics (2)

- Mass Fatality
- Nuclear Power Plant Emergencies
- Nuclear Weapon Detonation
- Patient Transportation, Distribution, and Management
- Public Health Laboratories
- Risk Communication

Section	Purpose
Introduction	Provides an overview of the functional topic.
Response Actions	Describes the progression of response actions, identifies the responsibilities of primary health and medical response agencies/entities.
Other Response Agencies/Entities	Briefly describes the role of other response agencies/entities.
Additional Information	Provides additional information as needed.

Next Steps

www.bepreparedcalifornia.ca.gov

Next Steps for the Workgroup

- Evolve into a PH and Medical Disaster Leadership Committee
- Coordinate roll-out with MHOAC's and RDMHS/C's
- Develop training curriculum and schedule
- Develop best practices, templates, tools, exercises
- EOM plan maintenance
- Invite feedback ALWAYS!

“Plans

are useless, but

Planning

is indispensable”

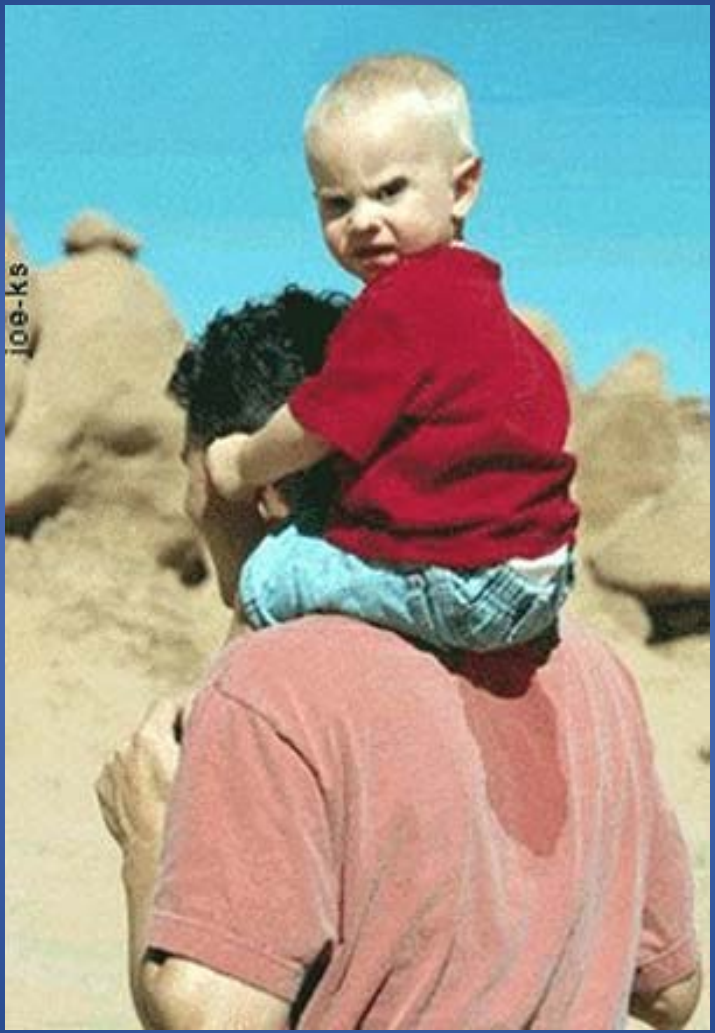
Link to Community Resilience

- Our resources:
  - Plans
  - Equipment (interoperability)
  - People (engagement)

Connectivity builds TRUST and enables a coordinated and integrated response, leading to a stronger and quicker recovery = resilience

“If we don’t hang together – we will all hang separately”

- Ben Franklin



Break Time!!