MEDICAL AND HEALTH OPERATIONAL AREA COORDINATION (MHOAC) PROGRAM MANUAL

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The Medical Health Operational Area Coordination (MHOAC) Manual has been a collaborative endeavor and successful because of the tremendous leadership, teamwork and technical expertise of the following project leaders:

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In addition to the project leaders identified above special appreciation goes to the Regional Disaster Medical Health Specialist (RDMHS) and local Public Health Emergency Preparedness (PHEP) coordinators and the many participants that reviewed and provided input to enhance the usefulness of the manual. It is anticipated that this will become a living document with periodic reviews and updates so that it will continue to improve standardization and efficiencies with MHOAC programs in California.

We wish to thank the California Department Public Health-Emergency Preparedness Office and California Emergency Medical Services Authority for their commitment and grant funds to support this project.

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1.0 INTRODUCTION

The intent of this manual is to provide a tool that assists local Medical Health Operational Area Coordination (MHOAC) programs to efficiently and effectively respond to a wide variety of emergencies and disasters. It was developed as a template or "fill-in-the-blank" document to allow for flexibility and customization based on the unique rural, suburban, and urban MHOAC programs already established across California. These sections are indicated with a green tab on the right hand margin. Therefore, this manual includes operational checklists, policies, and other matrices that are consistent with the California Public Health and Medical Emergency Operations Manual (EOM) to assist in furthering MHOAC program development. It is expected that counties and jurisdictions will input their own policies and procedures or develop them utilizing the attached aforementioned materials as guidance.

Similar to other emergency response plans, this manual is only valuable if it is shared, discussed, and customized in partnership with key staff and stakeholders. It is highly recommended that the use of this manual is exercised and updated on a regular schedule within your operational area (OA).

The intended audience for this manual includes:

- Local Health Officers (LHOs)
- Local Emergency Medical Services Agencies (LEMSAs)
- Local Health Departments (LHDs)
- Local Environmental Health Departments (EHDs)
- Local Departments of Behavioral/Mental Health
- Local Emergency Management Agencies
- Local Fire Services
- Local Law Enforcement Agencies
- Health Care Facilities (HCFs)
- Emergency Medical Services (EMS) Providers
- Medical Health Operational Area Coordination (MHOAC) Programs

1.1 Purpose

The MHOAC Program Manual has been developed to assist staff assigned to the MHOAC role with the organization, activation, mobilization, coordination and direction of the MHOAC Program during unusual events and emergencies.

1.2 Key Terms and Definitions

- **The MHOAC Program** is authorized by the California Health and Safety Code Section 1797.153 with designated person(s) filling the MHOAC Position. The MHOAC operates in coordination with and follows procedures consistent with the California Public Health and Medical Emergency Operations Manual (EOM) and the California Medical Mutual Aid Plan.

- **The MHOAC Position** represents the 24/7/365 single point of contact for the MHOAC program and is responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster. The MHOAC is authorized to work with the Regional Disaster Medical Health (RDMHC)[1] Program to submit and respond to medical and health requests for

[1] See CDPH Emergency Operations Manual (EOM) for position definition; Regional Disaster Medical Health Coordinator (RDMHC – function), Regional Disaster Medical Health Specialist (RDMHS – position)

resources outside of the Operational Area (OA). In each OA, the county Health Officer and the Local Emergency Medical Services Agency (LEMSA) Administrator may act jointly as the MHOAC, or they may jointly appoint an individual to serve in this role.

- **MHOAC Program's Functions** should encompass all of the seventeen MHOAC functions and detailed coordination of activities to assure management of medical and health resources and reporting of situational status from the Operational Area (OA) to the Region and/or State during times of extraordinary emergency or disaster. Additionally, the Program is responsible for:
  - Ensuring the development of medical and health plans to address all seventeen functions;
  - Certifying a system (plan) for management of the Medical and Health Branch needs;
  - Identifying resources and coordinating the procurement and allocation of public and private medical, health, and other resources required to support disaster medical and health operations in affected areas;
  - Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, and to hospitals, and medical entities and providers;
  - Participating in periodic training and exercises to test plans, policies, procedures, and structures for the activation and implementation of the disaster medical and health response system;
  - Contacting the RDMHC/S Program to obtain mutual aid support for other OAs within the region or from state/federal resources if the MHOAC's OA is unable to meet the needs from within the OA.
- **Local Health Officer (LHO)** are authorized 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. 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 (California Health and Safety Code Section 101310).

- **Local Emergency Medical Services Agency (LEMSA)** is the agency, department, or office with primary responsibility for administration of emergency medical services in a county in compliance with California Health and Safety Code Section 1797.94 (commencing with Section 1797.200).

- **Operational Area (OA)** is an intermediate level of Office of Emergency Services organization, consisting of a county and all political subdivisions within the county area as defined in subdivision (b) of Section 8559 of the Government Code.

- **RDMHC/S Program** Regional Disaster Medical Health Coordination/Specialist Program is responsible for monitoring and acquiring medical and health resources during emergencies and is authorized to make and respond to requests for mutual aid from the MHOAC.

1.3 MHOAC Program Background

The MHOAC Program is responsible for planning and facilitating the strategic deployment of necessary emergency medical and health resources by coordinating resources within and outside of the OA and coordinating information among health care entities through situation reporting as necessary.

Additionally, the California Health and Safety Code (1797.153) directs that a MHOAC program shall:

1. Recommend to the operational area coordinator of the Office of Emergency Services (OES) a medical and health disaster plan for the provision of medical and health mutual aid within the OA;

2. Include preparedness, response, recovery and mitigation functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code;

3. And, at a minimum, develop a medical and health disaster plan, policy and procedures with its partners that include all of the following 17 functions, as listed on the next page:

Please note: The assigned agency for each function may differ based upon individual organizational structure.	Agencies			
MHOAC Function	**LEMSA**	**Public Health**	**Environmental Health**	**Behavioral/ Mental Health**
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 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 Behavioral/Mental Health services				+
13) Provision of medical and health public information and 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 waste			+	
17) Investigation and control of communicable disease		+		

Provided by the California Public Health and Medical Emergency Operations Manual (EOM) Working Group

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

- 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/S Program who provides this information to California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA).
- Ensure that contact information is readily available to public health and medical system participants within the OA.
- Provide redundancy through trained backup personnel during emergencies.
- Provide situational reports in accordance with the processes identified in this manual.
- Maintain a directory of Public Health, Environmental Health, Behavioral/Mental Health, and EMS resources, including equipment, supplies, personnel and facilities within the OA.
- Coordinate the identification, acquisition, and delivery of public health and medical mutual aid and assistance within the OA or other aid provided by other jurisdictions via the RDMHC Program.
- Utilize resource requesting and management procedures consistent with the California Public Health and Medical Emergency Operations Manual (EOM).
- Support the Medical and Health Branch of the OA EOC, if activated.
- Have a broad knowledge of the concepts and operations of all 17 functions and/or have established internal relationships with personnel who are considered subject matter experts (SMEs) and can consult during an emergency.

It is also recommended that the MHOAC Program staff engage in job-specific training to better assist them in fulfilling their role(s). Included on the following page is a list of recommended training and/or areas of knowledge that may be beneficial. Please note that this is ***not*** an all-inclusive list and your county/jurisdiction's MHOAC training will differ based upon need.

FEMA Incident Command System (ICS) Courses:	
• ICS 100: Introduction to Incident Command System • ICS 200: ICS for Single Resources and Initial Action Incidents • ICS 300: Intermediate ICS for Expanding Incidents • ICS 400: Advanced ICS for Command and General Staff	• ICS 700A: National Incident Management System (NIMS) • ICS 701A: NIMS Multiagency Coordination System (MACS) • ICS 702: NIMS Public Information Systems • ICS 703: NIMS Resource Management • ICS electives as needed
Familiarity with:	
• BioWatch Training • California Health Alert Network (CAHAN) Training • Emergency Vehicle Operations Course (EVOC) • California Public Health and Medical Emergency Operations Manual (EOM) Training • Standardized Emergency Management System (SEMS) Training • Cal OES State Credentialing Program	• CHEMPACK Training • Technical Emergency Response Training for CBRNE Incidents (TERT) Training • Hospital Emergency Response Training (HERT) • Refresher courses *(as needed)* • Environmental and Behavioral Health Training • Nursing Home ICS (NHICS) • Hospital ICS (HICS)
Competency in the following:	
• Incident Documentation, including: the California Public Health and Medical Emergency Operations Manual (EOM) State SitRep; 213 Resource Request Medical Health (RR MH); ICS 214; and MHOAC SitRep. • Radio communications • EMSystem/ReddiNet/Other • CAHAN • WebEOC or other emergency platforms • PC/Mac operating systems • Disaster Healthcare Volunteers (DHV) and Community Emergency Response Teams (CERT)	

2.0 CONCEPT OF OPERATIONS

In many jurisdictions, the EMS Agency Duty Officer and/or Health Officer serves as the point of contact for the MHOAC program and maintains the program's ability to initiate emergency response activities 24/7/365. However, it is the discretion of each county or jurisdiction to determine which person(s) will fulfill this role.

If your county or jurisdiction already has an outline of your MHOAC program and its staff in relation to other county departments/agencies, please include it in this section.

If your county or jurisdiction does not, the following provides an example from San Bernardino County of a memorandum of understanding (MOU) that can be customized between your MHOAC program and other agencies within your county or jurisdiction to establish roles, responsibilities, and expectations.

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County of **[insert county name here]**

Medical and Health Operational Area Coordination Program Memorandum of Understanding

PURPOSE:

The purpose of the [insert county name here] Medical and Health Operational Area Coordination (MHOAC) Program Manual is to provide detailed guidance to [insert applicable 2nd parties here] staff responding to medical and public health emergencies. This plan is an annex to each department's emergency operations plan (EOP) and an adjunct to the [insert county name here] EOP. This manual follows the principles of the Incident Command System (ICS), the National Incident Management System (NIMS), and California's Standardized Emergency Management System (SEMS). The MHOAC Program is based on the activities described in the California Health and Safety Code Section §1797.153.

AUTHORITY:

The California Public Health and Medical Emergency Operations Manual (EOM) adopted in July 2011 by the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) references the California Health and Safety Code, Section §1797.153, which states that:

> In each operational area the county health officer and the local emergency medical services agency administrator may act jointly as the medical and health operational area coordination (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.

DEFINITION:

In the event of a local emergency, the MHOAC shall coordinate disaster medical and health resources within the operational area (OA), and be the Point of Contact (POC) for coordination with the Regional Disaster Medical and Health Coordinator/Specialist (RDMHC/S) Program. Each California OA appoints a MHOAC to provide 24-hour, seven day a week, single POC for disaster medical and health operations.

[Insert applicable 2nd parties here] recognize that the MHOAC responsibilities may be too great for an individual and therefore have delegated initial POC for the MHOAC Program to **[insert applicable 2nd party here]** This Duty Officer (DO) will report to the **XXXXXX** who will assume Primary MHOAC duties and will confer with the **XXXXXX** as necessary. **[Insert applicable 2nd parties here]** LEMSA maintains a 24-hour, seven day a week (24/7) DO which can be accessed at: **[insert email here]** (for routine messaging) or **[insert phone number here]** (for emergency contact).

The MHOAC Program is responsible for ensuring the development of the Medical and Health Disaster Plan in coordination with the:

1. County Office of Emergency Services (OES)
2. Local EMS Agency (LEMSA)
3. Local Health Officer
4. Local Department of Public Health (DPH)
5. Local Department of Behavioral/Mental (B/MH)
6. Local Department of Environmental Health
7. Local Fire Department (911 Call Centers)

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8. Regional Disaster Medical and Health Coordinator/Specialist (RDMHC/S)
9. Regional Office of Cal OES

The EOM further cities the California Health and Safety Code, specifically Sections 8559 and 8560 of the Government Code that: "…at a minimum, the medical and disaster plan, policy, and procedures shall include all of the following:

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

MHOAC PROGRAM DUTIES AND RESPONSIBILITIES:

The MHOAC Program is responsible for assessing the needs for medical resources and commodities within the OA and requesting support for shortfalls through the RDMHC/S and the Regional Emergency Operations Center (REOC). The MHOAC Program is responsible for coordination with MHOAC Programs in the Mutual Aid Region (via the RDMHC/S) to maintain directories of Public Health, Environmental Health, Behavioral/Mental Health, and EMS resources, including equipment, supplies, personnel and facilities, within the OA.

Additionally, the MHOAC Program is responsible for:

- Ensuring a system (plan) for management of the Medical and Health Branch (MHB)
- The MHB of the OA Emergency Operations Center (EOC), including staffing the MHB of the OA EOC (see OA EOC Section for additional details) if it is in place.
- Identifying resources and coordinating the procurement and allocation of public and private medical, health, and other resources required to support disaster medical and health operations in affected areas.
- Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, and to hospital and medical entities and providers.
- Participating in periodic training and exercises to test plans, policies, procedures and structures for the activation and implementation of the disaster medical and health response system.

- Contacting the RDMHC/S to obtain mutual aid support for other OAs within the region or from state/federal resources if the MHOAC's OA is unable to meet needs from within the OA.

In the event of an emergency, the MHOAC shall assist the OES Operational Area Coordinator in the coordination of medical and health disaster resources within the OA, and be the POC in the OA, for coordination with the RDMHC/S, the regional office of the Cal OES, CDPH, and EMSA.

- The MHOAC or their designee (e.g. LEMSA Duty Officer or **XXXXXX**) will address any and all medical and/or health related issues.
- The LEMSA DO will communicate any needs to the EMS Administrator, DPH (or its DO), B/MH and EH respectively, based on the nature of the incident or need.
- The LEMSA DO also serves as the **XXXXXX** representative in the EOC when the MHOAC (Health Officer/EMS Administrator) is not available. DPH, B/MH staffing of the EOC MHB is incident/event specific and will be determined accordingly
- The MHOAC will help to coordinate medical/health resource requests that cannot be filled locally through routine channels during a significant event. This will be accomplished through local coordination and also through consultation and assistance from the Region **[insert region number here]** RDMHC/S.

DUTY OFFICERS:

The LEMSA DOs shall act as the initial POC for the MHOAC Program as designated by the LEMSA and DPH. Their duties shall include, but not be limited to:

1. Upon notification of an incident that may require MHOAC-related response, the DO shall contact the EMS Administrator to determine:
   a. The level of response warranted
   b. Which department will be the lead and which will be support
   c. Contact the DPH, B/MH and EH DO and provide status briefing
   d. Lead agency's DO will interface with RDMHC/S and be responsible for Situation Report (SitRep) development and frequency.*
2. DOs will follow the guidelines and processes identified in the EOM to the degree possible during events.
3. DOs will adhere to their respective departmental policies regarding approval of resource requests, EOC response/staffing, DOC activation, response to incidents in the field, contacting their administrations for policy-level decisions, etc.

**Note: The LEMSA DO will develop the initial internal SitRep (see attachment) which will serve as the initial report to the RDMHC/S. Formal EOM SitRep will be developed as described above.*

OPERATIONAL AREA EMERGENCY OPERTATIONS CENTER (OA EOC):

The **[insert county name here + division if applicable]**, is responsible for the OA EOC. The MHB is a branch of the Operations Section. Staffing for the M/HB will be provided by LEMSA, DPH, B/MH and EH as necessary.

The lead agency will be determined by the nature of the incident; e.g. an infectious disease outbreak, the DPH would be lead, with other departments in support.

Upon OA EOC activation, the **XXXXXX** will contact the EOC to determine if response to the EOC is necessary. If response is warranted, the **XXXXXX** will report to the EOC to assist in policy decisions and

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coordinate response activities. Upon arrival to the EOC, XXXXXX will assume the MHB Director and MHOAC responsibilities (unless DPH is lead), will communicate with the LEMSA, DPH, B/MH and EH DOs and direct activation of Department Operations Centers (DOCs) if needed. DOC activities are described in the next section.

LEMSA, DPH, DBH and EH DEPARTMENT OPERATIONS CENTERS (DOC):

When the LEMSA, DPH, B/MH and EH DOCs are activated, they will act in support of the M/HB of the OA EOC and in accordance with the EOM, take direction from and receive approval for all resource requests and SitReps from the MHB at the EOC.

Coordination and communication is paramount to successful response to incidents. WebEOC is the primary method of communications between the MHB and the respective DOCs. If WebEOC is not available, alternate communications methods will be utilized (e.g. radios, landlines, mobile phones, e-mail, couriers, etc.).

All resource requests will be processed via WebEOC utilizing the EOM resource request form. This form can be generated either at the EOC or in a DOC at the request of the MHB Director. Once completed, the form must be sent via WebEOC to the EOC to be processed. This will ensure that the EOC Resource Manager receives the request and will start the mission number request process after obtaining written approval from the MHB Director. The MHB Director may forward the request to the Logistics Section at the EOC or directly to the Region **[insert region number here]** RDMHC/S after ensuring the OPS Section Chief is apprised of the request and approves routing.

Due to the Life Safety nature of most medical/health resource requests, it is expected that the MHB will provide the RDMHC/S an informal briefing regarding the imminent request while the formal request is being developed. This will prompt the RDMHC/S to start mobilizing the resources requested prior to receipt of the formal request to minimize delays.

PUBLIC INFORMATION:

All public information activity should be coordinated at the EOC Joint Information Center (JIC), if activated. If not, Public Information Officer (PIO) activities will be handled according to individual departmental policy.

The intent of this manual is to provide guidance and reference material to the LEMSA DPH, B/MH, and EH DOs and the OA for initial response to incidents that may require MHOAC activation and intervention. It is not designated to be comprehensive, exhaustive nor to replace critical thinking.

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3.0 MHOAC PLANNING AND TOOLKIT

Per California Health and Safety Code Section 1797.153, the MHOAC shall be responsible for ensuring the development of public health and medical disaster plans for the OA and shall follow the Standard Emergency Management System (SEMS) and the National Incident Management System (NIMS).

This is accomplished in cooperation and collaboration with the office of emergency services, local public health department, department of behavioral/mental health, environmental health, local EMS agency, local fire department, regional disaster and medical health coordinator/specialist (RDMHC/S), regional office of Cal OES and any other applicable agencies.

Provided on the following pages is a toolkit that includes hyperlinks to emergency plans which highlight best practices based on each of the 17 MHOAC functions*

Please note: A process will be developed to create a file-sharing capability and/or platform to exchange best practices and plans. This is proposed to be managed by the RDMHC Program in the 2nd stage of development of the MHOAC Program Manual.

MHOAC Function	Best Practices County	Emergency Plan
• Assessment of immediate medical needs		
• Coordination of disaster medical and health resources		
• Coordination of patient distribution and medical evaluations		
• Coordination with inpatient and emergency care providers		
• Coordination of out-of-hospital medical care providers		
• Coordination and integration with fire agency personnel, resources and emergency fire pre-hospital medical services		
• Coordination of providers of non-fire based, pre-hospital emergency medical services		
• Coordination of the establishment of temporary field treatment sites		
• Health surveillance and epidemiological analyses of community health status		
• Assurance of food safety		
• Management of exposure to hazardous agents		
• Provision or coordination of Behavioral/Mental Health services		
• Provision of medical and health public information and protective action recommendations		
• Provision or coordination of vector control services		
• Assurance of drinking water safety		
• Assurance of the safe management of liquid, solid, and hazardous waste		
• Investigation and control of communicable diseases		

4.0 MHOAC PRIMARY TASKS

Several tasks are critical to the function of the MHOAC program and are highlighted below with corresponding, pullout sections that include an informational portion following operational checklists, examples, and templates that should be *customized* to your county/jurisdiction's processes and procedures.

Please note that the order of completion of primary tasks will differ based on the discretion of the person(s) fulfilling the MHOAC role and the complexity and varying types of incidents within your county/jurisdiction. It is common for these tasks to be continuous and accomplished concurrently.

4.1 Notification, Activation, and Response 16
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4.1 Notification, Activation, and Response

General Information

Incidents with a public health and medical impact will require communication and coordination with multiple county departments and stakeholder agencies within your county or jurisdiction.

In many counties and jurisdictions, the EMS Agency Administrator or Duty Officer (DO), or Health Officer or Health Officer DO fulfills the MHOAC position and serves as the 24/7/365 point of contact within the Operational Area (OA) for information related to the medical and public health systems, state and regional partners, and for also maintaining the MHOAC Program's ability to initiate emergency response activities. However, it is the discretion of your county or jurisdiction EMS Administrator and Health Officer to determine how the MHOAC position will be fulfilled.

Triggers for Notification

Notification of the MHOAC is dependent upon the incident complexity and severity. However, the following conditions are common triggers:

- An incident that significantly impacts or is anticipated to impact Public Health, Environmental Health, Behavioral/Mental Health or Emergency Medical Services;
- An incident that disrupts or is anticipated to disrupt the OA Public Health and Medical System;
- An incident where resources are needed or anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements;
- An incident that produces media attention and/or is politically sensitive;
- An incident that leads to a regional or state request for information or mutual aid; and/or
- An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact

Levels of Response and Activation

The level of response activated by the MHOAC is scalable and reflective of the nature of the incident and its impact on the capacity of the public health and medical system. The MHOAC will evaluate whether the OA should operate at a routine "day-to-day" level with Duty Officer status or, due to a single large event or cumulative effect of multiple smaller events, should operate at one of the following levels:

- ❑ Unusual Event/ Emergency handled within EMS or public health system *without* MHOAC
- ❑ Unusual Event/Emergency handled within OA with MHOAC
- ❑ Unusual Event/Emergency with another OA assisting MHOAC
- ❑ Unusual Event/Emergency with RDMHC, other regional OAs and MHOAC
- ❑ Unusual Event/Emergency with MHOAC, RDMHC, and State
- ❑ Catastrophic Event requiring Federal and State assistance, RDMHC and MHOAC

Day-to-day Activities

MHOAC conducts a myriad of **day-to-day activities** that may be described as, "routine business". 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 OA response. Other activities are undertaken on a daily basis to maintain system important to public health, behavioral/mental health, environmental health, healthcare system, and emergency medical services.

Unusual Events

An **unusual event** is defined as an incident that may impact or threaten public health, behavioral/mental health, environmental health, healthcare system, or emergency medical services. An unusual event may be self-limiting or a precursor to an emergency system activation. Unusual events include both planned events (e.g., large public gatherings or events like protests, concerts, sporting events, etc.) and unplanned events (e.g., earthquake, loss of power, flood, etc.).

The specific criteria for an unusual event may include any of the following:

1. The incident significantly impacts or is anticipated to impact public health or safety;
2. The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
3. Resources are needed or anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements (day-to-day agreements, memorandum of understanding, or other emergency assistance agreements);
4. The incident produces media attention or is politically sensitive;
5. The incident leads to a Regional or State request for information; and/or
6. Whenever increased information flow from the OA to the State will assist in the management or mitigation of the incident's impact.

Notification

As stated previously, incidents with a public health and medical impact will require communication and coordination with multiple county departments and stakeholder agencies within your county or jurisdiction. Therefore, the processes and procedures in notifying the appropriate departments and agencies to are essential to your response efforts. *For guidance on communication coordination, please refer to page 65.*

If your county/jurisdiction already has processes/procedures/matrices for contacting departments and agencies, please insert it in this section or attach as an appendix.

If your county/jurisdiction does not have processes/procedures/matrices, please refer to the following page and appendices for notification checklists, contact matrices, etc.

MHOAC Alert and Notification Checklist

- ❑ Assess the event and make appropriate and immediate notifications of the following internal staff:

Department/Program/Agency	Staff Name, Role, Contact Information

- ❑ Make immediate notifications, collect essential status data, and determine resource needs from external partners, including appropriate healthcare system providers.
    - Use **"Notification Guides"** (*page 65*) as an aid to determine notifications appropriate to event and methods.
    - Use **"Contact Matrices"** (*page 60*) for contact information.
- ❑ Report event and inform of any anticipated immediate resource needs to RDMHC Program **within one hour** via:
    - Verbal report via phone for fast moving events
    - Immediate written "**Flash Report**" (*page 31*)

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4.2 Situation Status and Reporting

General Information

Sharing appropriate situational information as soon as possible and throughout an incident will assist with all aspects of managing an incident and achieving a common operating picture. The MHOAC is the principal point-of-contact within the OA for information related to the public health and medical impact of an incident. It is expected that the MHOAC Program will prepare the Medical and Health Situation Report (SitRep) for the OA and share this information with the relevant county departments and stakeholder agencies, including the RDMHC, CDPH and/or EMSA DO Programs.

Minimum Set of Data Elements

A minimum set of data elements should be included in all SitReps. Please refer to the tables below:

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 • Contact information
Current Condition of the Public Health and Medical System	❑ **Green**: Usual day-to-say status. Situation resolved; no assistance required. ❑ **Yellow**: Managing incident using local resources/existing agreements. No assistance required. ❑ **Orange:** Requires assistance from within the local jurisdiction/OA. ❑ **Red:** Requires assistance from outside the local jurisdiction/OA. ❑ **Black**: Requires significant assistance from outside the local jurisdiction/OA. ❑ Grey: Unknown
Prognosis	• No Change • Improving • Worsening
Current Situation	Describe
Current Priorities	Describe
Critical Issues/Actions Taken	Describe

Needs Local Customization

Activities	Describe
Emergency Proclamations/Declarations	Describe
Health Advisories/Orders	Describe
Primary Public Health and Medical Contact within OA	• Name • Agency • Title • Contact information

An electronic version of the Medical and Health Situation Report is available within the California Public Health and Medical Emergency Operations Manual (EOM) or by contacting your RDMHC/S directly. It is strongly recommended to keep electronic copies readily available and hard copies in your Department Operations Center (DOC) and Emergency Operations Center (EOC).

If your county/jurisdiction already has SitRep instructions/guidance, please include it in this section or as an appendix.

If your county/jurisdiction does not have SitRep instructions/guidance, please refer to the following pages as examples.

Needs Local Customization

Medical and Health Situation Report (SitRep) Checklist

- ❑ After situational assessment and initial notifications submit a full written situation report (SitRep) within *2 hours*
    - o Use **"Medical and Health SitRep"** (*page 33*)
- ❑ Ensure minimum set of data elements are included based on available information
- ❑ Send SitRep to the following:
- ❑ CDPH Duty Officer (CDPHdutyofficer@cdph.ca.gov)
- ❑ EMSA Duty Officer (EMSAdutyofficer@emsa.ca.gov)
- ❑ Your RDMHC/S
- ❑ Your County public health and medical Emergency Preparedness Coordinator (or similar role)
- ❑ Your County Office of Emergency Services Manager
- ❑ Your County Public Information Officer
- ❑ Your County Health Services Director
- ❑ Others as appropriate

- ❑ Assure that operational area is prepared to receive and manage in-coming resources.
    - Continue to assess event and healthcare system status.
    - Request SitReps from healthcare facilities and/or Health Care Coalition members
    - Send an updated SitRep once every operational period or when there is any change in status to the incident. Include any significant changes and new resource needs.

Needs Local Customization

4.3 Resource Requesting

General Information

The MHOAC coordinates resource ordering within the operational area (OA) and through all available suppliers and local caches. General resource requests that are not medical in nature may be referred to your local Office of Emergency Services (OES).

Per the California Public Health and Medical Emergency Operations Manual (EOM), if the MHOAC cannot fulfill a request using local sources, they may request public health and medical resources from outside of the OA via your Region's Disaster Medical Health Coordination/Specialist Program (RDMHC/S).

If regional resources are inadequate or delayed, the RDMHC Program will forward the request to the State. If in-State resources are unable to fill the request in a timely manner, the State will request Federal assistance through the California Office of Emergency Services (Cal OES). Acting through Cal OES, the Governor will request Strategic National Stockpile (SNS) via the Department of Homeland Security.

Please be aware that while every effort will be made to obtain resources as quickly as possible, requesting entities should anticipate that time from acceptance of a request to actual receipt of the resource may be 48-96 hours or longer, depending on the type and scope of the incident.

Resource Tracking

The MHOAC tracks all resources given and received in and outside of the OA. When receiving resources, the MHOAC must track receipt of the resource(s), condition of the resource(s), and anticipated return date/times.

In addition, a local entity providing resources may send an Agency Representative along with the resource(s) to coordinate with the respective liaison at the receiving agency or organization. The RDMHC/S tracks all resources between OAs within his/her region and to other regions.

Resource Management

The MHOAC will track the receipt, use, and distribution/dispensing of all equipment or supplies received by the OA. It is highly recommended that the MHOAC work in concert with its Office of Emergency Services (OES) on utilizing existing electronic resource tracking systems (e.g., WebEOC) or, if one is not available, developing spreadsheet templates (e.g., Excel) that could be used and shared across the OA. In addition to a tracking system or sheet, the MHOAC should also develop a Communications Plan [e.g., ICS 205 and/or 205(a) Form] for resource management that further enhances tracking capabilities (e.g., contact information for an Ambulance Strike Team en route to your OA).

MHOAC Resource Requesting Checklist

- ❑ Resources should be utilized/requested in the following order:
  - Local facility resources immediately available/obtainable through existing agreements
  - Resources that can be located from existing vendors
  - Request submitted via RDMHC/S for regionally available resources
    - If unavailable, request is forwarded to the State level followed by Federal level
- ❑ Use the **"Resource Request" form (***page 43).*
  - Be as specific as possible---either the specific equipment/supply items or what needs to be accomplished.
  - Consider any additional items needed to make requests operational (e.g. wrap-around services including logistical support to/from, mutual aid, etc.)
  - Specify when the item(s) are needed and specific delivery arrangements including any special equipment needs to offload materials
  - Address payment arrangements
- ❑ Keep local office of emergency services (OES) Coordinators informed; a formal mission number must be assigned through the OES office for State resources.
- ❑ Submit requests to RDMHC/S and OES with CC's to:
  - Others in accordance to local policies and procedures (e.g. DOC/EOC)
- ❑ In addition to the request, ensure situational information is provided to the RDMHC/S, OES and CDPH and EMSA Duty Officers at:
  - CDPH Duty Officer (CDPHdutyofficer@cdph.ca.gov)
  - EMSA Duty Officer (EMSAdutyofficer@emsa.ca.gov)
- ❑ For Resource Requests to the Region, any accompanying Situation Report (SitRep) (*page 33)* is strongly encouraged and may be requested by the Region for resource prioritization, especially with regard to limited resources

Needs Local Customization

4.4 Medical and Health Mutual Aid System

General Information

In order to ensure adequate resources are available to meet the needs of your county/jurisdiction's OA medical and health response system, the MHOAC coordinates all medical and health resources within, into and out of your county/jurisdiction OA consistent with the California Public Health and Medical Emergency Operations Manual (EOM). The MHOAC uses the EOM as a guide to coordinate response among multiple jurisdictions and to access disaster medical and health service response at all levels of government and the private sector.

The MHOAC is responsible for managing disaster medical resources, including personnel, equipment, and supplies. Resource management includes assessing disaster medical response needs, tracking available resources, and requesting or providing mutual aid. The status of local available resources within the OA is assessed before requesting outside resources or submitting a resource request to RDMHC/S. Following an assessment of local resources, the MHOAC may request or provide mutual aid as conditions warrant. The MHOAC acts as the single-point ordering authority for OA medical health mutual aid requirements. If necessary, the MHOAC may also request the public health and medical Department Operations Center (DOC) or OA Emergency Operations Center (EOC) to be activated to support the public health or medical event.

Financial Reimbursement

Generally, entities are responsible for paying for any requested resources. If a "State of Emergency" or "Disaster" is proclaimed/declared, there may be financial relief available. If relief funding becomes available as part of the recovery process, documentation of all expenses is required to receive reimbursements or other forms of assistance. Ideally, pre-event MOUs and or agreements in place with partner agencies will expedite reimbursement.

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

- Required as the direct result of the declared emergency or major disaster;
- Located within the designated 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.
- Pre/Post-event agreements with procurement entity are required for reimbursements
  - On the following pages is an example of pre/post-event agreement

MEMORANDUM OF AGREEMENT BETWEEN [insert name] AND [name of 2nd party] PERTAINING TO ASSISTANCE UNDER THE CALIFORNIA PUBLIC HEALTH AND MEDICAL EMERGENCY OPERATIONS MANUAL MUTUAL AID PLAN

WHEREAS, on [insert date], [insert type of incident]at [insert location]; and

WHEREAS, this [insert date]is known as [insert name of incident]and

WHEREAS, the California Public Health and Medical Emergency Operations Manual delineates the current state policy concerning mutual aid authorized by Section 1797 of the Health and Safety Code; and

WHEREAS, the [insert title here]is the Medical and Health Operational Area Coordinator; and

WHEREAS, the California Public Health and Medical Emergency Operations Manual provides, in pertinent part, "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"; and

WHEREAS, the California Public Health and Medical Emergency Operations Manual provides, in pertinent part, "Within the Operational Area, the Medical and Health Operational Area Coordination (MHOAC) Program coordinates public health and medical information and resources during emergencies"; and

WHEREAS, the [insert name]Medical and Health Operational Area Coordination (MHOAC) Program requested the mutual aid assistance of [name of 2nd party], pursuant to California Public Health and Medical Emergency Operations Manual to support [insert support type], in [insert location]; and

WHEREAS, [name of 2nd party] provided mutual aid assistance consisting of [insert detailed/itemized support], on [insert date]to assist in connection with the [insert name of incident]; and

WHEREAS, [name of 2nd party], agreed to document all of its mutual aid assistance costs related to the [insert name of incident]and submit to [insert name]; and

NOW, THEREFORE, IT IS HEREBY AGREED by and between [name of 2nd party] that [insert name] did reimburse all reasonable costs associated with [name of 2nd party] mutual aid assistance during the [name of incident].

[insert name]
[Title, Agency]
[Date]
Signature: ______________________

[name of 2nd party]
[Title, Agency]
[Date]
Signature: ______________________

Needs Local Customization

4.5 Polling and Reporting

General Information

Coordination of patient distribution is one of the 17 Functions of the MHOAC Program. Therefore bed polling and reporting (number and type) is the responsibility of the MHOAC program. Real time available bed polling is needed during an incident to optimize patient dispersal within the OA or upon the request of the RDMHC/S or State.

Information may include the following:

Bed Polling:

- ❑ Bed availability polling for a Mass Casualty Incident (MCI) (e.g., by triage type – red/immediate; yellow/delayed; green/minor)
- ❑ Bed availability by bed type via Hospital Available Beds for Emergencies and Disasters (HAvBED) (e.g., by bed type including Medical Surge, ICU, O/R, Psychiatric, Burn, etc.)
- ❑ Bed availability of Skilled Nursing Facilities (SNFs) by bed type (e.g., by gender, Isolation, Ventilator, Bariatric, Secured, etc.)

Situational Awareness:

- ❑ Damage (e.g. infrastructure, utilities) to healthcare facilities (SitRep)
- ❑ Status of Healthcare Facility Command Center activation (SitRep)
- ❑ Emergency Department Status (e.g. Closed, Partial, Open) (HAvBED and/or SitRep)
- ❑ Evacuation Status (e.g. None, Partial, Full) (SitRep)
- ❑ Available Decontamination (HAvBED or SitRep)

Other resource availability, including:

- ❑ Staffed ventilators for adults and pediatric patients (HAvBED)
- ❑ Implementation of various surge strategies (SitRep)
- ❑ Anticipated staff shortages (SitRep)
- ❑ Anticipated resource shortages including
  - General medical supplies
  - Pharmaceuticals
  - Personal Protective Equipment (PPE)
  - Ancillary supplies to care for ventilator patients

HAvBED Polling

Hospital Available Beds for Emergencies and Disasters (HAvBED) was created by the federal government to standardize the terms for the various bed types found in hospitals when surveying

available beds. The difference between a HAvBED and a Multi-Casualty Incident (MCI) Poll is that HAvBED captures the number of staffed and available **in-patient bed types** (e.g. ICU, Med Surge, etc.). MCI Polling captures how many triage-type (e.g. Immediate, Delayed, and Minor) **patients** your Emergency Department and hospital can accept. The information from HAvBED is used to gauge hospital capacity and possible strains on patient care or to plan for the receipt of evacuated patients or plan for hospital evacuation in the event of a significant disaster (e.g., Hurricane Katrina where hospitals in New Orleans were evacuated).

Medical Transportation Resource Polling

While most OAs have a dedicated 9-1-1 ALS ambulance provider, in times of need including disasters and large incidents, the MHOAC Program should have a listing of ground and air medical resources (e.g. BLS, CCT, ParaTransit, etc.).

In addition, some MHOAC Programs also utilize their web-based polling systems (e.g. EMSystem/Reddinet, etc.) or a call-down list for polling air medical and ground ambulance providers for mutual aid. This in turn enables the MHOAC Program to be better prepared for any additional medical transportation requests from the field within the OA or from requesting OAs within or outside your Region.

Additionally, the MHOAC Program should have a plan in place with the Office of Emergency Services and/or transportation providers for non-medical resources (e.g. buses, vans, trains, ferries, planes, helicopters, etc.).

Please insert your county/jurisdiction's instructional guides for polling and reporting in this section or as an appendix.

Needs Local Customization

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5.0 APPENDICES

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5.1 Acronyms

Acronym	Meaning
CAHAN	California Health Alert Network
CCLHO	California Conference of Local Health Officers
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
DBH	Department of Behavioral Health
DHV	Disaster Healthcare Volunteer
DO	Duty Officer
DPH	Department of Public Health
EH	Environmental Health
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Agency
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
EOP	Emergency Operations Plan
EVOC	Emergency Vehicle Operations Course
HCF	Healthcare Facility
HERT	Healthcare Emergency Response Training
HICS	Healthcare Incident Command System
ICS	Incident Command System
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
LHO	Local Health Officer
MHOAC	Medical Health Operational Area Coordinator
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
PIO	Public Information Officer
POC	Point of Contact
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operations Center
SEMS	Standardized Emergency Management System
SNF	Skilled Nursing Facility
TERT	Technical Emergency Response Training (CBRNE)
WebEOC	Web-based Emergency Operations Center

5.2 Forms

This section is intended to provide common and frequently used forms for person(s) fulfilling the MHOAC position. Please note that due to the unique circumstances within counties/jurisdictions, not all forms will be provided or appropriate. It is the discretion, experience, policies, and procedures of the MHOAC program to determine which forms to include within this Manual. However, utilization and customization of forms provided is strongly encouraged and welcomed.

If your county/jurisdiction has already established appropriate forms, please include them within this section of the Manual.

Needs Local Customization

Flash Report

The following is an example of a Flash Report and is intended to be used as a quick, information sharing prelude to a more detailed SitRep. Flash Reports can be given verbally via telephone. It is strongly recommended that MHOAC programs establish communication with their RDMHC/S as early as possible to maximize information and assistance availability.

Regional Disaster Medical Health Coordination Program

Region:

Operational Area:

Reporting person & jurisdiction:

Type of incident:

Event name:

Date:

Time:

Notification type:

Situation:

Critical Issues/Priorities (specifically the impact to medical health system):

Point of contact (i.e. MHOAC or RDMHC/S):

Medical and Health Situation Report (SitRep)

The following pages are examples of Medical and Health Situation Reports (SitRep). SitReps are available electronically in Adobe PDF format. It is strongly recommended that the person(s) fulfilling the MHOAC position has quick access to this document either online or via USB drive in case of emergencies.

ver. 2.7c 28JUN2011

MEDICAL and HEALTH SITUATION REPORT (SITREP)

PEN & PAPER VERSION
ITEMS A - P ARE MINIMALLY REQUIRED ON ALL REPORTS.

A. Report Type		**B. Report Status**	**C. Report Creation Date/Time**	
☐INITIAL	☐UPDATE #	☐1. Advisory: No Action Required	1. Report Date:	2. Report Time:
	☐FINAL	☐2. Alert:Action Required see "Critical Issues"		

D. Incident / Event Information			**E. User Information**
1. Mutual Aid Region:	2. Jurisdiction (OA):	3. Abrv:	1. Report Creator:
4. Incident / Event Name:	5. Incident Date:	6. Incident Time:	2. Position:
7. Incident Location / Address:	8. Incident City:		3. Phone:
9. Incident Type:	10. Estimated Population Affected:		4. Cell, Pager, Alt Phone:
11. Incident Level: ☐ Level I - Op Area ☐Level II - Region ☐Level III - State ☐Unknown			5. Email:

F. Current Operational Area Medical and Health System Condition:		
☐GREEN – Normal Operations: (Update: Situation Resolved)	☐ORANGE – Assistance from within the jurisdiction/OA Required	☐BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA.
☐YELLOW – Under Control: NO Assistance Required	☐RED – SOME Assistance required from outside the jurisdiction/OA	☐GREY - Unknown - Conducting Assessments

G. Prognosis:	☐ NO CHANGE	☐IMPROVING	☐ WORSENING

Page 1 of 9

Event Name: ____________________________________

PEN & PAPER VERSION SECTION 1 (Continued)

(Text boxes capacity: 9 lines)

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.)

Page 2 of 9

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 2)
- ☐ 4. OA EOC MH Branch Active

L. Proclamations/Declarations:

- ☐ 1. Local Emergency
- ☐ 2. State
- ☐ 3. Other (List in Box Q 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 Q. 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:	#

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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:

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Event Name: ____________________________

PEN & PAPER VERSION SECTION 3

U.Overall Healthcare FACILITIES System Status	☐Green – Normal Operations: (Situation Resolved)	☐Yellow – Under control: NO Assistance Required	☐ Orange – Assistance from with the Facility Required	☐Red – SOME Assistance from Outside Facility Required	☐Black - SIGNIFICANT Assistance from Outside Facility Required

Category	#	Comments
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

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Event Name: ______________________________

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Cong 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

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Event Name: ______________________________

PEN & PAPER VERSION SECTION 4

V. General Infrastructure Damage as it relates to the Medical Health 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:				

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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. PH 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			

Page 8 of 9

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

Page 9 of 9

Event Name: ______________________________

Resource Requests

The following pages are examples of Resource Request forms and are available electronically in Excel format. It is strongly recommended that documents are easily accessible by MHOAC programs either online or via USB drive in case of emergencies

Resource Request Form: *GENERAL Equipment/Supplies*

[Insert Agency Here]

Date/Time Rqst Rcvd:	Incident Name:	Name/Title/Agency:	Contact Information:

Location/Type of Operation making Rqst:	Resource Description (size, type, etc.)	Qty	Suggested Vendor
	1)		
	2)		

Delivery Address:	On-site Contact Name/Phone #:	Loading Dock Equipment?
	Name: Phone:	☐ Yes ☐ No

I certify that that the resources requested are currently not available and that our organization has exhausted all appropriate means to procure such resources. I understand that my organization is responsible for all costs related to filling this request.

NAME: ____________________ SIGNED: ____________________________________DATE: __________________

Fax to:[insert fax number] or Email to: [insert email address]

Priority (Sender): ☐ Low ☐ Medium ☐ High	**Explain:**

DOC OPERATIONS SECTION USE ONLY			
Request Sent To: ☐ DOC Logistics **Date/Time Sent:** **Priority (DOC):** ☐ Low ☐ Medium ☐ High			
Assign Request Number:	Date Logs Received:	Time Logs Received:	
Disposition:			
☐ Ordered from Vendor	Date ordered:	Phone or Email of Vendor:	Expected Delivery Date/Time:
☐ Warehouse	Date sent:	Expected Delivery:	
☐ EOC Logistics	Date sent:	Contact at EOC:	Expected Delivery:
☐ MHOAC, EOC Operations	Date mutual aid request made:	Contact at EOC:	Expected Delivery:
☐ Other			

WAREHOUSE USE ONLY	
Date WH Received:	Time WH Received:

Processed By: (Name and Title)

Request Filled: ☐ Yes ☐ No

If partially filled or unable to fill describe when restock will occur:

Substitute Item Available? ☐ Yes ☐ No Describe: DOC Logistics Approval of Substitute ☐ Yes ☐ No

Estimated Date and Time Resource will Arrive at Requesting Facility:

*Please return copy of completed form to **[Insert Agency Here]***

Page 1 of _______

Resource Request: Medical and Health Op Area (MHOAC) to Region/State

RR MH (11AUG11)

REQUESTOR TO COMPLETE

1. Incident Name:	2a. DATE:	2b. TIME:
3. Requestor Name, Agency, Position, Phone / Email:	2c. Requestor Tracking #: (Assigned by Requesting Entity)	

4a. Describe Mission/Tasks:	4b. Delivery/Reporting/Staging Information:

5. ORDER SHEETS - USE ATTACHED	☐ 6a. SUPPLIES/EQUIPMENT	☐ 6b. PERSONNEL	☐ 6c. OTHER:

MHOAC

7a. OA/MHOAC must confirm that the verification questions in the PH&M EOM have been reviewed and answered.

☐ This request meets the submission criteria as stated in the PH&M EOM.

☐ The creation of this request was in consulation with the RDMHC Program.

7b. MHOAC/OA EOC Contact Information: (Tele #, E-Mail, FAX, etc.)

8. MHOAC/OA EOC Review: (NAME, POSITION, AND SIGNATURE) (SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; and, 3) THE REQUEST IS COMPLETE)

NAME:	POSITION:	SIGNATURE:

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 Fulfillment Information:	11. Likely Supplier Name/Phone/Email:

12. Resource Tracking:

- ☐ Entered into Resource Tracking System/RIMS
- ☐ 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

PAGE ____ OF ____

6a. 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 #	Estimated Time of Arrival (Date & Time)	COST
							Approved	Filled	Back-Ordered			

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):	Deliver to/Report to POC (Name/Title/Location/Tel#/Email/Radio#)

[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)

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ORDER SHEET

PAGE _____ OF _____

6b. ORDER ***PERSONNEL REQUEST DETAILS*** ☐ PAID ☐ NON-PAID

ITEM #	Priority [1]	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, Add'l Lic. i.e., PHN, etc.)	**Preferred** Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	17. Logistics Section:Fulfillment Quantity: Approved	Quantity: Filled	Tracking # or DHV Mission Number

Additional Instructions:

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.

[1] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

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ORDER SHEET

PAGE ____ OF ____

6c. ORDER ***OTHER 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 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 #	Estimated Time of Arrival (Date & Time)	COST
						Approved	Filled	Back-Ordered			
1	E										

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):	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)

11AUG11

Page 1 of ______

Resource Request: Medical and Health FIELD/HCF[2] to Op Area RR MH (11AUG11)

REQUESTOR TO COMPLETE

1. Incident Name:

2a. DATE:

2b. TIME:

3. Requestor Name, Agency, Position, Phone / Email:

2c. Requestor Tracking #: (Assigned by Requesting Entity)

4a. Describe Mission/Tasks:

4b. Delivery/Reporting/Staging Information:

5. ATTACH ADDITIONAL ORDER SHEETS, IF NEEDED ☐ GENERAL: SUPPLY/EQUIPMENT ☐ PERSONNEL ☐ OTHER

6. ORDER ***SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS***

ITEM #	Priority (See Below)[3]	DETAILED SPECIFIC ITEM DESCRIPTION: **Supplies/Equipment** (Rx: Drug Name, Dosage Form, UNIT OF USE PACK or Quantity, Prod Info Sheet, In-House PO, etc. Medical Supplies: Item name, Size, Brand, etc. General Supplies/Equipment: Food, Water, Generators) **Personnel** (Be specific: List Probable Duties, Required License, Specific Experience (ED/ICU/OR, Hospital/Clinical, etc.) **Other** (Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)	Quantity Requested	Expected Equipment/ Staff Duration of Use:

REVIEW

7. Requesting entity must confirm that these 3 requirements have been met prior to submission of request

☐ Is the resource(s) being requested nearly exhausted or exhausted?

☐ Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from vendors, contractors, MOU/MOA's, department, or corporate office providers?

☐ Entity is unable to obtain resource from other non-traditional sources?

8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (SIGNATURE INDICATES VERIFICATION OF NEED AND REQUEST'S APPROVAL)

NAME:	POSITION:	SIGNATURE or equivalent

[2] HCF = Health Care Facility

[3] Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

Resource Request Medical and Health (RRMH) Completion Instructions

11AUG11

Note: Within any large cell you can move to a new line within the cell by holding down the "Alt" Key and pressing the "Enter" Key once for each new line needed.

1. Incident Name:	Name assigned by Incident Commander/ Juridictional Emergency Management: Be as general as possible, i.e.; March 2011 EQ or IED at Covention Center.
2 a. Date:	Use mm/dd/yyyy format
b. Time:	Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.
c. Requestor Tracking Number:	This is a requestor generated number. Consider using a 3 letter entity identifier (fire department, etc.), county identifier (Cal EMA county code), or hospital code; a dash "-"; and, a 3 digit number (number of this request - in sequential order). Example CSM-001 is Cedars Sinai Medical Center and their first RRMH request.
3. Requestor Name:	To be completed by whomever is filling this form.
4 a. Describe Mission/Tasks:	Give a brief description of reason for request or duties to be performed.
b. Delivery/Reporting/Staging Info:	Provide Name, Title, Location, Telephone #, E-mail, Radio Call Sign/#, and Deployment information to who will be receiving the requested items and where they should be delivered or whom will receive the items or meet the personnel, where they should arrive or stage, and what they should bring or have available to them.
5. Order Sheets:	Check each box that applies to your order, if additional sheets are attached. If additional Line Item are needed, fill out the appropriate RRMH sheet for each type of request and attach to the cover sheet.
6. Order - Detailed Specific Item Description:	
Item #:	Each NEW line item is numbered.
Priority:	(E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment. If completing form electronically there is a drop down menu.
Detailed Description:	Specifically describe the requested item by using brand, sizes, model #, dose, form (tabs vs caps vs suspension), strength, quantities,etc. Example: 3M N-95 Mask, Model #1234 size Medium or Penicillin 500mg tablets - 100 tablet/bottle, or Normal Saline1000ml IV fluid. RN w/ICU Experience, PharmD, MD w/OR Experience. Ambulance Strike Team (AST); Generator - Gas, 6000 KW; Drinking Water - 16oz bottles, etc.
Quantity Requested:	Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin 500mg Tabs - 100 Tabs/bottle - Quantity Requested 50 = hospital will receive 5000 tablets; N-95 3M 1860 1 Case = 120/case; IV fluid 1 Case = 12 Bags; AST 1 = 5 Ambulances with 1 Strike Team Leader; Water 1 Case = 24 bottles.
Expected duration of use:	This only applies to equipment and personnel. Supplies will normally be considered expendible and will not be returned.
7. Confirm Requirements:	These questions must be considered and answered to show the requestor's efforts to fill the need from the closest available source at local or regularly used public agencies and/or private companies.
8. Command Review & Verification:	Authorized management staff review and approve. Printed name, position, and signature are required.
17. Order Sheet Fulfillment	To be completed by Logistics Section filling the request.

Incident Command System Forms

The following pages are examples of Incident Command System forms:

- 202 (Incident Objectives)
- 203 (Organization Assignment List)
- 204 (Assignment List – Operations)
- 205 (Communications Plan)
- 205a (Communications List)
- 206 (Medical Plan)
- 207 (Organization Chart)
- 208 (Safety Message/Plan)
- 213 (General Message)
- 214 (Activity Log)

For a complete list of ICS forms (customize for your agency's use) please see: http://www.nwcg.gov/publications/ics-forms

It is strongly recommended that documents are easily accessible by MHOAC programs either online, via USB drive, or paper copies in case of emergencies.

ICS 202 Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident. If needed, an incident number can be added.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Objective(s)**	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable. Objectives should follow the SMART model or a similar approach: **S**pecific – Is the wording precise and unambiguous? **M**easurable – How will achievements be measured? **A**ction-oriented – Is an action verb used to describe expected accomplishments? **R**ealistic – Is the outcome achievable with given available resources? **T**ime-sensitive – What is the timeframe?
4	**Operational Period Command Emphasis**	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.

Block Number	Block Title	Instructions
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	**Site Safety Plan Required?** ☐ Yes ☐ No	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).
6	**Incident Action Plan** (the items checked below are included in this Incident Action Plan): ☐ ICS 203 ☐ ICS 204 ☐ ICS 205 ☐ ICS 205A ☐ ICS 206 ☐ ICS 207 ☐ ICS 208 ☐ Map/Chart ☐ Weather Forecast/ Tides/Currents Other Attachments:	Check appropriate forms and list other relevant documents that are included in the IAP. ☐ ICS 203 – Organization Assignment List ☐ ICS 204 – Assignment List ☐ ICS 205 – Incident Radio Communications Plan ☐ ICS 205A – Communications List ☐ ICS 206 – Medical Plan ☐ ICS 207 – Incident Organization Chart ☐ ICS 208 – Safety Message/Plan
7	**Prepared by** • Name • Position/Title • Signature	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	**Approved by Incident Commander** • Name • Signature • Date/Time	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

1. Incident Name:	**2. Operational Period:**	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM

3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes ☐ No ☐

Approved Site Safety Plan(s) Located at: ____

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

☐ ICS 203 ☐ ICS 207

☐ ICS 204 ☐ ICS 208

☐ ICS 205 ☐ Map/Chart

☐ ICS 205A ☐ Weather Forecast/Tides/Currents

☐ ICS 206

Other Attachments:

☐ ______________________

☐ ______________________

☐ ______________________

☐ ______________________

7. Prepared by: Name: Position/Title: Signature: ___________________

8. Approved by Incident Commander: Name: Signature: __________________________

ICS 202	**IAP Page**	Date/Time: Date

ICS 203
Organization Assignment List

Purpose. The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a “T” in parentheses behind the name (e.g., “A. Smith (T)”).

Distribution. The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

The ICS 203 serves as part of the IAP.

If needed, more than one name can be put in each block by inserting a slash.

If additional pages are needed, use a blank ICS 203 and repaginate as needed.

ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Incident Commander(s) and Command Staff** IC/UCs Deputy Safety Officer Public Information Officer Liaison Officer	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, “Assistant Safety Officer”). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names.
4	**Agency/Organization Representatives** Agency/Organization Name	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	**Planning Section** Chief Deputy Resources Unit Situation Unit Documentation Unit Demobilization Unit Technical Specialists	Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	**Logistics Section** Chief Deputy **Support Branch** Director Supply Unit Facilities Unit Ground Support Unit **Service Branch** Director Communications Unit Medical Unit Food Unit	Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
7	**Operations Section** Chief Deputy Staging Area **Branch** Branch Director Deputy Division/Group **Air Operations Branch** Air Operations Branch Director	Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column. Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
8	**Finance/Administration Section** Chief Deputy Time Unit Procurement Unit Compensation/Claims Unit Cost Unit	Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
9	**Prepared by** Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Incident Commander(s) and Command Staff:	
IC/UCs	
Deputy	
Safety Officer	
Public Info. Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. Logistics Section:	
Chief	
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. Operations Section:		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:	
Chief	
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by:	Name:	Position/Title:	Signature: ________________
ICS 203	IAP Page	Date/Time: Date	

ICS 204
Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:
The ICS 204 details assignments at Division and Group levels and is part of the IAP.
Multiple pages/copies can be used if needed.
If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Branch** **Division** **Group** **Staging Area**	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	**Operations Personnel** Name, Contact Number(s) – Operations Section Chief – Branch Director – Division/Group Supervisor	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	**Resources Assigned**	Enter the following information about the resources assigned to the Division or Group for this period:
	Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	Leader	Enter resource leader's name.
	# of Persons	Enter total number of persons for the resource assigned, including the leader.
	Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.

Block Number	Block Title	Instructions
5 (continued)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.
6	**Work Assignments**	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	**Special Instructions**	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	**Communications** (radio and/or phone contact numbers needed for this assignment) Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	**Prepared by** Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	**2. Operational Period:** Date From: Date Date To: Date Time From: HHMM Time To: HHMM	**3.** Branch:
4. Operations Personnel: Name / Contact Number(s) Operations Section Chief: XXX-XXX-XXXX Branch Director: XXX-XXX-XXXX Division/Group Supervisor: XXX-XXX-XXXX		Division: Group: Staging Area:

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
	/	
	/	
	/	
	/	

9. Prepared by: Name: Position/Title: Signature: ______________

ICS 204	**IAP Page**	Date/Time: Date

ICS 205
Incident Radio Communications Plan

Purpose. The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation. The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution. The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.

The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Date/Time Prepared**	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	**Basic Radio Channel Use**	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.

	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an “N” designating narrowband or a “W” designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an “N” designating narrowband or a “W” designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter “A” for analog operation, “D” for digital operation, or “M” for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	**Special Instructions**	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	**Prepared by** (Communications Unit Leader) Name Signature Date/Time	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

Incident Radio Communications Plan (ICS 205)

1. Incident Name:	**2. Date/Time Prepared:** Date: Date Time: HHMM	**3. Operational Period:** Date From: Date Date To: Date Time From: HHMM Time To: HHMM

4. Basic Radio Channel Use:

Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Signature: ______________________

ICS 205	**IAP Page**	Date/Time: Date

ICS 205A

Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

The ICS 205A is an optional part of the Incident Action Plan (IAP).

This optional form is used in conjunction with the ICS 205.

If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Basic Local Communications Information**	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	Incident Assigned Position	Enter the ICS organizational assignment.
	Name	Enter the name of the assigned person.
	Method(s) of Contact (phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	**Prepared by** Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name:	**2. Operational Period:**	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM

3. Basic Local Communications Information:

Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)

1. Incident Name:	**2. Operational Period:**	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM

4. Prepared by: Name:		Position/Title:	Signature: ____________
ICS 205A	**IAP Page**	Date/Time: Date	

ICS 206

Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

The ICS 206 serves as part of the IAP.

This form can include multiple pages.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Medical Aid Stations**	Enter the following information on the incident medical aid station(s):
	Name	Enter name of the medical aid station.
	Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	Paramedics on Site? ☐ Yes ☐ No	Indicate (yes or no) if paramedics are at the site indicated.
4	**Transportation** (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	Ambulance Service	Enter name of ambulance service.
	Location	Enter the location of the ambulance service.
	Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	Level of Service ☐ ALS ☐ BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).
5	**Hospitals**	Enter the following information for hospital(s) that could serve this incident:
	Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.

Block Number	Block Title	Instructions
	Travel Time Air Ground	Enter the travel time by air and ground from the incident to the hospital.
	Trauma Center ☐ Yes Level:______	Indicate yes and the trauma level if the hospital has a trauma center.
	Burn Center ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a burn center.
	Helipad ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	**Special Medical Emergency Procedures**	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	**Prepared by** (Medical Unit Leader) Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	**Approved by** (Safety Officer) Name Signature Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

Medical Plan (ICS 206)

1. Incident Name:	**2. Operational Period:**	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader)**:** Name: Signature: ______________________________

8. Approved by (Safety Officer)**:** Name: Signature: ______________________________

ICS 206	**IAP Page**	Date/Time: Date

ICS 207

Incident Organization Chart

Purpose. The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

Preparation. The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

Distribution. The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.

Also available as 8½ x 14 (legal size) chart.

ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.

Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

Block Number	Block Title	Instructions
1	**Incident Name**	Print the name assigned to the incident.
2	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Organization Chart**	Complete the incident organization chart. For all individuals, use at least the first initial and last name. List agency where it is appropriate, such as for Unified Commanders. If there is a shift change during the specified operational period, list both names, separated by a slash.
4	**Prepared by** Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT ORGANIZATION CHART (ICS 207)

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: Date Time From: HHMM Date To: Date Time To: HHMM

3. Organization Chart

Incident Commander

Liaison Officer

Safety Officer

Public Information Officer

Operations Section Chief	Planning Section Chief	Logistics Section Chief		Finance/Admin Section Chief
Staging Area Manager	Resource Unit Ldr.	Support Branch Dir.	Services Branch Dir.	Time Unit Ldr.
	Situation Unit Ldr.	Supply Unit Ldr.	Comm. Unit Ldr.	Procurement Unit Ldr.
	Documentation Unit Ldr.	Facilities Unit Ldr.	Medical Unit Ldr.	Comp./Claims Unit Ldr.
	Demobilization Unit Ldr	Ground Spt. Unit Ldr.	Food Unit Ldr.	Cost Unit Ldr.

ICS 207	IAP Page	4. Prepared by: Name:	Position/Title:	Signature:	Date/Time:

ICS 208

Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:
- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan**	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	**Site Safety Plan Required?** Yes ☐ No ☐	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	**Prepared by** Name Position/Title Signature Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

Safety Message/Plan (ICS 208)

1. Incident Name:	**2. Operational Period:** Date From: Date Date To: Date Time From: HHMM Time To: HHMM
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:	
4. Site Safety Plan Required? Yes ☐ No ☐ **Approved Site Safety Plan(s) Located At:**	
5. Prepared by: Name: Position/Title: Signature: ______	
ICS 208 **IAP Page**	Date/Time: Date

ICS 213 General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that require hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Block Number	Block Title	Instructions
1	**Incident Name** (Optional)	Enter the name assigned to the incident. This block is optional.
2	**To** (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	**From** (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	**Subject**	Enter the subject of the message.
5	**Date**	Enter the date (month/day/year) of the message.
6	**Time**	Enter the time (using the 24-hour clock) of the message.
7	**Message**	Enter the content of the message. Try to be as concise as possible.
8	**Approved by** • Name • Signature • Position/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	**Reply**	The intended recipient will enter a reply to the message and return it to the originator.
10	**Replied by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	**5. Date:** Date	**6. Time** HHMM
7. Message:		
8. Approved by: Name: Signature: ____________________ Position/Title:		
9. Reply:		
10. Replied by: Name: Position/Title: Signature: ____________________		
ICS 213	Date/Time: Date	

ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Name**	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	**ICS Position**	Enter the name and ICS position of the individual in charge of the Unit.
5	**Home Agency** (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	**Resources Assigned**	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	• ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	• Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	**Activity Log** • Date/Time • Notable Activities	• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.

Block Number	Block Title	Instructions
		• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

1. Incident Name:	**2. Operational Period:** Date From: Date Date To: Date Time From: HHMM Time To: HHMM	
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name:	Position/Title:	Signature: ________________
ICS 214	Date/Time: Date	

5.3 Contact Matrices

The following pages are examples of how to maintain and organize contacts. It is strongly recommended that documents are easily accessible by MHOAC programs either online, via USB drive, or paper copies in case of emergencies. Examples of vital contacts may include:

A. Agencies and departments within your county/jurisdiction
B. Neighboring MHOAC programs
C. City contacts
D. Special districts
E. Non-profits (community, faith-based, etc.)
F. Response organizations (American Red Cross, etc.)
G. Private sector
H. Hospitals
I. Clinics
J. Skilled nursing facilities (SNFs)
K. EMS providers
L. Ambulance Strike Team leader(s) contact information
M. Dialysis
N. Blood banks
O. Other health and medical contacts as appropriate

MHOAC Function	Department/Division	Contact Information
1. Assessment of immediate medical needs	MHOAC/Impacted Health Division or IC if EOC/DOC	[insert contact info here]
2. Coordination of disaster medical and health resources	MHOAC/EMS	[insert contact info here]
3. Coordination of patient distribution and medical evaluations	LEMSA	[insert contact info here]
4. Coordination with inpatient and emergency care providers	LEMSA	[insert contact info here]
5. Coordination of out-of-hospital medical care providers	LEMSA	[insert contact info here]
6. Coordination and integration with fire agencies, personnel, resources, and emergency fire pre-hospital medical services	Fire/LEMSA	[insert contact info here]
7. Coordination of providers of non-fire based pre-hospital emergency medical services	LEMSA	[insert contact info here]
8. Coordination of the establishment of temporary field treatment sites	LEMSA	[insert contact info here]
9. Health surveillance and epidemiological analyses of community health status	Public Health/Epidemiology	[insert contact info here]
10. Assurance of food safety	Environmental Health	[insert contact info here]
11. Management of exposure to hazardous agents	Fire/Environmental Health	[insert contact info here]
12. Provision or coordination of Behavioral/Mental Health services	Behavioral/Mental Health	[insert contact info here]
13. Provision of medical and health public information protective action recommendations	Public Health/Health Officer/PIO	[insert contact info here]
14. Provision or coordination of vector control services	Environmental Health	[insert contact info here]
15. Assurance of drinking water safety	Environmental Health	[insert contact info here]
16. Assurance of the safe management of liquid, solid, and hazardous wastes	Environmental Health	[insert contact info here]
17. Investigation and control of communicable diseases	Public Health/Communicable Diseases	[insert contact info here]

Needs Local Customization

Public Health	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org	Environmental Health	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org		John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
Behavioral/Mental Health	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org	Communicable Diseases	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org		John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
Health Officer	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org	Public Information Officer	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org		John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
Aging & Adult Services	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org	Social Services	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org		John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
Animal Services	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org	Emergency Medical Services	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org
	John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org		John Doe Phone: 000-111-2222 Cell: 333-444-5555 Fax:888-999-0000 Email:john.doe@county.org

Needs Local Customization

5.4 Notification Guide

The following pages are examples of how to notify appropriate contacts as preferences may vary based on individual processes and procedures. It is strongly recommended that notification guides are kept accurate, detailed, and updated. It is also recommended that documents are easily accessible by MHOAC programs either online, via USB drive, or paper copies in case of emergencies.

Agencies to Notify by Incident Type

	Wildfire	Earthquake	Bioterrorism	Infectious Disease	Hazardous Material
Public Health					
EMS					
FBI					
American Red Cross					
Social Services					
Hospitals					
Skilled Nursing Facilities					
Dialysis					

Agencies' Method of Communication

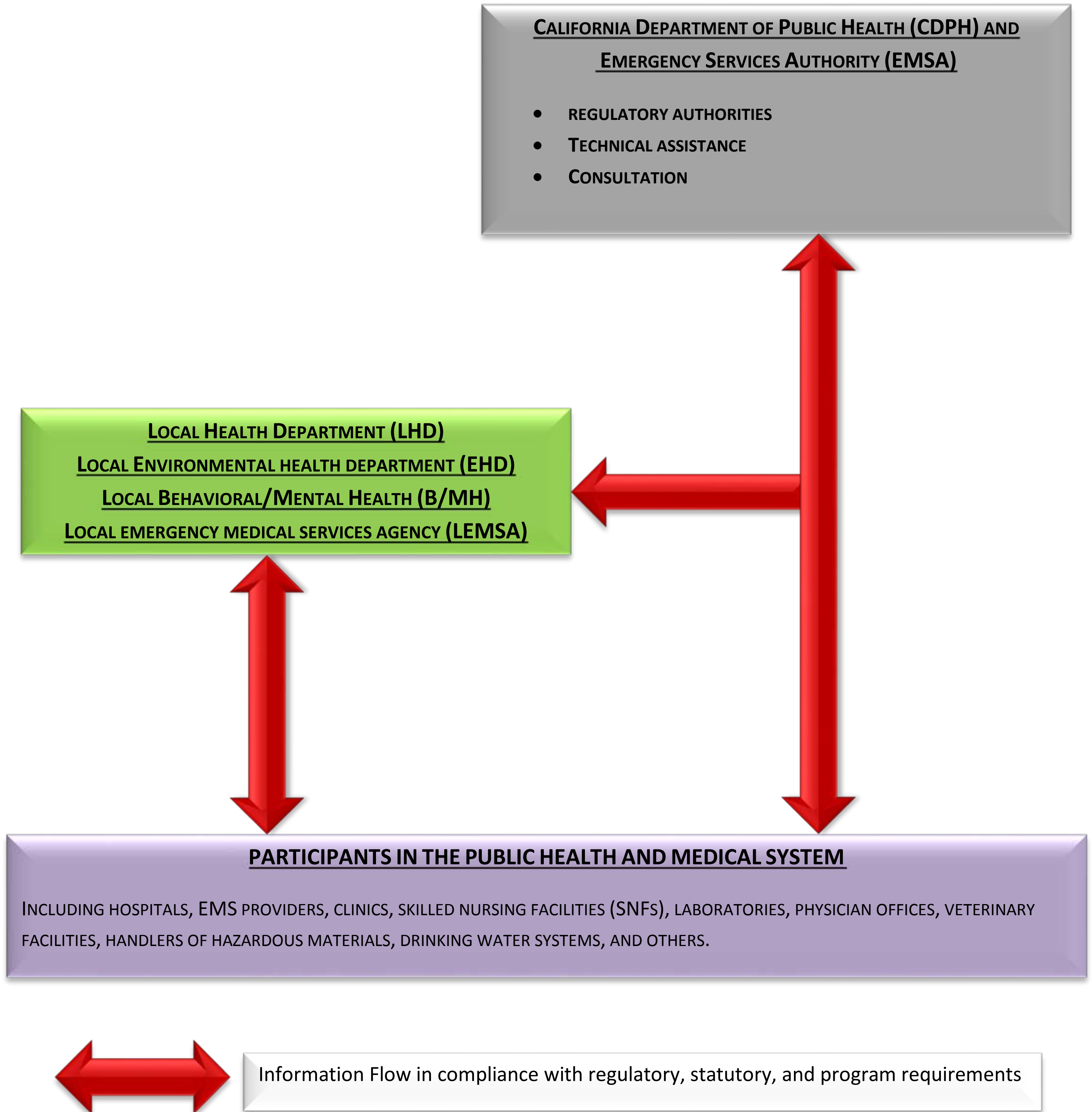
	CAHAN	EMSystem/ ReddiNet/ Other	Radio 700/800 Mhz	Email	Phone Landline/ Mobile	Satellite Phone
CDPH/EMSA						
RDMHC/S						
American Red Cross						
Hospitals						
EMS Providers						
Clinics						
Long Term Care Providers						
OES						

Needs Local Customization

5.5 Communication Guide

The following pages are examples of information flow between agencies and departments during different activations (day-to-day, unusual event, emergency) and are intended to guide and enable efficient and effective communication and coordination. It is strongly recommended that documents are easily accessible by MHOAC programs either online, via USB drive, or paper copies in case of emergencies.

Communication Flow during Day-to-Day Activities (No MHOAC)



Communication Flow during Unusual Events

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) AND EMERGENCY SERVICES AUTHORITY (EMSA)

DUTY OFFICERS	PROGRAMS
-INFORMATION GATHERING	-REGULATORY AUTHORITIES
-ALERTING & NOTIFICATION	-TECHNICAL ASSISTANCE
-MED & HEALTH SITREP	-CONSULTATION

CALIFORNIA STATE WARNING SYSTEM

RDMHC/S PROGRAM

MHOAC PROGRAM

LOCAL HEALTH DEPARTMENT (LHD)

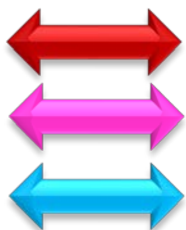
LOCAL ENVIRONMENTAL HEALTH DEPARTMENT (EHD)

LOCAL BEHAVIORAL/MENTAL HEALTH (B/MH)

LOCAL EMERGENCY MEDICAL SERVICES AGENCY (LEMSA)

PARTICIPANTS IN THE PUBLIC HEALTH AND MEDICAL SYSTEM

INCLUDING HOSPITALS, EMS PROVIDERS, CLINICS, SKILLED NURSING FACILITIES (SNFS), LABORATORIES, PHYSICIAN OFFICES, VETERINARY FACILITIES, HANDLERS OF HAZARDOUS MATERIALS, DRINKING WATER SYSTEMS, AND OTHERS.

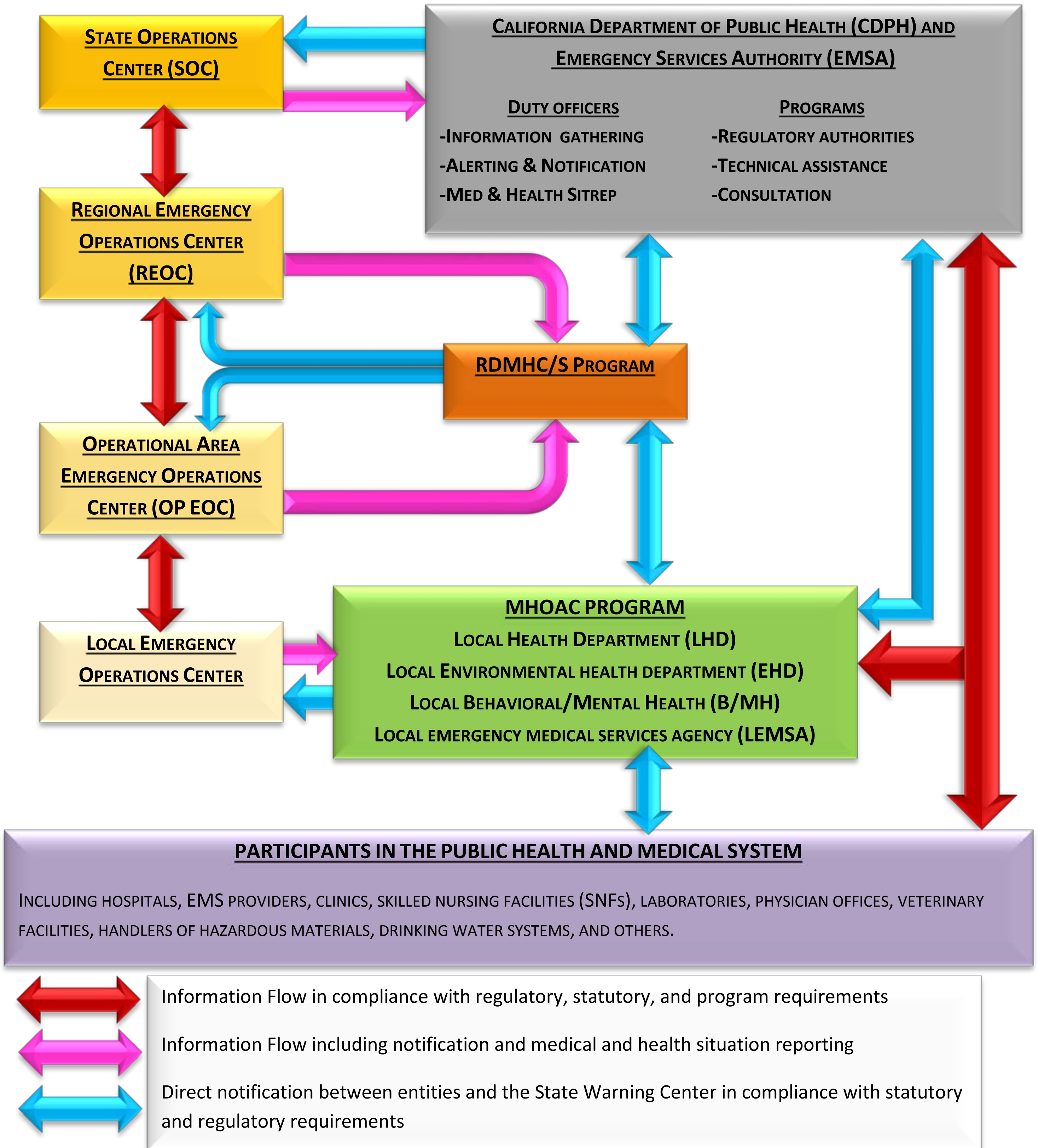


Information Flow in compliance with regulatory, statutory, and program requirements

Information Flow including notification and medical and health situation reporting

Direct notification between entities and the State Warning Center in compliance with statutory and regulatory requirements

Communication Flow during Emergency System Activation



5.6 Resource and Inventory Guide

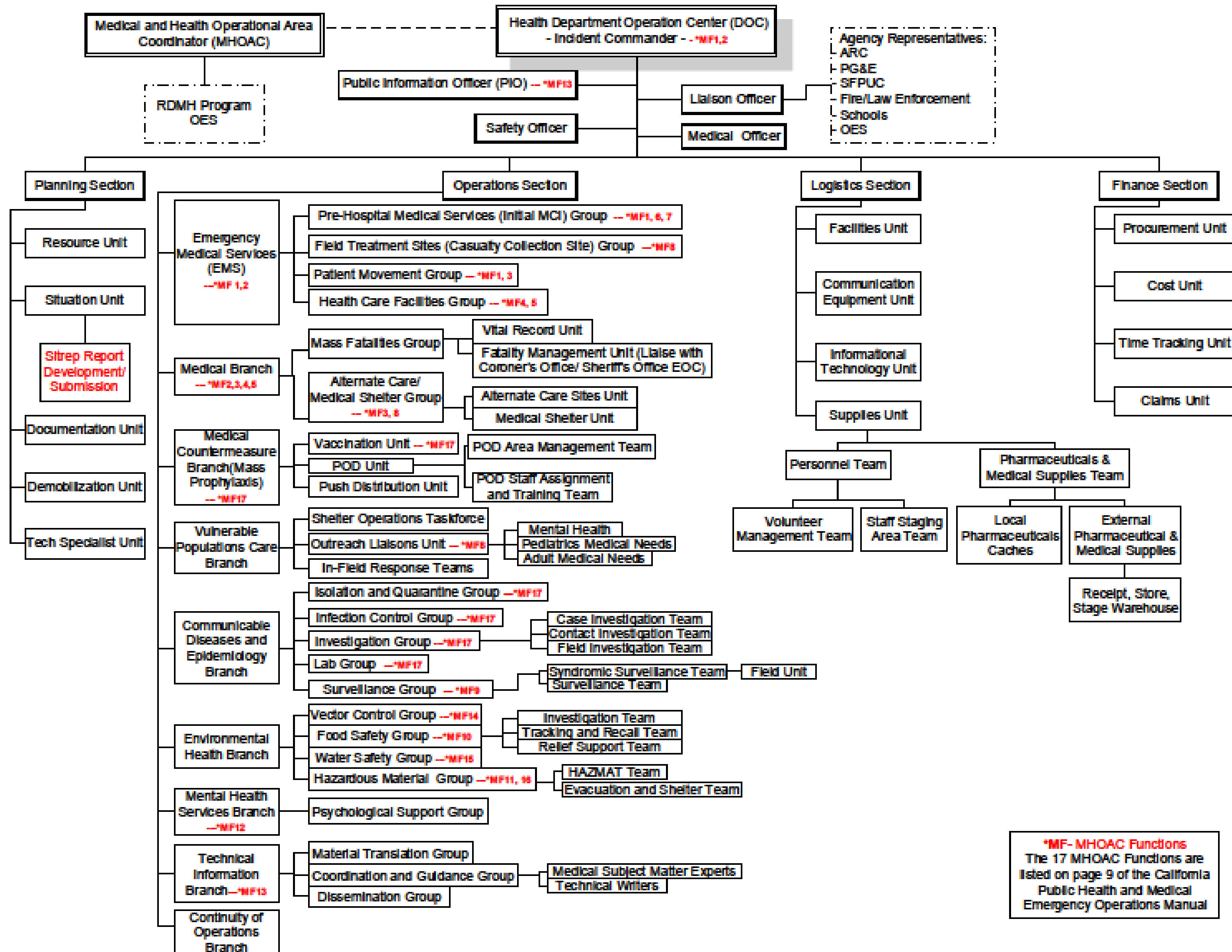
Resource and inventory management varies significantly based on the capabilities and organization of every county/jurisdiction. It is strongly recommended that the MHOAC Program coordinate and collaborate with the appropriate agencies/departments to determine the best method of tracking available resources.

Recommended practices may incorporate methods including but not limited to:

- County/jurisdiction approved vendor agreements
- Excel spreadsheets or web-based cataloging system
- Memorandums of Understanding (MOUs)
- 3rd party vendors (e.g. warehouse inventory)

5.7 Incident Command System Org Chart

The following page illustrates how your county/jurisdiction Incident Command System can be organized if/when the Department Operations Center (DOC) is activated.


Medical and Health Operational Area Coordinator (MHOAC)
Health Department Operation Center (DOC) - Incident Commander - - *MF1,2
RDMH Program OES
Public Information Officer (PIO) -- *MF13
Safety Officer
Liaison Officer
Medical Officer
Agency Representatives: ARC PG&E SFPUC Fire/Law Enforcement Schools OES
Planning Section
Resource Unit
Situation Unit
Sitrep Report Development/ Submission
Documentation Unit
Demobilization Unit
Tech Specialist Unit
Operations Section
Emergency Medical Services (EMS) --*MF 1,2
Pre-Hospital Medical Services (Initial MCI) Group --*MF1, 6, 7
Field Treatment Sites (Casualty Collection Site) Group --*MF8
Patient Movement Group -- *MF1, 3
Health Care Facilities Group -- *MF4, 5
Medical Branch --*MF2,3,4,5
Mass Fatalities Group
Vital Record Unit
Fatality Management Unit (Liaise with Coroner's Office/ Sheriff's Office EOC)
Alternate Care/ Medical Shelter Group -- *MF3, 8
Alternate Care Sites Unit
Medical Shelter Unit
Medical Countermeasure Branch(Mass Prophylaxis) --*MF17
Vaccination Unit -- *MF17
POD Unit
Push Distribution Unit
POD Area Management Team
POD Staff Assignment and Training Team
Vulnerable Populations Care Branch
Shelter Operations Taskforce
Outreach Liaisons Unit -- *MF8
In-Field Response Teams
Mental Health
Pediatrics Medical Needs
Adult Medical Needs
Communicable Diseases and Epidemiology Branch
Isolation and Quarantine Group --*MF17
Infection Control Group --*MF17
Investigation Group --*MF17
Lab Group --*MF17
Surveillance Group -- *MF9
Case Investigation Team
Contact Investigation Team
Field Investigation Team
Syndromic Surveillance Team
Surveillance Team
Field Unit
Environmental Health Branch
Vector Control Group --*MF14
Food Safety Group --*MF10
Water Safety Group --*MF15
Hazardous Material Group --*MF11, 16
Investigation Team
Tracking and Recall Team
Relief Support Team
HAZMAT Team
Evacuation and Shelter Team
Mental Health Services Branch --*MF12
Psychological Support Group
Technical Information Branch--*MF13
Material Translation Group
Coordination and Guidance Group
Dissemination Group
Medical Subject Matter Experts
Technical Writers
Continuity of Operations Branch
Logistics Section
Facilities Unit
Communication Equipment Unit
Informational Technology Unit
Supplies Unit
Personnel Team
Volunteer Management Team
Staff Staging Area Team
Pharmaceuticals & Medical Supplies Team
Local Pharmaceuticals Caches
External Pharmaceutical & Medical Supplies
Receipt, Store, Stage Warehouse
Finance Section
Procurement Unit
Cost Unit
Time Tracking Unit
Claims Unit
*MF- MHOAC Functions
The 17 MHOAC Functions are listed on page 9 of the California Public Health and Medical Emergency Operations Manual

5.8 Authorities and References

Included below are full-text authorities and references utilized within this Guide:

California Health and Safety Code Section 1797.150-1797.153

California Public Health and Medical Emergency Operations Manual

Authority and Responsibility of Local Health Officers in Emergencies and Disasters

California Medical Mutual Aid Plan

California Disaster and Civil Defense Master Mutual Aid Agreement

INCIDENT RESPONSE GUIDE ANNEX

6.0 INCIDENT RESPONSE GUIDE ANNEX

6.1 Introduction A-2
6.2 Chemical, Biological, Radiological, and Nuclear Incidents A-4
6.3 Cyber Incidents A-21
6.4 Industrial Incidents A-36
6.5 Infectious Disease Incidents A-51
6.6 Natural Disaster Incidents A-68
6.7 Transportation Incidents A-85

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6.1 Introduction

The intent of the **Incident Response Guide Manual Annex** is to provide tools that assist local Medical Health Operational Area Coordination (MHOAC) programs to efficiently and effectively respond to a wide variety of emergencies and disasters.

It was developed as a document to allow for flexibility and customization based on the unique rural, suburban, and urban MHOAC programs across California and their hazards. Many recommendations and considerations are throughout this annex with the intention that the users will be prompted to engage in planning *before* an incident occurs. Therefore, it is **strongly recommended** to conduct a hazard threat analysis of the user's county/jurisdiction to create an accurate depiction of their operational area (OA) and its needs, and alter the annexes appropriately.

Similar to other emergency response plans, this annex is only valuable if it is shared, discussed, and customized in partnership with key staff and stakeholders. It is highly recommended that the use of this annex is exercised and updated on a regular schedule as appropriate.

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CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR INCIDENTS

INCIDENT RESPONSE GUIDE ANNEX

6.2 Chemical, Biological, Radiological, and Nuclear Incidents

INTRODUCTION

Chemical, Biological, Radiological and Nuclear (CBRN) incidents are circumstances caused by the use or threat of use of biological, chemical, radiological and/or nuclear materials. These types of materials and weapons have the ability to create both mass casualty incidents as well as mass disruption of society.

PURPOSE

This Incident Response Guide (IRG) is intended to provide response guidance to persons fulfilling the MHOAC role during CBRN-related incidents. The information contained in this IRG is intended to ***supplement*** the user's experience, training, and knowledge in their response.

CA Health and Safety Code §1797.153 calls for the appointment of a Medical Health Operational Area Coordination (MHOAC) to assure local government planning and response to the following 17 MHOAC medical-health functions:

MHOAC FUNCTIONS
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 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 Behavioral/Mental Health services
13. Provision of medical and health public information and 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 waste
17. Investigation and control of communicable diseases

The 17 MHOAC medical-health functions were assessed and applied in the development of this IRG to identify specific actions that would be called for appropriate response. **It is possible that a given response may not require response to all MHOAC functions.**

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STRUCTURE

This Incident Response Guide contains **two types of tools** within each color-coordinated section:

- **IRG Matrix** which outlines response activities within an ICS structure organized by MHOAC functions and job assignment (i.e. PIO, Logistics Section Chief, etc.) and expected timeframe to complete tasks.
- **Informational Inserts** which provide "big picture" guidance such as incident introduction, potential impacts to the medical health system, resource considerations, and major issues or policy questions.

ASSUMPTIONS

- This manual assumes continuous pre-event planning and is ***NOT*** a substitute for any Plan, Laws, Regulations, or Official Forms nor the user's experience, education, or training.
- Users of the IRG follow the National Incident Management System (NIMS) and Incident Command System (ICS) and have been trained on the California Public Health and Medical Emergency Operations Manual (EOM). **Not all incidents will require complete activation of the ICS. Departmental response should be scaled to the incident**.
- This IRG applies to ICS functional position duties related to medical-health operations, regardless of the organizational location of the position. **Local health jurisdictions may need to customize this IRG in order to integrate it into their own disaster response organizational structure**.
- Duties in this IRG are based on the ICS protocol. Section tasks may reassign tasks based on the progression of the incident.
- Actions in this IRG are arranged by timeframe and are generally prioritized within the timeframe. These timeframes are approximate and may be adjusted to meet the dynamics of the incident and other variables.
- The IRG Matrix timeframe should indicate when a task **should be initiated**, not when a task is to be completed. Tasks, once initiated, may continue into the next response phase and are not repeated in the subsequent time frames.
- The IRG Matrix timeframe should be organized by **0-2 hours** (Immediate), **2-12 hours** (Delayed), **12+ hours** (Extended), and **12-D hours** (Extended to Demobilization).
- The Informational Inserts provide examples of common incidents within the category and are **not all-encompassing.** The context of which an incident occurs may involve more than one IRG, Matrix, or Informational Insert and therefore, it is to the user's experience, education, or training to discern the appropriate response.
- The Informational Inserts **have blank spaces provided for and to encourage the user to fill in** based on county/jurisdictional circumstances, policies, procedures, etc. and promote future planning efforts.

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Informational Guide	CBRN: BIOTERRORISM	
Introduction	A bioterrorism attack is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, cannot.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC)	

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	• State Operations Center (SOC) *Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass hysteria • Mass decontamination • Mass injuries/illness/fatalities
Policy Questions	• Standardization of care • Bed licensing • Redundancy capabilities • Diversion of patients • Staffing profiles
Suggested Plans	• Fatality Management • Decontamination • Sheltering • HazMat • Mass Casualty • CHEMPACK • Redundancy Communications

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Informational Guide	CBRN: IMPROVISED EXPLOSIVE DEVICE (IED)	
Introduction	An **improvised explosive device (IED)** attack is the use of a "homemade" bomb and/or destructive device to destroy, incapacitate, harass, or distract. IEDs are used by criminals, vandals, terrorists, suicide bombers, and insurgents. Because they are improvised, IEDs can come in many forms, ranging from a small pipe bomb to a sophisticated device capable of causing massive damage and loss of life. Radiological materials may also be attached or within an IED, then making them radiological dispersal devices, also known as RDDs. RDDs and IEDs can be carried or delivered in a vehicle; carried, placed, or thrown by a person; delivered in a package; or concealed on the roadside.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Unavailability of IT systems and networks • Power Outage (Possibly long-term) • Basic Utility Outages (Water, Gas, Electrical) • Infrastructure Damage • Interruption to Business Supply Chains • Economic Downturn • Public Unrest/Psychological Harm • Transportation Control System Failure	• Life-supporting equipment (Ventilators, Dialysis, etc.) • ICU Admissions • Trauma/Specialization Units • Ancillary Services • Population Displacement • Transportation/Mass Transit disruption • EMS Transportation
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational	• Department Operations Center (DOC)	

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Coordination*	• Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass hysteria • Mass decontamination • Mass injuries/illness/fatalities • Disruption of services/businesses/etc.
Policy Questions	• Standardization of care • Decontamination processes/procedures • Bed licensing • Diversion of patients • Staffing profiles
Suggested Plans	• Fatality Management • Decontamination • Sheltering • HazMat • Mass Casualty • CHEMPACK • Redundancy Communications

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Informational Guide	CBRN:RADIOLOGICAL/NUCLEAR	
Introduction	As of 2012, California has one operating nuclear power plant for nuclear energy: Diablo Canyon near San Luis Obispo. Because of the potential health hazard associated with this type of fuel, power plants are built with multiple physical barriers to prevent the escape of radioactive/nuclear material. However, the possibility exists for an accidental release of radiation into the atmosphere. People could breathe contaminated air and radioactive particles could be deposited on the ground, in water, on property, and on agricultural crops. Food and dairy animals could graze on contaminated pasture, passing on the contamination to consumers through milk and meat.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Unavailability of IT systems and networks • Power Outage (Possibly long-term) • Basic Utility Outages (Water, Gas, Electrical) • Infrastructure Damage • Interruption to Business Supply Chains • Economic Downturn • Public Unrest/Psychological Harm • Transportation Control System Failure	• Life-supporting equipment (Ventilators, Dialysis, etc.) • ICU Admissions • Trauma/Specialization Units • Ancillary Services • Water Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • EMS Transportation
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational	• Department Operations Center (DOC)	

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Coordination*	• Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass hysteria • Mass decontamination • Mass injuries/illness/fatalities • Disruption of services/businesses/etc.
Policy Questions	• Standardization of care • Decontamination processes/procedures • Bed licensing • Diversion of patients • Staffing profiles
Suggested Plans	• Fatality Management • Decontamination • Sheltering • HazMat • Mass Casualty • CHEMPACK • Redundancy Communications

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MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(1) Assessment of immediate medical needs	1. Obtain Situation Report from Medical/Health facilities and 911 Dispatch, EMS, Law Enforcement, Public Works, Fire, Schools, Nursing Homes												
	2. Obtain from Operational Area EOC initial Situation Status Reports from Medical/Health response partners including hospitals, clinics, and skilled nursing facilities; pre-hospital transport providers (911 and non-911 providers); and 911 Dispatch												
	3. Gather information from the Operational Area EOC Planning Section and Operations Section including fire; care and shelter, law; and public works												
	4. Obtain information via social media and news media												
	5. Assess medical needs of children at schools												
	6. Ensure valid and reliable information - Validate information (check back with the source and for other reports with the same info)												
	7. Maintain coordination with the Operational Area EOC for situational awareness about the operational area response, particularly where it relates to coordination with other city agencies												
(2) Coordination of disaster medical and health resources	1. Receive, prioritize, and process resource requests from medical/health facilities, pre-hospital transport providers, EOC, Red Cross, and other agencies												
	2. Coordinate transportation of ALS/BLS ambulances												
	3. Track assigned and ordered resources (standard in FOG)												
	4. Request resources from Medical Health Coordination Center (MHCC)												
	5. Assess availability of local resources (MHOAC Resource Directory) that could be moved to meet needs												
	6. Assess Transportation EMS ALS/BLS availability												
	7. Request mutual aid as needed												
	8. Track resources [MHOAC resources, transport or supply resources requested through mutual aid or RDMHC Program, staffing and volunteer resources deployed (see #3)]												
	9. Order resources from RDMHC Program												
	10. Identify the need for medically fragile medically fragile shelters, initiate the supply network and initiate shelter operations												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	11. Establish communications with medically fragile shelters												
	12. Initiate systems for tracking displaced residents and re-unifying households												
	13. Prepare and disseminate information about shelter locations												
	14. Identify shelter residents with special or critical conditions who cannot be served in general populations medically fragile shelters												
	15. Evaluate the ability of the road network to move people and supplies to medically fragile shelters												
	16. Deploy medical disaster volunteers (DHV, MRC,DSW)												
	17. Initiate animal shelters												
(3) Coordination of patient distribution and medical evacuations	1. Order the activation of emergency medical communications networks, such as ReddiNet or EMSystem to communicate with providers, poll hospitals, and monitor status												
	2. Direct patient distribution, coordinate through priority setting and medical evaluation, and triage standards												
	3. Track patient transfers and EMS agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Continuously review sit reps and online status reports for changing conditions on bed status and ED capacity												
	6. Request transportation resources from neighboring counties or RDMHC Program												
	7. Prepare to establish triage and treatment sites at clinics, field treatment sites, and/or alternate care sites												
	8. Coordinate the movement of patients from alternate care sites back into hospitals												
(4) Coordination with inpatient and	1. Communicate with hospitals, ED's and urgent care to obtain accurate situational awareness for available surge beds, in coordination with mutual												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
emergency care providers	aid emergency management systems												
	2. Establish conference calls as needed with hospitals, SNFs, health clinics and urgent care for accurate situational awareness												
	3. Assess bed availability at hospitals & SNFs												
	4. Coordinate with hospitals activating their Surge Plan												
	5. Receive, prioritize, and process Resource Requests for inpatient care												
	6. Monitor state messages, instructions, or guidance (e.g., austere care) affecting health care and disseminate to local health partners												
	7. Assist with prioritization of medical supplies or equipment provided by vendors												
	8. Coordinate alternate care standards of practice as appropriate to prioritize and manage the patient surge and lack of resource												
	9. Monitor in-patient needs and consider options for expansion of inpatient beds, including: • Relocation of patients to other facility within or outside of county • Hospital surge bed expansion within walls or at their adjacent sites • Establish field treatment sites/alternate care sites • SNF bed capacity expansion • Establishment of Mobile Field Hospital through request to EMSA												
	10. Assist with in-patient relocation to other hospitals												
(5) Coordination of out-of-hospital medical care providers	1. Receive sit reps from clinics, urgent care, surgery centers, dialysis, home health, hospice												
	2. Receive, prioritize, and process resource orders from out-of hospital providers												
	3. Be information broker—disseminate info to providers												
(6) Coordination	1. Request situation reports from fire-based EMS providers												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
and integration with fire agency personnel, resources and emergency fire prehospital medical services	2. Communicate with dispatch to gain awareness of fire field incidents involving medical care												
	3. Communicate with Operational Area EOC Fire Branch for situational awareness of current or potential fire or hazmat incidents												
	4. Request ambulance strikes teams (ASTs) from RDMHC Program												
	5. Communicate EMS transport priorities to fire medical care units												
	6. Request ambulances through mutual aid or RDMHC Program												
	7. Receive, prioritize, and process resource requests for emergency fire prehospital medical resource												
(7) Coordination of providers of non-fire based prehospital emergency medical services	1. Request situation reports from private EMS providers												
	2. Request ambulance strike teams (ASTs) from Region as needed												
	3. Track EMS Agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Request transportation resources from neighboring counties or RDMHC Program as needed												
	6. Receive, prioritize, and process Resource Requests from out-of-hospital providers												
(8) Coordination of the establishment of temporary field treatment sites	1. Monitor the status of healthcare surge in the community												
	2. Communicate with hospitals, urgent care centers, clinics, and other local facilities on capacity to handle emergency care												
	3. Consider deployment of one or more Field Treatment Sites to support hospitals or extended field operations												
	4. Establish alternative transport priorities as needed, to manage surge of patients needing treatment at healthcare facilities												
	5. Deploy staff and/ or volunteers (e.g., MRC, DHV) to assist with triage or emergency medical care at field locations												
	6. Request EMSA Field Treatment Site through RDMHC Program												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	7. Establish alternate care sites to accommodate evacuated or arriving patients												
	8. Assist with expansion of facility space such as parking lots to accommodate patient surge at hospitals, clinics, UCC, or other sites. Refer to Healthcare Coalition Surge Plan for details												
(9) Health surveillance and epidemiological analyses of community health status	1. Monitor media and social media for indicators of public health concern												
	2. Conduct active, enhanced passive and passive surveillance of hospitals, community health providers, skilled nursing facilities, daycare facilities, medically fragile medically fragile shelters and other sources for possible public health threats												
	3. Develop epidemiologic reports as requested by Public Health and PIO												
	4. Provide epidemiologic information to the public and media												
(10) Assurance of food safety	1. Monitor grocery stores, restaurants and other food distribution points for food safety												
	2. Ensure safe food supply for medically fragile shelters												
	3. Develop specific public messaging regarding food safety												
(11) Management of exposure to hazardous agents	1. Monitor dispatch and communicate with OP Area EOC for information about potential and current hazardous material releases												
	2. Coordinate with HAZMAT response teams												
	3. Advise on protective measures for first responders during exposures to hazardous agents during emergency response												
	4. Develop specific public messaging as necessary regarding any releases of toxic material												
(12) Provision or coordination of behavioral/mental health services	1. Anticipate increased demand for behavioral/mental health services in the community post-incident												
	2. Activate resources to respond to urgent psychiatric issues immediately following the incident												
	3. Coordinate deployment of behavioral/mental health resources within medically fragile shelters, hospitals and other areas												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	4. Request additional behavioral/mental health resources as needed from the RDMHC Program												
	5. Coordinate support for behavioral/mental health teams with Logistics												
	6. Support behavioral/mental health needs of substance abuse clients in residential facilities												
	7. Deploy resources to care homes												
	8. Deploy staff to shelter sites (e.g., ARC, FBOs, CBOs) to triage/screen residents for acute stress reactions												
	9. Provide Psychological First Aid and educate shelter staff on existing services												
	10. Address and mitigate emotional needs of community members												
	11. Prepare professional staff for potential wellness checks of at-risk populations of homeless persons												
	12. Contact Sheriff's Department to coordinate field wellness checks of homeless persons												
	13. Alert community behavioral/mental health providers of locations of medically fragile shelters for homeless populations												
	14. Maintain contact with shelter providers with special attention to people with access and functional needs, the homeless and special needs populations												
	15. Establish 24 hour telephone consultation availability to shelter staff												
	16. Focus on continuity of essential services such as medications and money for County clients												
	17. Anticipate and plan for increased demand for behavioral/mental health services in the community due to lingering impacts extending post-incident well into recovery period												
(13) Provision of medical and health public information	1. Monitor status of emergency care, ambulance services, communicable diseases, food safety, water safety, hazardous materials and vector management												
	2. Coordinate with OP Area PIO and/or JIC on message release												
	3. Develop and disseminate specific public messaging with subject matter experts for injury prevention during assessment of damage and clean up												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
protective action recommendations	4. Coordinate with OP Area PIO and/or JIC to exchange information and assure consistent messaging to public												
(14) Provision or coordination of vector control services	1. Monitor occurrence of vector-borne disease in the community												
	2. Develop specific public messaging as necessary for vector control with Environmental Health and PIO												
	3. Communicate with local vector control agency to monitor community impacts and receive information or mapping of affected areas												
	4. Assure vector controlled conditions at medically fragile shelters												
(15) Assurance of drinking water safety	1. Monitor availability of safe drinking water in the community												
	2. Assist with distribution of specific public messaging as necessary for drinking water safety with local water departments and PIO												
	3. Assure safe drinking water at emergency and medically fragile shelters through site visits and phone consultation												
	4. Assess damage to water systems												
(16) Assurance of the safe management of liquid, solid, and hazardous wastes	1. Monitor condition or damage to sanitary sewer systems in the community and for unexpected untreated sewage releases within existing bodies of water												
	2. Assist with distribution of specific public messaging for safe or alternate disposal of sanitary sewage, avoidance of contaminated bodies of water, in coordination with local sanitary sewer departments and PIO												
	3. Assure safe food and waste handling at emergency and medically fragile shelters through site visits and phone consultation												
(17) Investigation and control of communicable diseases	1. Monitor hospitals, community health providers, skilled nursing facilities, medically fragile shelters, and surveillance systems for reports of communicable disease												
	2. Develop specific public messaging as necessary regarding communicable disease with Public Health and PIO												
	3. Declare local health emergencies, establish Health Officer orders, or take other Health Officer actions as needed												
	4. Investigate incidents of communicable disease												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	PIO	Liaison Officer	Safety Officer	Operations Section: Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	5. Establish disease containment measures												
	6. Coordinate with healthcare providers, pharmacies, or others on distribution and dispensing of medications												
	7. Establish medication dispensing or vaccination sites for public groups, as well as any support activities needed for public dispensing efforts such as medical warehouse or transportation												
	8. Provide phone consultation or onsite nursing assistance to medically fragile shelters												
	9. Make contact with medically fragile shelters to provide notification instruction of any suspected communicable disease activity												

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CYBER INCIDENTS

Incident Response Guide Annex

6.3 Cyber Incidents

INTRODUCTION

Cyber incidents are circumstances caused by any type of offensive maneuver employed by individuals or whole organizations that targets computer information systems, infrastructures, networks, etc. by means of malicious acts usually originating from an anonymous source that either steals, alters, or destroys a specified target by hacking into a susceptible system. These can be labeled as cyber campaign, cyber warfare or cyber terrorism based on context of the attack.

PURPOSE

This Incident Response Guide (IRG) is intended to provide response guidance to persons fulfilling the MHOAC role during cyber-related incidents. The information contained in this IRG is intended to ***supplement*** the user's experience, training, and knowledge in their response.

CA Health and Safety Code §1797.153 calls for the appointment of a Medical Health Operational Area Coordination (MHOAC) to assure local government planning and response to the following 17 MHOAC medical-health functions:

MHOAC FUNCTIONS
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 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 Behavioral/Mental Health services
13. Provision of medical and health public information and 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 waste
17. Investigation and control of communicable diseases

The 17 MHOAC medical-health functions were assessed and applied in the development of this IRG to identify specific actions that would be called for appropriate response. **It is possible that a given response may not require response to all MHOAC functions.**

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STRUCTURE

This Incident Response Guide contains **two types of tools** within each color-coordinated section:

1) **IRG Matrix** which outlines response activities within an ICS structure organized by MHOAC functions and job assignment (i.e. PIO, Logistics Section Chief, etc.) and expected timeframe to complete tasks.
2) **Informational Inserts** which provide "big picture" guidance such as incident introduction, potential impacts to the medical health system, resource considerations, and major issues or policy questions.

ASSUMPTIONS

- This guide assumes continuous pre-event planning and is ***NOT*** a substitute for any Plan, Laws, Regulations, or Official Forms nor the user's experience, education, or training.
- Users of the IRG follow the National Incident Management System (NIMS) and Incident Command System (ICS) and have been trained on the California Medical and Health Emergency Operations Manual (CDPH EOM). **Not all incidents will require complete activation of the ICS. Departmental response should be scaled to the incident**.
- This IRG applies to ICS functional position duties related to medical-health operations, regardless of the organizational location of the position. **Local health jurisdictions may need to customize this IRG in order to integrate it into their own disaster response organizational structure**.
- Duties in this IRG are based on the ICS protocol. Section tasks may reassign tasks based on the progression of the incident.
- Actions in this IRG are arranged by timeframe and are generally prioritized within the timeframe. These timeframes are approximate and may be adjusted to meet the dynamics of the incident and other variables.
- The IRG Matrix timeframe should indicate when a task **should be initiated**, not when a task is to be completed. Tasks, once initiated, may continue into the next response phase and are not repeated in the subsequent time frames.
- The IRG Matrix timeframe should be organized by **0-2 hours** (Immediate), **2-12 hours** (Delayed), **12+ hours** (Extended), and **12-D hours** (Extended to Demobilization).
- The Informational Inserts provide examples of common incidents within the category and are **not all-encompassing.** The context of which an incident occurs may involve more than one IRG, Matrix, or Informational Insert and therefore, it is to the user's experience, education, or training to discern the appropriate response.
- The Informational Inserts **have blank spaces provided for and to encourage the user to fill in** based on county/jurisdictional circumstances, policies, procedures, etc. and promote future planning efforts.

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Informational Guide	CYBER: UTILITY FAILURE	
Introduction	Our increasing dependence on technology and web-based communications has opened the door for cybersecurity threat to the power and utilities sector---the prime industrial target for cyber criminals and "hacktivists". As the dependence on the grid increases due to growing connectivity of machines, including utility equipment, a successful attack on this sector can cause massive physical, economic, and psychological harm to any population.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.**	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*	
Major Issues	• Disruption of services/businesses/etc.	

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	• Loss of utilities for extended period from days to months • Disruption of traffic system, security systems, etc. • Inability to access or use technology
Policy Questions	• Standardization of care • Bed licensing • Redundancy capabilities • Diversion of patients • Staffing profiles
Suggested Plans	• Redundancy Communications • Response Contingency • Cyberinfrastructure • Mass Casualty Incident • Cybersecurity

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Informational Guide	CYBER: HEALTHCARE SYSTEM	
Introduction	Among all of the American critical infrastructures, the healthcare sector is the most targeted and plagued by cyber-attacks from unknown malicious hackers, intent on exploiting vulnerabilities in their insecure and antiquated networks. Specifically, hackers will target patient information, medical records, and insurance information along with infrastructure such as electrical or security systems. In February 2015, Anthem (the nation's second largest health insurance company) made history as the largest healthcare breach ever when 78.8 million of its customers were hacked.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Public Unrest/Psychological Harm • Mass illness/fatalities	• Patient information • Loss of electrical or security equipment • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags	• Surge Cache • Wheelchairs • Life support • Ancillary systems
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*	
Major Issues	• Disruption of services	

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	• Lack of electrical equipment • Loss of patient information • Vulnerable patient information • Fraud • Utility failure
Policy Questions	• Diversion of patients • Staffing profiles • Information gathering and coordination
Suggested Plans	• Redundancy Communications • Response Contingency • Cyberinfrastructure • Mass Casualty Incident • Cybersecurity

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Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
(1) Assessment of immediate medical needs	1. Obtain Situation Report from Medical/Health facilities and 911 Dispatch, EMS, Law Enforcement, Public Works, Fire, Schools, Nursing Homes												
	2. Obtain from Operational Area EOC initial Situation Status Reports from Medical/Health response partners including hospitals, clinics, and skilled nursing facilities; pre-hospital transport providers (911 and non-911 providers); and 911 Dispatch												
	3. Gather information from the Operational Area EOC Planning Section and Operations Section including fire; care and shelter, law; and public works												
	4. Obtain information via social media and news media												
	5. Assess medical needs of children at schools												
	6. Ensure valid and reliable information - Validate information (check back with the source and for other reports with the same info)												
	7. Maintain coordination with the Operational Area EOC for situational awareness about the operational area response, particularly where it relates to coordination with other city agencies												
(2) Coordination of disaster medical and health resources	1. Receive, prioritize, and process resource requests from medical/health facilities, pre-hospital transport providers, city EOC, Red Cross, and other agencies												
	2. Coordinate transportation of ALS/BLS ambulances												
	3. Track assigned and ordered resources (standard in FOG)												
	4. Request resources from Medical Health Coordination Center (MHCC)												
	5. Assess availability of local resources (MHOAC Resource Directory) that could be moved to meet needs												
	6. Assess Transportation EMS ALS/BLS availability												
	7. Request mutual aid as needed												
	8. Track resources [MHOAC resources, transport or supply resources requested through mutual aid or RDMHC Program, staffing and volunteer resources deployed (see #3)]												
	9. Order resources from RDMHC Program												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	PIO	Liaison Officer	Safety Officer	Operations Section: Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	10. Identify the need for medically fragile shelters, initiate the supply network and initiate shelter operations												
	11. Establish communications with medically fragile shelters												
	12. Initiate systems for tracking displaced residents and re-unifying households												
	13. Prepare and disseminate information about shelter locations												
	14. Identify shelter residents with special or critical conditions who cannot be served in general populations												
	15. Evaluate the ability of the road network to move people and supplies to medically fragile shelters												
	16. Deploy medical disaster volunteers (DHV, MRC,DSW)												
	17. Initiate animal shelters												
(3) Coordination of patient distribution and medical evacuations	1. Order the activation of emergency medical communications networks, such as ReddiNet or EMSystem to communicate with providers, poll hospitals, and monitor status												
	2. Review sit reps												
	3. Direct patient distribution, coordinate through priority setting and medical evaluation, and triage standards												
	4. Track patient transfers and EMS agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	5. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	6. Continuously review sit reps and online status reports for changing conditions on bed status and ED capacity												
	7. Request transportation resources from neighboring counties or RDMHC Program												
	8. Prepare to establish triage and treatment sites at clinics												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	PIO	Liaison Officer	Safety Officer	Operations Section: Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	9. Coordinate the movement of patients from alternate care sites back into hospitals												
(4) Coordination with inpatient and emergency care providers	1. Communicate with hospitals, ED's and urgent care to obtain accurate situational awareness for available surge beds, in coordination with mutual aid emergency management systems												
	2. Establish conference calls as needed with hospitals, SNFs, health clinics and urgent care for accurate situational awareness												
	3. Assess bed availability at hospitals & SNFs												
	4. Coordinate with hospitals activating their Surge Plan												
	5. Receive, prioritize, and process Resource Requests for inpatient care												
	6. Monitor state messages, instructions, or guidance (e.g., austere care) affecting health care and disseminate to local health partners												
	7. Assist with prioritization of medical supplies or equipment provided by vendors												
	8. Coordinate alternate care standards of practice as appropriate to prioritize and manage the patient surge and lack of resource												
	9. Monitor in-patient needs and consider options for expansion of inpatient beds, including: • Relocation of patients to other facility within or outside of county • Hospital surge bed expansion within walls or at their adjacent sites • Establish field treatment sites/alternate care sites • SNF bed capacity expansion • Establishment of Mobile Field Hospital through request to EMSA												
	10. Establish of government authorized alternate care site												
	11. Assist with in-patient relocation to other hospitals												
(5) Coordination of out-of-hospital medical care	1. Receive sit reps from clinics, urgent care, surgery centers, dialysis, home health, hospice												
	2. Receive, prioritize, and process resource orders from out-of hospital providers												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
providers	3. Be information broker—disseminate info to providers												
(6) Coordination and integration with fire agencies personnel, resources and emergency fire prehospital medical services	1. Request situation reports from fire-based EMS providers												
	2. Communicate with dispatch to gain awareness of fire field incidents involving medical care												
	3. Communicate with Operational Area EOC Fire Branch for situational awareness of current or potential fire or hazmat incidents												
	4. Request ambulance strikes teams (ASTs) from RDMHC Program												
	5. Communicate EMS transport priorities to fire medical care units												
	6. Request ambulances through mutual aid or RDMHC Program												
	7. Receive, prioritize, and process resource requests for emergency fire prehospital medical resource												
(7) Coordination of providers of non-fire based prehospital emergencymedical services	1. Request situation reports from private EMS providers												
	2. Request ambulance strike teams (ASTs) from Region II as needed												
	3. Track EMS Agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Request transportation resources from neighboring counties or RDMHC Program as needed												
	6. Receive, prioritize, and process Resource Requests from out-of-hospital providers												
(8) Coordination of the establishment of temporary field treatment sites	1. Monitor the status of healthcare surge in the community												
	2. Communicate with hospitals, urgent care centers, clinics, and other local facilities on capacity to handle emergency care												
	3. Consider deployment of one or more Field Treatment Sites to support hospitals or extended field operations												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section						Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD				
	4. Establish alternative transport priorities as needed, to manage surge of patients needing treatment at healthcare facilities													
	5. Deploy staff and/ or volunteers (e.g., MRC, DHV) to assist with triage or emergency medical care at field locations													
	6. Request EMSA Field Treatment Site through RDMHC Program													
	7. Establish alternate care sites to accommodate evacuated or arriving patients													
	8. Assist with expansion of facility space such as parking lots to accommodate patient surge at hospitals, clinics, UCC, or other sites. Refer to Healthcare Coalition Surge Plan for details													
(9) Health surveillance and epidemiological analyses of community health status	1. Monitor media and social media for indicators of public health concern													
	2. Conduct active, enhanced passive and passive surveillance of hospitals, community health providers, skilled nursing facilities, daycare facilities, medically fragile shelters and other sources for possible public health threats													
	3. Develop epidemiologic reports as requested by Public Health and PIO													
	4. Provide epidemiologic information to the public and media													
(10) Assurance of food safety	1. Monitor grocery stores, restaurants and other food distribution points for food safety													
	2. Ensure safe food supply for medically fragile shelters													
	3. Develop specific public messaging regarding food safety													
(11) Management of exposure to hazardous agents	1. Monitor dispatch and communicate with OP Area EOC for information about potential and current hazardous material releases													
	2. Coordinate with HAZMAT response teams													
	3. Advise on protective measures for first responders during exposures to hazardous agents during emergency response													
	4. Develop specific public messaging as necessary regarding any releases of toxic material													

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(12) Provision or coordination of behavioral/mental health services	1. Anticipate increased demand for behavioral/mental health services in the community post-incident												
	2. Activate resources to respond to urgent psychiatric issues immediately following the incident												
	3. Coordinate deployment of behavioral/mental health resources within medically fragile shelters, hospitals and other areas												
	4. Request additional behavioral/mental health resources as needed from the RDMHC Program												
	5. Coordinate support for behavioral/mental health teams with Logistics												
	6. Support behavioral/mental health needs of substance abuse clients in residential facilities												
	7. Deploy resources to care homes												
	8. Deploy staff to shelter sites (ARC, CBOs) to triage/screen residents for acute stress reactions												
	9. Provide Psychological First Aid and educate shelter staff on existing services												
	10. Address and mitigate emotional needs of COMMUNITY members												
	11. Prepare professional staff for potential wellness checks of at-risk populations of homeless persons												
	12. Contact Sheriff's Department to coordinate field wellness checks of homeless persons												
	13. Alert community behavioral/mental health providers of locations of medically fragile shelters for homeless populations												
	14. Maintain contact with shelter providers with special attention to people with access and functional needs, the homeless and special needs populations												
	15. Establish 24 hour telephone consultation availability to shelter staff												
	16. Focus on continuity of essential services such as medications and money for County clients												
	17. Anticipate and plan for increased demand for behavioral/mental health services in the community due to lingering impacts extending post-												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	incident well into recovery period												
(13) Provision of medical and health public information protective action recommendations	1. Monitor status of emergency care, ambulance services, communicable diseases, food safety, water safety, hazardous materials and vector management												
	2. Coordinate with OP Area PIO and/or JIC on message release												
	3. Develop and disseminate specific public messaging with subject matter experts for injury prevention during assessment of damage and clean up												
	4. Coordinate with OP Area PIO and/or JIC to exchange information and assure consistent messaging to public												
(14) Provision or coordination of vector control services	1. Monitor occurrence of vector-borne disease in the community												
	2. Develop specific public messaging as necessary for vector control with Environmental and PIO												
	3. Communicate with local vector control agency to monitor community impacts and receive information or mapping of affected areas												
	4. Assure vector controlled conditions at medically fragile shelters												
(15) Assurance of drinking water safety	1. Monitor availability of safe drinking water in the community												
	2. Assist with distribution of specific public messaging as necessary for drinking water safety with local water departments and PIO												
	3. Assure safe drinking water at medically fragile shelters through site visits and phone consultation												
	4. Assess damage to water systems												
(16) Assurance of the safe management of liquid, solid, and hazardous wastes	1. Monitor condition or damage to sanitary sewer systems in the community and for unexpected untreated sewage releases within existing bodies of water 2-12												
	2. Assist with distribution of specific public messaging for safe or alternate disposal of sanitary sewage, avoidance of contaminated bodies of water, in coordination with local sanitary sewer departments and PIO												
	3. Assure safe food and waste handling at medically fragile shelters through site visits and phone consultation												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(17) Investigation and control of communicable diseases	1. Monitor hospitals, community health providers, skilled nursing facilities, evacuation medically fragile shelters, and surveillance systems for reports of communicable disease												
	2. Develop specific public messaging as necessary regarding communicable disease with Public Health and PIO												
	3. Declare local health emergencies, establish Health Officer orders, or take other Health Officer actions as needed												
	4. Investigate incidents of communicable disease												
	5. Establish disease containment measures												
	6. Coordinate with healthcare providers, pharmacies, or others on distribution and dispensing of medications												
	7. Establish medication dispensing or vaccination sites for public groups, as well as any support activities needed for public dispensing efforts such as medical warehouse or transportation												
	8. Provide phone consultation or onsite nursing assistance to medically fragile shelters												
	9. Make contact with medically fragile shelters to provide notification instruction of any suspected communicable disease activity												

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INDUSTRIAL INCIDENTS

Incident Response Guide Annex

6.4 Industrial Incidents

INTRODUCTION

Industrial incidents are circumstances that may be caused by industrial companies or services, either by accident, negligence or incompetence may include accidental release of hazardous substances, explosions, and/or pollution. These incidents may occur on-site or on highways/roadways but in cases of pollution, the incident may not be localized to a single county/jurisdiction and require extensive coordination amongst many agencies.

PURPOSE

This Incident Response Guide (IRG) is intended to provide response guidance to persons fulfilling the MHOAC role during industrial-related incidents. The information contained in this IRG is intended to ***supplement*** the user's experience, training, and knowledge in their response.

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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 Behavioral/Mental Health services
13. Provision of medical and health public information and 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 waste
17. Investigation and control of communicable diseases

The 17 MHOAC medical-health functions were assessed and applied in the development of this IRG to identify specific actions that would be called for appropriate response. **It is possible that a given response may not require response to all MHOAC functions.**

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STRUCTURE

This Incident Response Guide contains **two types of tools** within each color-coordinated section:

- **IRG Matrix** which outlines response activities within an ICS structure organized by MHOAC functions and job assignment (i.e. PIO, Logistics Section Chief, etc.) and expected timeframe to complete tasks.
- **Informational Inserts** which provide "big picture" guidance such as incident introduction, potential impacts to the medical health system, resource considerations, and major issues or policy questions.

ASSUMPTIONS

- This guide assumes continuous pre-event planning and is ***NOT*** a substitute for any Plan, Laws, Regulations, or Official Forms nor the user's experience, education, or training.
- Users of the IRG follow the National Incident Management System (NIMS) and Incident Command System (ICS) and have been trained on the California Medical and Health Emergency Operations Manual (CDPH EOM). **Not all incidents will require complete activation of the ICS. Departmental response should be scaled to the incident**.
- This IRG applies to ICS functional position duties related to medical-health operations, regardless of the organizational location of the position. **Local health jurisdictions may need to customize this IRG in order to integrate it into their own disaster response organizational structure**.
- Duties in this IRG are based on the ICS protocol. Section tasks may reassign tasks based on the progression of the incident.
- Actions in this IRG are arranged by timeframe and are generally prioritized within the timeframe. These timeframes are approximate and may be adjusted to meet the dynamics of the incident and other variables.
- The IRG Matrix timeframe should indicate when a task **should be initiated**, not when a task is to be completed. Tasks, once initiated, may continue into the next response phase and are not repeated in the subsequent time frames.
- The IRG Matrix timeframe should be organized by **0-2 hours** (Immediate), **2-12 hours** (Delayed), **12+ hours** (Extended), and **12-D hours** (Extended to Demobilization).
- The Informational Inserts provide examples of common incidents within the category and are **not all-encompassing.** The context of which an incident occurs may involve more than one IRG, Matrix, or Informational Insert and therefore, it is to the user's experience, education, or training to discern the appropriate response.
- The Informational Inserts **have blank spaces provided for and to encourage the user to fill in** based on county/jurisdictional circumstances, policies, procedures, etc. and promote future planning efforts.

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Introduction	A **hazardous material** is any substance or agent (biological, chemical, radiological and/or physical), which is capable of posing an unreasonable risk to humans, the environment, and property. Hazardous materials spills have numerous and distinct life/health threatening characteristics and properties which affect not only response tactics but have severe negative impacts on water resources, property, infrastructure, etc. that can last decades.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.**	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*	

Major Issues	• Closure of major highways or bodies of water • Contamination of population, food, water, livestock • Mass illness/fatalities
Policy Questions	• Standardization of care • Decontamination processes • Fatality management • Diversion of patients • First responder safety
Suggested Plans	• Mass Casualty • Decontamination • HazMat • CHEMPACK

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Informational Guide	INDUSTRIAL: TOXIC PLUME	
Introduction	**Toxic plumes**, by definition, are visible discharge of a contaminant from a given point of origin. They can be visible or thermal in water, or visible in the air as, for example, a plume of smoke. Areas that are downwind within which a release occurred could be dangerous for those exposed to the leaking fumes. Many factors affect the progression of a toxic plume incident such as wind speed, temperature, geographical terrain and air inversion. However, as mentioned, plumes can be within water and pose a threat to water and food quality. This was the case in 1984 in Chico, CA when toxic plumes were discovered in Chico's groundwater due to illegal dumping of hazardous wastes into local city sewers, resulting in a complete shutdown of water systems throughout the city and county.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC)	

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	• Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) *Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Air quality/safety • Water/Food quality and safety • Utility shutdown • Alternative water sources
Policy Questions	• Shelter in Place • First responder safety • Fatality management
Suggested Plans	• Mass Casualty • Decontamination • HazMat • CHEMPACK

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Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section						Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD				
(1) Assessment of immediate medical needs	1. Obtain Situation Report from Medical/Health facilities and 911 Dispatch, EMS, Law Enforcement, Public Works, Fire, Schools, Nursing Homes													
	2. Obtain from Operational Area EOC initial Situation Status Reports from Medical/Health response partners including hospitals, clinics, and skilled nursing facilities; pre-hospital transport providers (911 and non-911 providers); and 911 Dispatch													
	3. Gather information from the Operational Area EOC Planning Section and Operations Section including fire; care and shelter, law; and public works													
	4. Obtain information via social media and news media													
	5. Assess medical needs of children at schools													
	6. Ensure valid and reliable information - Validate information (check back with the source and for other reports with the same info)													
	7. Maintain coordination with the Operational Area EOC for situational awareness about the operational area response, particularly where it relates to coordination with other city agencies													
(2) Coordination of disaster medical and health resources	1. Receive, prioritize, and process resource requests from medical/health facilities, pre-hospital transport providers, EOC, Red Cross, and other agencies													
	2. Coordinate transportation of ALS/BLS ambulances													
	3. Track assigned and ordered resources (standard in FOG)													
	4. Request resources from Medical Health Coordination Center (MHCC)													
	5. Assess availability of local resources (MHOAC Resource Directory) that could be moved to meet needs													
	6. Assess Transportation EMS ALS/BLS availability													
	7. Request mutual aid as needed													
	8. Track resources [MHOAC resources, transport or supply resources requested through mutual aid or RDMHC Program, staffing and volunteer resources deployed (see #3)]													
	9. Order resources from RDMHC Program													

MHOAC Function	TASK	Command Section				Operations Section						Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD				
	10. Identify the need for medically fragile shelters, initiate the supply network and initiate shelter operations													
	11. Establish communications with medically fragile shelters													
	12. Initiate systems for tracking displaced residents and re-unifying households													
	13. Prepare and disseminate information about shelter locations													
	14. Identify shelter residents with special or critical conditions who cannot be served in general populations medically fragile shelters													
	15. Evaluate the ability of the road network to move people and supplies to medically fragile shelters													
	16. Deploy medical disaster volunteers (DHV, MRC,DSW)													
	17. Initiate animal shelters													
(3) Coordination of patient distribution and medical evacuations	1. Order the activation of emergency medical communications networks, such as ReddiNet or EMSystems to communicate with providers, poll hospitals, and monitor status													
	2. Review sit reps													
	3. Direct patient distribution, coordinate through priority setting and medical evaluation, and triage standards													
	4. Track patient transfers and EMS agency work with dispatch, ambulance providers, and hospitals to determine transport destinations													
	5. Set priorities for transport using triage standards, medical evaluation of patients, or other guides													
	6. Continuously review sit reps and online status reports for changing conditions on bed status and ED capacity													
	7. Request transportation resources from neighboring counties or RDMHC Program													
	8. Prepare to establish triage and treatment sites at clinics													

MHOAC Function	TASK	Command Section: DOC Director	PIO	Liaison Officer	Safety Officer	Operations Section: Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	9. Coordinate the movement of patients from alternate care sites back into hospitals												
(4) Coordination with inpatient and emergency care providers	1. Communicate with hospitals, ED's and urgent care to obtain accurate situational awareness for available surge beds, in coordination with mutual aid emergency management systems												
	2. Establish conference calls as needed with hospitals, SNFs, health clinics and urgent care for accurate situational awareness												
	3. Assess bed availability at hospitals & SNFs												
	4. Coordinate with hospitals activating their Surge Plan												
	5. Receive, prioritize, and process Resource Requests for inpatient care												
	6. Monitor state messages, instructions, or guidance (e.g., austere care) affecting health care and disseminate to local health partners												
	7. Assist with prioritization of medical supplies or equipment provided by vendors												
	8. Coordinate alternate care standards of practice as appropriate to prioritize and manage the patient surge and lack of resource												
	9. Monitor in-patient needs and consider options for expansion of inpatient beds, including: • Relocation of patients to other facility within or outside of county • Hospital surge bed expansion within walls or at their adjacent sites • Establish field treatment sites/alternate care sites • SNF bed capacity expansion • Establishment of Mobile Field Hospital through request to EMSA												
	10. Establish of government authorized alternate care site												
	11. Assist with in-patient relocation to other hospitals												
(5) Coordination of out-of-hospital medical care	1. Receive sit reps from clinics, urgent care, surgery centers, dialysis, home health, hospice												
	2. Receive, prioritize, and process resource orders from out-of hospital providers												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
providers	3. Be information broker—disseminate info to providers												
(6) Coordination and integration with fire agencies personnel, resources and emergency fire prehospital medical services	1. Request situation reports from fire-based EMS providers												
	2. Communicate with dispatch to gain awareness of fire field incidents involving medical care												
	3. Communicate with Operational Area EOC Fire Branch for situational awareness of current or potential fire or hazmat incidents												
	4. Request ambulance strikes teams (ASTs) from RDMHC Program												
	5. Communicate EMS transport priorities to fire medical care units												
	6. Request ambulances through mutual aid or RDMHC Program												
	7. Receive, prioritize, and process resource requests for emergency fire prehospital medical resource												
(7) Coordination of providers of non-fire based prehospital emergencymedical services	1. Request situation reports from private EMS providers												
	2. Request ambulance strike teams (ASTs) from Region II as needed												
	3. Track EMS Agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Request transportation resources from neighboring counties or RDMHC Program as needed												
	6. Receive, prioritize, and process Resource Requests from out-of-hospital providers												
(8) Coordination of the establishment of temporary field treatment sites	1. Monitor the status of healthcare surge in the community												
	2. Communicate with hospitals, urgent care centers, clinics, and other local facilities on capacity to handle emergency care												
	3. Consider deployment of one or more Field Treatment Sites to support hospitals or extended field operations												

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	4. Establish alternative transport priorities as needed, to manage surge of patients needing treatment at healthcare facilities												
	5. Deploy staff and/ or volunteers (e.g., MRC, DHV) to assist with triage or emergency medical care at field locations												
	6. Request EMSA Field Treatment Site through RDMHC Program												
	7. Establish alternate care sites to accommodate evacuated or arriving patients												
	8. Assist with expansion of facility space such as parking lots to accommodate patient surge at hospitals, clinics, UCC, or other sites. Refer to Healthcare Coalition Surge Plan for details												
(9) Health surveillance and epidemiological analyses of community health status	1. Monitor media and social media for indicators of public health concern												
	2. Conduct active, enhanced passive and passive surveillance of hospitals, community health providers, skilled nursing facilities, daycare facilities, evacuation medically fragile shelters and other sources for possible public health threats												
	3. Develop epidemiologic reports as requested by Public Health and PIO												
	4. Provide epidemiologic information to the public and media												
(10) Assurance of food safety	1. Monitor grocery stores, restaurants and other food distribution points for food safety												
	2. Ensure safe food supply for evacuation medically fragile shelters												
	3. Develop specific public messaging regarding food safety												
(11) Management of exposure to hazardous agents	1. Monitor dispatch and communicate with OP Area EOC for information about potential and current hazardous material releases												
	2. Coordinate with HAZMAT response teams												
	3. Advise on protective measures for first responders during exposures to hazardous agents during emergency response												
	4. Develop specific public messaging as necessary regarding any releases of toxic material												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	PIO	Liaison Officer	Safety Officer	Operations Section: Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
(12) Provision or coordination of behavioral/mental health services	1. Anticipate increased demand for behavioral/mental health services in the community post-earthquake												
	2. Activate resources to respond to urgent psychiatric issues immediately following the incident												
	3. Coordinate deployment of behavioral/mental health resources within evacuation medically fragile shelters, hospitals and other areas												
	4. Request additional behavioral/mental health resources as needed from the RDMHC Program												
	5. Coordinate support for behavioral/mental health teams with Logistics												
	6. Support behavioral/mental health needs of substance abuse clients in residential facilities												
	7. Deploy resources to care homes												
	8. Deploy staff to shelter sites (ARC, FBOs, CBOs) to triage/screen residents for acute stress reactions												
	9. Provide Psychological First Aid and educate shelter staff on existing services												
	10. Address and mitigate emotional needs of community members												
	11. Prepare professional staff for potential wellness checks of at-risk populations of homeless persons												
	12. Contact Sheriff's Department to coordinate field wellness checks of homeless persons												
	13. Alert community behavioral/mental health providers of locations of medically fragile shelters for homeless populations												
	14. Maintain contact with shelter providers with special attention to people with access and functional needs, the homeless and special needs populations												
	15. Establish 24 hour telephone consultation availability to shelter staff												
	16. Focus on continuity of essential services such as medications and money for County clients												
	17. Anticipate and plan for increased demand for behavioral/mental health services in the community due to lingering impacts extending post-												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	incident well into recovery period												
(13) Provision of medical and health public information protective action recommendations	1. Monitor status of emergency care, ambulance services, communicable diseases, food safety, water safety, hazardous materials and vector management												
	2. Coordinate with OP Area PIO and/or JIC on message release												
	3. Develop and disseminate specific public messaging with subject matter experts for injury prevention during assessment of damage and clean up												
	4. Coordinate with OP Area PIO and/or JIC to exchange information and assure consistent messaging to public												
(14) Provision or coordination of vector control services	1. Monitor occurrence of vector-borne disease in the community												
	2. Develop specific public messaging as necessary for vector control with Environmental and PIO												
	3. Communicate with local vector control agency to monitor community impacts and receive information or mapping of affected areas												
	4. Assure vector controlled conditions at medically fragile shelters												
(15) Assurance of drinking water safety	1. Monitor availability of safe drinking water in the community												
	2. Assist with distribution of specific public messaging as necessary for drinking water safety with local water departments and PIO												
	3. Assure safe drinking water at medically fragile shelters through site visits and phone consultation												
	4. Assess damage to water systems												
(16) Assurance of the safe management of liquid, solid, and hazardous wastes	1. Monitor condition or damage to sanitary sewer systems in the community and for unexpected untreated sewage releases within existing bodies of water												
	2. Assist with distribution of specific public messaging for safe or alternate disposal of sanitary sewage, avoidance of contaminated bodies of water, in coordination with local sanitary sewer departments and PIO												
	3. Assure safe food and waste handling at medically fragile shelters through site visits and phone consultation												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(17) Investigation and control of communicable diseases	1. Monitor hospitals, community health providers, skilled nursing facilities, evacuation medically fragile shelters, and surveillance systems for reports of communicable disease												
	2. Develop specific public messaging as necessary regarding communicable disease with Public Health and PIO												
	3. Declare local health emergencies, establish Health Officer orders, or take other Health Officer actions as needed												
	4. Investigate incidents of communicable disease												
	5. Establish disease containment measures												
	6. Coordinate with healthcare providers, pharmacies, or others on distribution and dispensing of medications												
	7. Establish medication dispensing or vaccination sites for public groups, as well as any support activities needed for public dispensing efforts such as medical warehouse or transportation												
	8. Provide phone consultation or onsite nursing assistance to medically fragile shelters												
	9. Make contact with medically fragile shelters to provide notification instruction of any suspected communicable disease activity												

INFECTIOUS DISEASES INCIDENTS

Incident Response Guide Annex

6.5 Infectious Disease Incidents

INTRODUCTION

Infectious disease incidents are circumstances caused by pathogenic, microorganisms, such as bacteria, viruses, parasites, or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

PURPOSE

This Incident Response Guide (IRG) is intended to provide response guidance to persons fulfilling the MHOAC role during infectious disease-related incidents. The information contained in this IRG is intended to ***supplement*** the user's experience, training, and knowledge in their response.

CA Health and Safety Code §1797.153 calls for the appointment of a Medical Health Operational Area Coordination (MHOAC) to assure local government planning and response to the following 17 MHOAC medical-health functions:

MHOAC FUNCTIONS
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 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 Behavioral/Mental Health services
13. Provision of medical and health public information and 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 waste
17. Investigation and control of communicable diseases

The 17 MHOAC medical-health functions were assessed and applied in the development of this IRG to identify specific actions that would be called for appropriate response. **It is possible that a given response may not require response to all MHOAC functions.**

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STRUCTURE

This Incident Response Guide contains **two types of tools** within each color-coordinated section:

- **IRG Matrix** which outlines response activities within an ICS structure organized by MHOAC functions and job assignment (i.e. PIO, Logistics Section Chief, etc.) and expected timeframe to complete tasks.
- **Informational Inserts** which provide “big picture” guidance such as incident introduction, potential impacts to the medical health system, resource considerations, and major issues or policy questions.

ASSUMPTIONS

- This guide assumes continuous pre-event planning and is ***NOT*** a substitute for any Plan, Laws, Regulations, or Official Forms nor the user’s experience, education, or training.
- Users of the IRG follow the National Incident Management System (NIMS) and Incident Command System (ICS) and have been trained on the California Medical and Health Emergency Operations Manual (CDPH EOM). **Not all incidents will require complete activation of the ICS. Departmental response should be scaled to the incident**.
- This IRG applies to ICS functional position duties related to medical-health operations, regardless of the organizational location of the position. **Local health jurisdictions may need to customize this IRG in order to integrate it into their own disaster response organizational structure**.
- Duties in this IRG are based on the ICS protocol. Section tasks may reassign tasks based on the progression of the incident.
- Actions in this IRG are arranged by timeframe and are generally prioritized within the timeframe. These timeframes are approximate and may be adjusted to meet the dynamics of the incident and other variables.
- The IRG Matrix timeframe should indicate when a task **should be initiated**, not when a task is to be completed. Tasks, once initiated, may continue into the next response phase and are not repeated in the subsequent time frames.
- The IRG Matrix timeframe should be organized by **0-2 hours** (Immediate), **2-12 hours** (Delayed), **12+ hours** (Extended), and **12-D hours** (Extended to Demobilization).
- The Informational Inserts provide examples of common incidents within the category and are **not all-encompassing.** The context of which an incident occurs may involve more than one IRG, Matrix, or Informational Insert and therefore, it is to the user’s experience, education, or training to discern the appropriate response.
- The Informational Inserts **have blank spaces provided for and to encourage the user to fill in** based on county/jurisdictional circumstances, policies, procedures, etc. and promote future planning efforts.

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Informational Guide	INFECTIOUS DISEASES: FOOD AND WATERBORNE DISEASES	
Introduction	**Food and Waterborne diseases** are caused by ingesting or coming into contact with an infected or contaminated food/water source. While anybody can acquire food/waterborne illnesses, people with compromised immune systems are at a higher risk of contracting more severe forms of diseases. Some people may require antibiotics or other treatment depending on the type of pathogen or contaminant in the food/water and their ability to fight infections. Malicious or intentional dispersal of food and waterborne diseases may be discovered as the incident progresses and may require cooperation with law enforcement agencies.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Medical Health Coordination Center (MHCC)	

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	• Emergency Operations Center (EOC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Malicious/intentional spread of disease • Mass hysteria/unrest • Food/Water contamination • Antibiotic/Treatment availability
Policy Questions	• MCM Plan • Health surge • Inventory management
Suggested Plans	• Medical Countermeasures Plan • Mass Casualty • CHEMPACK • Environmental and Behavioral Health • Health Surge

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Informational Guide	INFECTIOUS DISEASES: PANDEMIC INFLUENZA	
Introduction	**Influenza pandemic** can occur when a non-human (novel) influenza virus gains the ability for efficient and sustained human-to-human transmission and then spreads globally. Pandemics can cause high levels of mortality, which the 1918 Spanish influenza pandemic estimated as being responsible for the deaths of approximately 50-100 million people. The most recent pandemic influenza was in 2009 caused by H1N1 (also known as *swine flu*).	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Public Unrest/Psychological Harm • Mass illness/fatalities	• Population Displacement • Healthcare surge • Vulnerable populations • Vaccinations
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.**	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC)	

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	**Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Vaccination availability • Staffing availability • Mass illnesses/fatalities • Overwhelmed health system
Policy Questions	• Inventory tracking • Vaccination inventory • Fatality management • MCM Plan • Health Surge Plan • Diversion of patients
Suggested Plans	• Medical Countermeasures Plan • Mass Casualty • CHEMPACK • Environmental and Behavioral Health • Health Surge

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Informational Guide	INFECTIOUS DISEASES: VECTOR-BORNE DISEASES	
Introduction	**Vector-borne diseases** are illnesses caused by bacteria and viruses transmitted by vectors (mosquitos, ticks, fleas, etc.) in human. Distribution of these diseases is determined by a complex dynamic of environmental and social factors. Globalization of travel and trade, unplanned urbanization and environmental challenges such as climate change are having a significant impact on disease transmission in recent years. As of early 2015, a widespread epidemic of the Zika virus (transmitted primarily through the bite of an infected *Aedes* species mosquito), is ongoing in the Americas and the Pacific.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Public Unrest/Psychological Harm • Mass illness/fatalities	• Healthcare surge • Vulnerable populations • Vaccinations • Treatment availability
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC)	

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	• State Operations Center (SOC) *Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass hysteria/unrest • Mass illnesses/fatalities • Vulnerable populations
Policy Questions	• Standardization of care • Bed licensing • Fatality management • Diversion of patients • Staffing profiles
Suggested Plans	• Medical Countermeasures Plan • Mass Casualty • CHEMPACK • Environmental and Behavioral Health • Health Surge

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Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
(1) Assessment of immediate medical needs	1. Obtain Situation Report from Medical/Health facilities and 911 Dispatch, EMS, Law Enforcement, Public Works, Fire, Schools, Nursing Homes												
	2. Obtain from Operational Area EOC initial Situation Status Reports from Medical/Health response partners including hospitals, clinics, and skilled nursing facilities; pre-hospital transport providers (911 and non-911 providers); and 911 Dispatch												
	3. Gather information from the Operational Area EOC Planning Section and Operations Section including fire; care and shelter, law; and public works												
	4. Obtain information via social media and news media												
	5. Assess medical needs of children at schools												
	6. Ensure valid and reliable information - Validate information (check back with the source and for other reports with the same info)												
	7. Maintain coordination with the Operational Area EOC for situational awareness about the operational area response, particularly where it relates to coordination with other city agencies												
(2) Coordination of disaster medical and health resources	1. Receive, prioritize, and process resource requests from medical/health facilities, pre-hospital transport providers, EOC, Red Cross, and other agencies												
	2. Coordinate transportation of ALS/BLS ambulances												
	3. Track assigned and ordered resources (standard in FOG)												
	4. Request resources from Medical Health Coordination Center (MHCC)												
	5. Assess availability of local resources (MHOAC Resource Directory) that could be moved to meet needs												
	6. Assess Transportation EMS ALS/BLS availability												
	7. Request mutual aid as needed												
	8. Track resources [MHOAC resources, transport or supply resources requested through mutual aid or RDMHC Program, staffing and volunteer resources deployed (see #3)]												
	9. Order resources from RDMHC Program												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	10. Identify the need for medically fragile shelters, initiate the supply network and initiate shelter operations												
	11. Establish communications with medically fragile shelters												
	12. Initiate systems for tracking displaced residents and re-unifying households												
	13. Prepare and disseminate information about shelter locations												
	14. Identify shelter residents with special or critical conditions who cannot be served in general populations medically fragile shelters												
	15. Evaluate the ability of the road network to move people and supplies to medically fragile shelters												
	16. Deploy medical disaster volunteers (DHV, MRC,DSW)												
	17. Initiate animal shelters												
(3) Coordination of patient distribution and medical evacuations	1. Order the activation of emergency medical communications networks, such as ReddiNet or EMSystem to communicate with providers, poll hospitals, and monitor status												
	2. Review sit reps												
	3. Direct patient distribution, coordinate through priority setting and medical evaluation, and triage standards												
	4. Track patient transfers and EMS agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	5. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	6. Continuously review sit reps and online status reports for changing conditions on bed status and ED capacity												
	7. Request transportation resources from neighboring counties or RDMHC PROGRAM												
	8. Prepare to establish triage and treatment sites at clinics												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	9. Coordinate the movement of patients from alternate care sites back into hospitals												
(4) Coordination with inpatient and emergency care providers	1. Communicate with hospitals, ED's and urgent care to obtain accurate situational awareness for available surge beds, in coordination with mutual aid emergency management systems												
	2. Establish conference calls as needed with hospitals, SNFs, health clinics and urgent care for accurate situational awareness												
	3. Assess bed availability at hospitals & SNFs												
	4. Coordinate with hospitals activating their Surge Plan												
	5. Receive, prioritize, and process Resource Requests for inpatient care												
	6. Monitor state messages, instructions, or guidance (e.g., austere care) affecting health care and disseminate to local health partners												
	7. Assist with prioritization of medical supplies or equipment provided by vendors												
	8. Coordinate alternate care standards of practice as appropriate to prioritize and manage the patient surge and lack of resource												
	9. Monitor in-patient needs and consider options for expansion of inpatient beds, including: • Relocation of patients to other facility within or outside of county • Hospital surge bed expansion within walls or at their adjacent sites • Establish field treatment sites/alternate care sites • SNF bed capacity expansion • Establishment of Mobile Field Hospital through request to EMSA												
	10. Establish of government authorized alternate care site												
	11. Assist with in-patient relocation to other hospitals												
(5) Coordination of out-of-hospital medical care	1. Receive sit reps from clinics, urgent care, surgery centers, dialysis, home health, hospice												
	2. Receive, prioritize, and process resource orders from out-of hospital providers												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
providers	3. Be information broker—disseminate info to providers												
(6) Coordination and integration with fire agencies personnel, resources and emergency fire prehospital medical services	1. Request situation reports from fire-based EMS providers												
	2. Communicate with dispatch to gain awareness of fire field incidents involving medical care												
	3. Communicate with Operational Area EOC Fire Branch for situational awareness of current or potential fire or hazmat incidents												
	4. Request ambulance strikes teams (ASTs) from RDMHC Program												
	5. Communicate EMS transport priorities to fire medical care units												
	6. Request ambulances through mutual aid or RDMHC Program												
	7. Receive, prioritize, and process resource requests for emergency fire prehospital medical resource												
(7) Coordination of providers of non-fire based prehospital emergencymedical services	1. Request situation reports from private EMS providers												
	2. Request ambulance strike teams (ASTs) from Region II as needed												
	3. Track EMS Agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Request transportation resources from neighboring counties or RDMHC Program as needed												
	6. Receive, prioritize, and process Resource Requests from out-of-hospital providers												
(8) Coordination of the establishment of temporary field treatment sites	1. Monitor the status of healthcare surge in the community												
	2. Communicate with hospitals, urgent care centers, clinics, and other local facilities on capacity to handle emergency care												
	3. Consider deployment of one or more Field Treatment Sites to support hospitals or extended field operations												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	4. Establish alternative transport priorities as needed, to manage surge of patients needing treatment at healthcare facilities												
	5. Deploy staff and/ or volunteers (e.g., MRC, DHV) to assist with triage or emergency medical care at field locations												
	6. Request EMSA Field Treatment Site through RDMHC Program												
	7. Establish alternate care sites to accommodate evacuated or arriving patients												
	8. Assist with expansion of facility space such as parking lots to accommodate patient surge at hospitals, clinics, UCC, or other sites. Refer to Healthcare Coalition Surge Plan for details												
(9) Health surveillance and epidemiological analyses of community health status	1. Monitor media and social media for indicators of public health concern												
	2. Conduct active, enhanced passive and passive surveillance of hospitals, community health providers, skilled nursing facilities, daycare facilities, evacuation medically fragile shelters and other sources for possible public health threats												
	3. Develop epidemiologic reports as requested by Public Health and PIO												
	4. Provide epidemiologic information to the public and media												
(10) Assurance of food safety	1. Monitor grocery stores, restaurants and other food distribution points for food safety												
	2. Ensure safe food supply for evacuation medically fragile shelters												
	3. Develop specific public messaging regarding food safety												
(11) Management of exposure to hazardous agents	1. Monitor dispatch and communicate with OP Area EOC for information about potential and current hazardous material releases												
	2. Coordinate with HAZMAT response teams												
	3. Advise on protective measures for first responders during exposures to hazardous agents during emergency response												
	4. Develop specific public messaging as necessary regarding any releases of toxic material												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(12) Provision or coordination of behavioral/mental health services	1. Anticipate increased demand for behavioral/mental health services in the community post-incident												
	2. Activate resources to respond to urgent psychiatric issues immediately following the incident												
	3. Coordinate deployment of behavioral/mental health resources within evacuation medically fragile shelters, hospitals and other areas												
	4. Request additional behavioral/mental health resources as needed from the RDMHC Program												
	5. Coordinate support for behavioral/mental health teams with Logistics												
	6. Support behavioral/mental health needs of substance abuse clients in residential facilities												
	7. Deploy resources to care homes												
	8. Deploy staff to shelter sites (ARC, FBOs, CBOs) to triage/screen residents for acute stress reactions												
	9. Provide Psychological First Aid and educate shelter staff on existing services												
	10. Address and mitigate emotional needs of community members												
	11. Prepare professional staff for potential wellness checks of at-risk populations of homeless persons												
	12. Contact Sheriff's Department to coordinate field wellness checks of homeless persons												
	13. Alert community behavioral/mental health providers of locations of medically fragile shelters for homeless populations												
	14. Maintain contact with shelter providers with special attention to people with access and functional needs, the homeless and special needs populations												
	15. Establish 24 hour telephone consultation availability to shelter staff												
	16. Focus on continuity of essential services such as medications and money for County clients												
	17. Anticipate and plan for increased demand for behavioral/mental health services in the community due to lingering impacts extending post-												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	incident well into recovery period												
(13) Provision of medical and health public information protective action recommendations	1. Monitor status of emergency care, ambulance services, communicable diseases, food safety, water safety, hazardous materials and vector management												
	2. Coordinate with OP Area PIO and/or JIC on message release												
	3. Develop and disseminate specific public messaging with subject matter experts for injury prevention during assessment of damage and clean up												
	4. Coordinate with OP Area PIO and/or JIC to exchange information and assure consistent messaging to public												
(14) Provision or coordination of vector control services	1. Monitor occurrence of vector-borne disease in the community												
	2. Develop specific public messaging as necessary for vector control with Environmental and PIO												
	3. Communicate with local vector control agency to monitor community impacts and receive information or mapping of affected areas												
	4. Assure vector controlled conditions at medically fragile shelters												
(15) Assurance of drinking water safety	1. Monitor availability of safe drinking water in the community												
	2. Assist with distribution of specific public messaging as necessary for drinking water safety with local water departments and PIO												
	3. Assure safe drinking water at medically fragile shelters through site visits and phone consultation												
	4. Assess damage to water systems												
(16) Assurance of the safe management of liquid, solid, and hazardous wastes	1. Monitor condition or damage to sanitary sewer systems in the community and for unexpected untreated sewage releases within existing bodies of water												
	2. Assist with distribution of specific public messaging for safe or alternate disposal of sanitary sewage, avoidance of contaminated bodies of water, in coordination with local sanitary sewer departments and PIO												
	3. Assure safe food and waste handling at medically fragile shelters through site visits and phone consultation												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(17) Investigation and control of communicable diseases	1. Monitor hospitals, community health providers, skilled nursing facilities, evacuation medically fragile shelters, and surveillance systems for reports of communicable disease												
	2. Develop specific public messaging as necessary regarding communicable disease with Public Health and PIO												
	3. Declare local health emergencies, establish Health Officer orders, or take other Health Officer actions as needed												
	4. Investigate incidents of communicable disease												
	5. Establish disease containment measures												
	6. Coordinate with healthcare providers, pharmacies, or others on distribution and dispensing of medications												
	7. Establish medication dispensing or vaccination sites for public groups, as well as any support activities needed for public dispensing efforts such as medical warehouse or transportation												
	8. Provide phone consultation or onsite nursing assistance to medically fragile shelters												
	9. Make contact with medically fragile shelters to provide notification instruction of any suspected communicable disease activity												

NATURAL DISASTER INCIDENTS

Incident Response Guide Annex

6.6 Natural Disaster Incidents

INTRODUCTION

Natural disaster incidents are the most common type of disasters and are the result of some force of nature, such as earthquakes, floods, hurricanes, etc. that causes great damage or loss of life. While some natural disasters may have some forewarning, most natural disasters are sudden and overwhelming.

PURPOSE

This Incident Response Guide (IRG) is intended to provide response guidance to persons fulfilling the MHOAC role during natural disaster-related incidents. The information contained in this IRG is intended to ***supplement*** the user's experience, training, and knowledge in their response.

CA Health and Safety Code §1797.153 calls for the appointment of a Medical Health Operational Area Coordination (MHOAC) to assure local government planning and response to the following 17 MHOAC medical-health functions:

MHOAC FUNCTIONS
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 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 Behavioral/Mental Health services
13. Provision of medical and health public information and 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 waste
17. Investigation and control of communicable diseases

The 17 MHOAC medical-health functions were assessed and applied in the development of this IRG to identify specific actions that would be called for appropriate response. **It is possible that a given response may not require response to all MHOAC functions.**

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STRUCTURE

This Incident Response Guide contains **two types of tools** within each color-coordinated section:

- **IRG Matrix** which outlines response activities within an ICS structure organized by MHOAC functions and job assignment (i.e. PIO, Logistics Section Chief, etc.) and expected timeframe to complete tasks.
- **Informational Inserts** which provide "big picture" guidance such as incident introduction, potential impacts to the medical health system, resource considerations, and major issues or policy questions.

ASSUMPTIONS

- This guide assumes continuous pre-event planning and is ***NOT*** a substitute for any Plan, Laws, Regulations, or Official Forms nor the user's experience, education, or training.

- Users of the IRG follow the National Incident Management System (NIMS) and Incident Command System (ICS) and have been trained on the California Medical and Health Emergency Operations Manual (CDPH EOM). **Not all incidents will require complete activation of the ICS. Departmental response should be scaled to the incident**.

- This IRG applies to ICS functional position duties related to medical-health operations, regardless of the organizational location of the position. **Local health jurisdictions may need to customize this IRG in order to integrate it into their own disaster response organizational structure**.

- Duties in this IRG are based on the ICS protocol. Section tasks may reassign tasks based on the progression of the incident.

- Actions in this IRG are arranged by timeframe and are generally prioritized within the timeframe. These timeframes are approximate and may be adjusted to meet the dynamics of the incident and other variables.

- The IRG Matrix timeframe should indicate when a task **should be initiated**, not when a task is to be completed. Tasks, once initiated, may continue into the next response phase and are not repeated in the subsequent time frames.

- The IRG Matrix timeframe should be organized by **0-2 hours** (Immediate), **2-12 hours** (Immediate), **12+ hours** (Extended), and **12-D hours** (Extended to Demobilization).

- The Informational Inserts provide examples of common incidents within the category and are **not all-encompassing.** The context of which an incident occurs may involve more than one IRG, Matrix, or Informational Insert and therefore, it is to the user's experience, education, or training to discern the appropriate response.
- The Informational Inserts **have blank spaces provided for and to encourage the user to fill in** based on county/jurisdictional circumstances, policies, procedures, etc. and promote future planning efforts.

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Informational Guide	NATURAL DISASTER: EARTHQUAKE	
Introduction	California represents 74% of the total **earthquake risk** within the continental United States. California is located on the 'Ring of Fire' on the Pacific tectonic plate; consequently, many dangerous fault lines lie underneath heavily populated areas such as the **Hayward Fault** and the **San Andres Fault**, which run parallel to one another. On August 24, 2014 a magnitude 6.0 earthquake hit six miles south of Napa, CA at 3:20AM resulting in damage totaling approximately 1 billion dollars, 200+ injured people and 1 death. The Napa earthquake was the largest earthquake in the San Francisco Bay Area since the 1989 Loma Prieta earthquake.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC)	

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	• Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Loss of food/water and other basic services • Mass injuries/fatalities • Transportation • Disruption and unavailability of businesses • Mass hysteria
Policy Questions	• Standardization of care • Redundancy capabilities • Fatality management • Diversion of patients • Bed licensing • Treatment availability • Health Surge
Suggested Plans	• Earthquake • Fatality Management • Health Surge • Communication Redundancy • Food/Water Emergency • HazMat (Sanitation)

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Informational Guide	NATURAL DISASTER: FLOOD	
Introduction	**Floods** are the most common hazards in the U.S., causing more damage than any other severe weather-related event. In the U.S. alone, where flood mitigation and prediction is advanced, flooding is responsible for $6 billion dollars' worth of damage and 140 deaths a year. Most floods take hours or even days to develop, giving residents ample time to prepare or evacuate. Others generate quickly and with little warning, are called "flash floods". These floods can be extremely dangerous and destructive, eliminating options for quick response.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.**	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC)	

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	• State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Loss of food/water and other basic services • Mass injuries/fatalities • Transportation • Disruption and unavailability of businesses • Mass hysteria
Policy Questions	• Standardization of care • Redundancy capabilities • Fatality management • Diversion of patients • Bed licensing • Treatment availability • Health Surge
Suggested Plans	• Flood • Fatality Management • Health Surge • Communication Redundancy • Food/Water Emergency • HazMat (Sanitation)

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Informational Guide	NATURAL DISASTER: WILDLAND FIRE	
Introduction	**Wildland fires** are unplanned, unwanted fires burning in a natural area, such as a forest, grassland, or prairie. Wildfires can damage natural resources, destroy homes, and threaten the safety of the public and the firefighters who protect forests and communities. Wildfires can occur at any time throughout the year, but the potential is always higher during periods with little or no rainfall, which make brush, grass, and trees dry and burn more easily. Wildfires can start from natural causes, such as lightning, but most are caused by humans, either accidentally— from cigarettes, campfires, or outdoor burning—or intentionally.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Public Unrest/Psychological Harm • Mass illness/fatalities	• Water Supply Contamination and Availability • Food Supply Contamination and Availability • Population Displacement • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC)	

	• State Operations Center (SOC) *Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Loss of food/water and other basic services • Mass injuries/fatalities • Transportation • Disruption and unavailability of businesses • Mass hysteria • Displaced populations • Vulnerable populations • Evacuations • Sheltering
Policy Questions	• Standardization of care • Redundancy capabilities • Fatality management • Diversion of patients • Bed licensing • Sheltering • Health Surge
Suggested Plans	• Wildland Fire • Fatality Management • Health Surge • Communication Redundancy • Food/Water Emergency • HazMat (Sanitation)

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Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
(1) Assessment of immediate medical needs	1. Obtain Situation Report from Medical/Health facilities and 911 Dispatch, EMS, Law Enforcement, Public Works, Fire, Schools, Nursing Homes												
	2. Obtain from Operational Area EOC initial Situation Status Reports from Medical/Health response partners including hospitals, clinics, and skilled nursing facilities; pre-hospital transport providers (911 and non-911 providers); and 911 Dispatch												
	3. Gather information from the Operational Area EOC Planning Section and Operations Section including fire; care and shelter, law; and public works												
	4. Obtain information via social media and news media												
	5. Assess medical needs of children at schools												
	6. Ensure valid and reliable information - Validate information (check back with the source and for other reports with the same info)												
	7. Maintain coordination with the Operational Area EOC for situational awareness about the operational area response, particularly where it relates to coordination with other city agencies												
(2) Coordination of disaster medical and health resources	1. Receive, prioritize, and process resource requests from medical/health facilities, pre-hospital transport providers, EOC, Red Cross, and other agencies												
	2. Coordinate transportation of ALS/BLS ambulances												
	3. Track assigned and ordered resources (standard in FOG)												
	4. Request resources from Medical Health Coordination Center (MHCC)												
	5. Assess availability of local resources (MHOAC Resource Directory) that could be moved to meet needs												
	6. Assess Transportation EMS ALS/BLS availability												
	7. Request mutual aid as needed												
	8. Track resources [MHOAC resources, transport or supply resources requested through mutual aid or RDMHC Program, staffing and volunteer resources deployed (see #3)]												
	9. Order resources from RDMHC Program												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	10. Identify the need for medically fragile shelters, initiate the supply network and initiate shelter operations												
	11. Establish communications with medically fragile shelters												
	12. Initiate systems for tracking displaced residents and re-unifying households												
	13. Prepare and disseminate information about shelter locations												
	14. Identify shelter residents with special or critical conditions who cannot be served in general populations medically fragile shelters												
	15. Evaluate the ability of the road network to move people and supplies to medically fragile shelters												
	16. Deploy medical disaster volunteers (DHV, MRC,DSW)												
	17. Initiate animal shelters												
(3) Coordination of patient distribution and medical evacuations	1. Order the activation of emergency medical communications networks, such as ReddiNet or EMSystem to communicate with providers, poll hospitals, and monitor status												
	2. Review sit reps												
	3. Direct patient distribution, coordinate through priority setting and medical evaluation, and triage standards												
	4. Track patient transfers and EMS agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	5. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	6. Continuously review sit reps and online status reports for changing conditions on bed status and ED capacity												
	7. Request transportation resources from neighboring counties or RDMHC Program												
	8. Prepare to establish triage and treatment sites at clinics												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	9. Coordinate the movement of patients from alternate care sites back into hospitals												
(4) Coordination with inpatient and emergency care providers	1. Communicate with hospitals, ED's and urgent care to obtain accurate situational awareness for available surge beds, in coordination with mutual aid emergency management systems												
	2. Establish conference calls as needed with hospitals, SNFs, health clinics and urgent care for accurate situational awareness												
	3. Assess bed availability at hospitals & SNFs												
	4. Coordinate with hospitals activating their Surge Plan												
	5. Receive, prioritize, and process Resource Requests for inpatient care												
	6. Monitor state messages, instructions, or guidance (e.g., austere care) affecting health care and disseminate to local health partners												
	7. Assist with prioritization of medical supplies or equipment provided by vendors												
	8. Coordinate alternate care standards of practice as appropriate to prioritize and manage the patient surge and lack of resource												
	9. Monitor in-patient needs and consider options for expansion of inpatient beds, including: • Relocation of patients to other facility within or outside of county • Hospital surge bed expansion within walls or at their adjacent sites • Establish field treatment sites/alternate care sites • SNF bed capacity expansion • Establishment of Mobile Field Hospital through request to EMSA • Establish of government authorized alternate care site												
	10. Assist with in-patient relocation to other hospitals												
(5) Coordination of out-of-hospital medical care providers	1. Receive sit reps from clinics, urgent care, surgery centers, dialysis, home health, hospice												
	2. Receive, prioritize, and process resource orders from out-of hospital providers												
	3. Be information broker—disseminate info to providers												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
(6) Coordination and integration with fire agencies personnel, resources and emergency fire prehospital medical services	1. Request situation reports from fire-based EMS providers												
	2. Communicate with dispatch to gain awareness of fire field incidents involving medical care												
	3. Communicate with Operational Area EOC Fire Branch for situational awareness of current or potential fire or hazmat incidents												
	4. Request ambulance strikes teams (ASTs) from RDMHC Program												
	5. Communicate EMS transport priorities to fire medical care units												
	6. Request ambulances through mutual aid or RDMHC Program												
	7. Receive, prioritize, and process resource requests for emergency fire prehospital medical resource												
(7) Coordination of providers of non-fire based prehospital emergencymedical services	1. Request situation reports from private EMS providers												
	2. Request ambulance strike teams (ASTs) from Region II as needed												
	3. Track EMS Agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Request transportation resources from neighboring counties or RDMHC Program as needed												
	6. Receive, prioritize, and process Resource Requests from out-of-hospital providers												
(8) Coordination of the establishment of temporary field treatment sites	1. Monitor the status of healthcare surge in the community												
	2. Communicate with hospitals, urgent care centers, clinics, and other local facilities on capacity to handle emergency care												
	3. Consider deployment of one or more Field Treatment Sites to support hospitals or extended field operations												
	4. Establish alternative transport priorities as needed, to manage surge of patients needing treatment at healthcare facilities												
	5. Deploy staff and/ or volunteers (e.g., MRC, DHV) to assist with triage or emergency medical care at field locations												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	6. Request EMSA Field Treatment Site through RDMHC Program												
	7. Establish alternate care sites to accommodate evacuated or arriving patients												
	8. Assist with expansion of facility space such as parking lots to accommodate patient surge at hospitals, clinics, UCC, or other sites. Refer to Healthcare Coalition Surge Plan for details												
(9) Health surveillance and epidemiological analyses of community health status	1. Monitor media and social media for indicators of public health concern												
	2. Conduct active, enhanced passive and passive surveillance of hospitals, community health providers, skilled nursing facilities, daycare facilities, evacuation medically fragile shelters and other sources for possible public health threats												
	3. Develop epidemiologic reports as requested by Public Health and PIO												
	4. Provide epidemiologic information to the public and media												
(10) Assurance of food safety	1. Monitor grocery stores, restaurants and other food distribution points for food safety												
	2. Ensure safe food supply for evacuation medically fragile shelters												
	3. Develop specific public messaging regarding food safety												
(11) Management of exposure to hazardous agents	1. Monitor dispatch and communicate with OP Area EOC for information about potential and current hazardous material releases												
	2. Coordinate with HAZMAT response teams												
	3. Advise on protective measures for first responders during exposures to hazardous agents during emergency response												
	4. Develop specific public messaging as necessary regarding any releases of toxic material												
(12) Provision or coordination of behavioral/mental	1. Anticipate increased demand for behavioral/mental health services in the community post-earthquake												
	2. Activate resources to respond to urgent psychiatric issues immediately following the incident												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
health services	3. Coordinate deployment of behavioral/mental health resources within evacuation medically fragile shelters, hospitals and other areas												
	4. Request additional behavioral/mental health resources as needed from the RDMHC Program												
	5. Coordinate support for behavioral/mental health teams with Logistics												
	6. Support behavioral/mental health needs of substance abuse clients in residential facilities												
	7. Deploy resources to care homes												
	8. Deploy staff to shelter sites (ARC, FBOs, CBOs) to triage/screen residents for acute stress reactions												
	9. Provide Psychological First Aid and educate shelter staff on existing services												
	10. Address and mitigate emotional needs of community members												
	11. Prepare professional staff for potential wellness checks of at-risk populations of homeless persons												
	12. Contact Sheriff's Department to coordinate field wellness checks of homeless persons												
	13. Alert community behavioral/mental health providers of locations of medically fragile shelters for homeless populations												
	14. Maintain contact with shelter providers with special attention to people with access and functional needs, the homeless and special needs populations												
	15. Establish 24 hour telephone consultation availability to shelter staff												
	16. Focus on continuity of essential services such as medications and money for County clients												
	17. Anticipate and plan for increased demand for behavioral/mental health services in the community due to lingering impacts extending post-incident well into recovery period												
(13) Provision of medical and health	1. Monitor status of emergency care, ambulance services, communicable diseases, food safety, water safety, hazardous materials and vector management												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
public information protective action recommendations	2. Coordinate with OP Area PIO and/or JIC on message release												
	3. Develop and disseminate specific public messaging with subject matter experts for injury prevention during assessment of damage and clean up												
	4. Coordinate with OP Area PIO and/or JIC to exchange information and assure consistent messaging to public												
(14) Provision or coordination of vector control services	1. Monitor occurrence of vector-borne disease in the community												
	2. Develop specific public messaging as necessary for vector control with Environmental and PIO												
	3. Communicate with local vector control agency to monitor community impacts and receive information or mapping of affected areas												
	4. Assure vector controlled conditions at medically fragile shelters												
(15) Assurance of drinking water safety	1. Monitor availability of safe drinking water in the community												
	2. Assist with distribution of specific public messaging as necessary for drinking water safety with local water departments and PIO												
	3. Assure safe drinking water at medically fragile shelters through site visits and phone consultation												
	4. Assess damage to water systems												
(16) Assurance of the safe management of liquid, solid, and hazardous wastes	1. Monitor condition or damage to sanitary sewer systems in the community and for unexpected untreated sewage releases within existing bodies of water												
	2. Assist with distribution of specific public messaging for safe or alternate disposal of sanitary sewage, avoidance of contaminated bodies of water, in coordination with local sanitary sewer departments and PIO												
	3. Assure safe food and waste handling at medically fragile shelters through site visits and phone consultation												
(17) Investigation and control of communicable	1. Monitor hospitals, community health providers, skilled nursing facilities, evacuation medically fragile shelters, and surveillance systems for reports of communicable disease												
	2. Develop specific public messaging as necessary regarding												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
diseases	communicable disease with Public Health and PIO												
	3. Declare local health emergencies, establish Health Officer orders, or take other Health Officer actions as needed												
	4. Investigate incidents of communicable disease												
	5. Establish disease containment measures												
	6. Coordinate with healthcare providers, pharmacies, or others on distribution and dispensing of medications												
	7. Establish medication dispensing or vaccination sites for public groups, as well as any support activities needed for public dispensing efforts such as medical warehouse or transportation												
	8. Provide phone consultation or onsite nursing assistance to medically fragile shelters												
	9. Make contact with medically fragile shelters to provide notification instruction of any suspected communicable disease activity												

TRANSPORTATION INCIDENTS

Incident Response Guide Annex

6.7 Transportation Incidents

INTRODUCTION

Transportation incidents are very common type of incidents and are typically the result of human error, severe weather or the malfunction of machinery and/or equipment that causes damage and/or loss of life while transporting person(s) or goods from one location to another. Common transportation incidents involve automobiles, trains, and airplanes.

PURPOSE

This Incident Response Guide (IRG) is intended to provide response guidance to persons fulfilling the MHOAC role during transportation-related incidents. The information contained in this IRG is intended to ***supplement*** the user's experience, training, and knowledge in their response.

CA Health and Safety Code §1797.153 calls for the appointment of a Medical Health Operational Area Coordination (MHOAC) to assure local government planning and response to the following 17 MHOAC medical-health functions:

MHOAC FUNCTIONS
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 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 Behavioral/Mental Health services
13. Provision of medical and health public information and 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 waste
17. Investigation and control of communicable diseases

The 17 MHOAC medical-health functions were assessed and applied in the development of this IRG to identify specific actions that would be called for appropriate response. **It is possible that a given response may not require response to all MHOAC functions.**

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STRUCTURE

This Incident Response Guide contains **two types of tools** within each color-coordinated section:

- **IRG Matrix** which outlines response activities within an ICS structure organized by MHOAC functions and job assignment (i.e. PIO, Logistics Section Chief, etc.) and expected timeframe to complete tasks.
- **Informational Inserts** which provide “big picture” guidance such as incident introduction, potential impacts to the medical health system, resource considerations, and major issues or policy questions.

ASSUMPTIONS

- This guide assumes continuous pre-event planning and is ***NOT*** a substitute for any Plan, Laws, Regulations, or Official Forms nor the user’s experience, education, or training.
- Users of the IRG follow the National Incident Management System (NIMS) and Incident Command System (ICS) and have been trained on the California Medical and Health Emergency Operations Manual (CDPH EOM). **Not all incidents will require complete activation of the ICS. Departmental response should be scaled to the incident**.
- This IRG applies to ICS functional position duties related to medical-health operations, regardless of the organizational location of the position. **Local health jurisdictions may need to customize this IRG in order to integrate it into their own disaster response organizational structure**.
- Duties in this IRG are based on the ICS protocol. Section tasks may reassign tasks based on the progression of the incident.
- Actions in this IRG are arranged by timeframe and are generally prioritized within the timeframe. These timeframes are approximate and may be adjusted to meet the dynamics of the incident and other variables.
- The IRG Matrix timeframe should indicate when a task **should be initiated**, not when a task is to be completed. Tasks, once initiated, may continue into the next response phase and are not repeated in the subsequent time frames.
- The IRG Matrix timeframe should be organized by **0-2 hours** (Immediate), **2-12 hours** (Delayed), **12+ hours** (Extended), and **12-D hours** (Extended to Demobilization).
- The Informational Inserts provide examples of common incidents within the category and are **not all-encompassing.** The context of which an incident occurs may involve more than one IRG, Matrix, or Informational Insert and therefore, it is to the user’s experience, education, or training to discern the appropriate response.
- The Informational Inserts **have blank spaces provided for and to encourage the user to fill in** based on county/jurisdictional circumstances, policies, procedures, etc. and promote future planning efforts.

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Informational Guide	TRANSPORTATION: AIRPLANES	
Introduction	**Airplane** incidents are defined as an occurrence associated with the operation of an aircraft, which takes place between the time any person boards the aircraft with the intention of flight until all such persons have disembarked, where a person is fatally or seriously injured, the aircraft sustains damage or structural failure. On a yearly basis, there are over 100 plane crashes per year both on privately and commercially own airplanes and often generate acute levels of public scrutiny and awareness.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Public Unrest/Psychological Harm • Mass injuries/fatalities • Damage to infrastructure	• Overwhelming hospitals • Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC) • Emergency Operations Center (EOC)	

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	• Medical Health Coordination Center (MHCC) • State Operations Center (SOC) **Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass injuries/fatalities • Damage to critical infrastructure • Shutdown of transportation system • Public messaging
Policy Questions	• Role of PIO • Standardization of care • Bed licensing • Fatality management • Diversion of patients
Suggested Plans	• MCI • Health Surge • Fatality Management

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<table>
<tr><th>Informational Guide</th><th colspan="2">TRANSPORTATION: AUTOMOBILES</th></tr>
<tr><td>Introduction</td><td colspan="2">Automobile accidents occur when a vehicle collides with another vehicle, pedestrian, road debris, or other stationary obstruction, such as a tree or utility pole. Typically, these types of collisions result in injury, death, and property damage. According to the National Safety Council, automobile-related incidents have jumped 20% in California since the first half of 2015, resulting in 1,566 deaths thus far. Other types of incidents may include fires, flipped vehicles, submerged vehicles, hazardous material leaks, etc.</td></tr>
<tr><td rowspan="2">Impact Considerations</td><td>Impact</td><td>Vulnerabilities</td></tr>
<tr><td>• Discontinuity of Operations or Utilities
• Public Unrest/Psychological Harm
• Mass illness/fatalities
• Contamination</td><td>• Transportation/Mass Transit disruption
• Healthcare surge</td></tr>
<tr><td>Equipment/Resource Considerations*</td><td colspan="2">*Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.</td></tr>
<tr><td>Communication</td><td>• CAHAN
• Laptop (PC/Mac)
• Internet/WiFi
• EMSystem/ReddiNet/Other</td><td>• Landline phones
• Satellite phones
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• Portable Radio Units</td></tr>
<tr><td>Medical</td><td>• Alternate Care Sites
• Field Treatment Sites
• Trauma Cache
• Patient Trackers/Tags
• Gurneys</td><td>• Tents
• Decontamination Systems
• First Aid Trailers
• Surge Cache
• Wheelchairs</td></tr>
<tr><td>Transportation/Other</td><td>• Ambulance providers
• Buses
• Non-Medical Vehicles
• Disaster Resource Center Trailers
• Medical Reserve Corps (MRC)</td><td>• Blankets
• Cribs/Bassinets
• Mortuary Systems
• Community Emergency Response Teams (CERT)</td></tr>
<tr><td>Operational Coordination*</td><td colspan="2">• Department Operations Center (DOC)
• Regional Disaster Medical and Health Program (RDMHC)
• Regional Emergency Operations Center (REOC)
• Emergency Operations Center (EOC)
• Medical Health Coordination Center (MHCC)</td></tr>
</table>

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	• State Operations Center (SOC) *Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass injuries/fatalities • Damage to critical infrastructure • Shutdown of transportation system • Public messaging
Policy Questions	• Role of PIO • Standardization of care • Bed licensing • Fatality management • Diversion of patients
Suggested Plans	• MCI • Health Surge • Fatality Management

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Informational Guide	TRANSPORTATION: TRAINS	
Introduction	A **train incident** or train crash is a type of disaster involving one or more trains. Train wrecks often occur as a result of miscommunication, as when a moving train meets another train on the same track; or an accident, such as when a train wheel jumps off a track in a derailment; or when a boiler explosion occurs. Most recently in 2016, Alameda County experienced a derailed commuter train that plunged into a creek, injuring 14 people because of a fallen tree on the tracks. Due to large number of miles trains travel and types of cargo, train-related incidents can become significantly complex to respond to.	
Impact Considerations	**Impact**	**Vulnerabilities**
	• Discontinuity of Operations • Interruption to Business Supply Chains • Utility failure • Public Unrest/Psychological Harm • Mass illness/fatalities	• Transportation/Mass Transit disruption • Healthcare surge
Equipment/Resource Considerations*	***Please note: equipment and/or resource considerations are intended to provoke future planning considerations and may not be appropriate for every incident.***	
Communication	• CAHAN • Laptop (PC/Mac) • Internet/WiFi • EMSystem/ReddiNet/Other	• Landline phones • Satellite phones • Cellphones • Portable Radio Units
Medical	• Alternate Care Sites • Field Treatment Sites • Trauma Cache • Patient Trackers/Tags • Gurneys	• Tents • Decontamination Systems • First Aid Trailers • Surge Cache • Wheelchairs
Transportation/Other	• Ambulance providers • Buses • Non-Medical Vehicles • Disaster Resource Center Trailers • Medical Reserve Corps (MRC)	• Blankets • Cribs/Bassinets • Mortuary Systems • Community Emergency Response Teams (CERT)
Operational Coordination*	• Department Operations Center (DOC) • Regional Disaster Medical and Health Program (RDMHC) • Regional Emergency Operations Center (REOC)	

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	• Emergency Operations Center (EOC) • Medical Health Coordination Center (MHCC) • State Operations Center (SOC) *Depending on the incident type, size, or complexity, operational coordination may differ*
Major Issues	• Mass injuries/fatalities • Damage to critical infrastructure • Shutdown of transportation system • Public messaging
Policy Questions	• Role of PIO • Standardization of care • Bed licensing • Fatality management • Diversion of patients
Suggested Plans	• MCI • Health Surge • Fatality Management

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Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(1) Assessment of immediate medical needs	1. Obtain Situation Report from Medical/Health facilities and 911 Dispatch, EMS, Law Enforcement, Public Works, Fire, Schools, Nursing Homes												
	2. Obtain from Operational Area EOC initial Situation Status Reports from Medical/Health response partners including hospitals, clinics, and skilled nursing facilities; pre-hospital transport providers (911 and non-911 providers); and 911 Dispatch												
	3. Gather information from the Operational Area EOC Planning Section and Operations Section including fire; care and shelter, law; and public works												
	4. Obtain information via social media and news media												
	5. Assess medical needs of children at schools												
	6. Ensure valid and reliable information - Validate information (check back with the source and for other reports with the same info)												
	7. Maintain coordination with the Operational Area EOC for situational awareness about the operational area response, particularly where it relates to coordination with other city agencies												
(2) Coordination of disaster medical and health resources	1. Receive, prioritize, and process resource requests from medical/health facilities, pre-hospital transport providers, EOC, Red Cross, and other agencies												
	2. Coordinate transportation of ALS/BLS ambulances												
	3. Track assigned and ordered resources (standard in FOG)												
	4. Request resources from Medical Health Coordination Center (MHCC)												
	5. Assess availability of local resources (MHOAC Resource Directory) that could be moved to meet needs												
	6. Assess Transportation EMS ALS/BLS availability												
	7. Request mutual aid as needed												
	8. Track resources [MHOAC resources, transport or supply resources requested through mutual aid or RDMHC Program, staffing and volunteer resources deployed (see #3)]												
	9. Order resources from RDMHC Program												

MHOAC Function	TASK	Command Section: DOC Director	PIO	Liaison Officer	Safety Officer	Operations Section: Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	10. Identify the need for medically fragile shelters, initiate the supply network and initiate shelter operations												
	11. Establish communications with medically fragile shelters												
	12. Initiate systems for tracking displaced residents and re-unifying households												
	13. Prepare and disseminate information about shelter locations												
	14. Identify shelter residents with special or critical conditions who cannot be served in general populations medically fragile shelters												
	15. Evaluate the ability of the road network to move people and supplies to medically fragile shelters												
	16. Deploy medical disaster volunteers (DHV, MRC,DSW)												
	17. Initiate animal shelters												
(3) Coordination of patient distribution and medical evacuations	1. Order the activation of emergency medical communications networks, such as ReddiNet or EMSystem to communicate with providers, poll hospitals, and monitor status												
	2. Review sit reps												
	3. Direct patient distribution, coordinate through priority setting and medical evaluation, and triage standards												
	4. Track patient transfers and EMS agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	5. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	6. Continuously review sit reps and online status reports for changing conditions on bed status and ED capacity												
	7. Request transportation resources from neighboring counties or RDMHC Program												
	8. Prepare to establish triage and treatment sites at clinics												

Needs Local Customization

MHOAC Function	TASK	Command Section: DOC Director	Command Section: PIO	Command Section: Liaison Officer	Command Section: Safety Officer	Operations Section: Operations Chief	Operations Section: Public Health BD	Operations Section: Medical EMS BD	Operations Section: Environ. Health BD	Operations Section: Mental Health BD	Logistics Chief	Planning Chief	Finance Chief
	9. Coordinate the movement of patients from alternate care sites back into hospitals												
(4) Coordination with inpatient and emergency care providers	1. Communicate with hospitals, ED's and urgent care to obtain accurate situational awareness for available surge beds, in coordination with mutual aid emergency management systems												
	2. Establish conference calls as needed with hospitals, SNFs, health clinics and urgent care for accurate situational awareness												
	3. Assess bed availability at hospitals & SNFs												
	4. Coordinate with hospitals activating their Surge Plan												
	5. Receive, prioritize, and process Resource Requests for inpatient care												
	6. Monitor state messages, instructions, or guidance (e.g., austere care) affecting health care and disseminate to local health partners												
	7. Assist with prioritization of medical supplies or equipment provided by vendors												
	8. Coordinate alternate care standards of practice as appropriate to prioritize and manage the patient surge and lack of resource												
	9. Monitor in-patient needs and consider options for expansion of inpatient beds, including: • Relocation of patients to other facility within or outside of county • Hospital surge bed expansion within walls or at their adjacent sites • Establish field treatment sites/alternate care sites • SNF bed capacity expansion • Establishment of Mobile Field Hospital through request to EMSA												
	10. Establish of government authorized alternate care site												
	11. Assist with in-patient relocation to other hospitals												
(5) Coordination of out-of-hospital medical care	1. Receive sit reps from clinics, urgent care, surgery centers, dialysis, home health, hospice												
	2. Receive, prioritize, and process resource orders from out-of hospital providers												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
providers	3. Be information broker—disseminate info to providers												
(6) Coordination and integration with fire agencies personnel, resources and emergency fire prehospital medical services	1. Request situation reports from fire-based EMS providers												
	2. Communicate with dispatch to gain awareness of fire field incidents involving medical care												
	3. Communicate with Operational Area EOC Fire Branch for situational awareness of current or potential fire or hazmat incidents												
	4. Request ambulance strikes teams (ASTs) from RDMHC Program												
	5. Communicate EMS transport priorities to fire medical care units												
	6. Request ambulances through mutual aid or RDMHC Program												
	7. Receive, prioritize, and process resource requests for emergency fire prehospital medical resource												
(7) Coordination of providers of non-fire based prehospital emergencymedical services	1. Request situation reports from private EMS providers												
	2. Request ambulance strike teams (ASTs) from Region II as needed												
	3. Track EMS Agency work with dispatch, ambulance providers, and hospitals to determine transport destinations												
	4. Set priorities for transport using triage standards, medical evaluation of patients, or other guides												
	5. Request transportation resources from neighboring counties or RDMHC Program as needed												
	6. Receive, prioritize, and process Resource Requests from out-of-hospital providers												
(8) Coordination of the establishment of temporary field treatment sites	1. Monitor the status of healthcare surge in the community												
	2. Communicate with hospitals, urgent care centers, clinics, and other local facilities on capacity to handle emergency care												
	3. Consider deployment of one or more Field Treatment Sites to support hospitals or extended field operations												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	4. Establish alternative transport priorities as needed, to manage surge of patients needing treatment at healthcare facilities												
	5. Deploy staff and/ or volunteers (e.g., MRC, DHV) to assist with triage or emergency medical care at field locations												
	6. Request EMSA Field Treatment Site through RDMHC Program												
	7. Establish alternate care sites to accommodate evacuated or arriving patients												
	8. Assist with expansion of facility space such as parking lots to accommodate patient surge at hospitals, clinics, UCC, or other sites. Refer to Healthcare Coalition Surge Plan for details												
(9) Health surveillance and epidemiological analyses of community health status	1. Monitor media and social media for indicators of public health concern												
	2. Conduct active, enhanced passive and passive surveillance of hospitals, community health providers, skilled nursing facilities, daycare facilities, evacuation medically fragile shelters and other sources for possible public health threats												
	3. Develop epidemiologic reports as requested by Public Health and PIO												
	4. Provide epidemiologic information to the public and media												
(10) Assurance of food safety	1. Monitor grocery stores, restaurants and other food distribution points for food safety												
	2. Ensure safe food supply for evacuation medically fragile shelters												
	3. Develop specific public messaging regarding food safety												
(11) Management of exposure to hazardous agents	1. Monitor dispatch and communicate with OP Area EOC for information about potential and current hazardous material releases												
	2. Coordinate with HAZMAT response teams												
	3. Advise on protective measures for first responders during exposures to hazardous agents during emergency response												
	4. Develop specific public messaging as necessary regarding any releases of toxic material												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(12) Provision or coordination of behavioral/mental health services	1. Anticipate increased demand for behavioral/mental health services in the community post-earthquake												
	2. Activate resources to respond to urgent psychiatric issues immediately following the earthquake												
	3. Coordinate deployment of behavioral/mental health resources within evacuation medically fragile shelters, hospitals and other areas												
	4. Request additional behavioral/mental health resources as needed from the RDMHC Program												
	5. Coordinate support for behavioral/mental health teams with Logistics												
	6. Support behavioral/mental health needs of substance abuse clients in residential facilities												
	7. Deploy resources to care homes												
	8. Deploy staff to shelter sites (ARC, FBOs, CBOs) to triage/screen residents for acute stress reactions												
	9. Provide Psychological First Aid and educate shelter staff on existing services												
	10. Address and mitigate emotional needs of community members												
	11. Prepare professional staff for potential wellness checks of at-risk populations of homeless persons												
	12. Contact Sheriff's Department to coordinate field wellness checks of homeless persons												
	13. Alert community behavioral/mental health providers of locations of medically fragile shelters for homeless populations												
	14. Maintain contact with shelter providers with special attention to people with access and functional needs, the homeless and special needs populations												
	15. Establish 24 hour telephone consultation availability to shelter staff												
	16. Focus on continuity of essential services such as medications and money for County clients												
	17. Anticipate and plan for increased demand for behavioral/mental health services in the community due to lingering impacts extending post-												

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
	incident well into recovery period												
(13) Provision of medical and health public information protective action recommendations	1. Monitor status of emergency care, ambulance services, communicable diseases, food safety, water safety, hazardous materials and vector management												
	2. Coordinate with OP Area PIO and/or JIC on message release												
	3. Develop and disseminate specific public messaging with subject matter experts for injury prevention during assessment of damage and clean up												
	4. Coordinate with OP Area PIO and/or JIC to exchange information and assure consistent messaging to public												
(14) Provision or coordination of vector control services	1. Monitor occurrence of vector-borne disease in the community												
	2. Develop specific public messaging as necessary for vector control with Environmental and PIO												
	3. Communicate with local vector control agency to monitor community impacts and receive information or mapping of affected areas												
	4. Assure vector controlled conditions at medically fragile shelters												
(15) Assurance of drinking water safety	1. Monitor availability of safe drinking water in the community												
	2. Assist with distribution of specific public messaging as necessary for drinking water safety with local water departments and PIO												
	3. Assure safe drinking water at medically fragile shelters through site visits and phone consultation												
	4. Assess damage to water systems												
(16) Assurance of the safe management of liquid, solid, and hazardous wastes	1. Monitor condition or damage to sanitary sewer systems in the community and for unexpected untreated sewage releases within existing bodies of water												
	2. Assist with distribution of specific public messaging for safe or alternate disposal of sanitary sewage, avoidance of contaminated bodies of water, in coordination with local sanitary sewer departments and PIO												
	3. Assure safe food and waste handling at medically fragile shelters through site visits and phone consultation												

Needs Local Customization

MHOAC Function	TASK	Command Section				Operations Section					Logistics Chief	Planning Chief	Finance Chief
		DOC Director	PIO	Liaison Officer	Safety Officer	Operations Chief	Public Health BD	Medical EMS BD	Environ. Health BD	Mental Health BD			
(17) Investigation and control of communicable diseases	1. Monitor hospitals, community health providers, skilled nursing facilities, evacuation medically fragile shelters, and surveillance systems for reports of communicable disease												
	2. Develop specific public messaging as necessary regarding communicable disease with Public Health and PIO												
	3. Declare local health emergencies, establish Health Officer orders, or take other Health Officer actions as needed												
	4. Investigate incidents of communicable disease												
	5. Establish disease containment measures												
	6. Coordinate with healthcare providers, pharmacies, or others on distribution and dispensing of medications												
	7. Establish medication dispensing or vaccination sites for public groups, as well as any support activities needed for public dispensing efforts such as medical warehouse or transportation												
	8. Provide phone consultation or onsite nursing assistance to medically fragile shelters												
	9. Make contact with medically fragile shelters to provide notification instruction of any suspected communicable disease activity												