

County of Orange
Health Care Agency
EMERGENCY MEDICAL SERVICES
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Orange County Emergency Medical Services (OCEMS)

Disaster Medical Response Plan

February 1, 2018

Created: 6/22/15

Updated: 9/12/16; 2/1/18

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**Orange County Emergency Medical Services (OCEMS)
Disaster Medical Response Plan**

DISCLAIMER NOTICE

This plan describes organizational structures, roles and responsibilities, policies, and protocols for providing disaster medical response. It is designed to be consistent with Homeland Security Presidential Directive (HSPS-5), the National Incident Management System (NIMS), the California Standardized Emergency Management System (SEMS), and Incident Command System (ICS) guidelines. The material presented in this publication has been written in accordance with federal and state guidelines to meet current industry standards. However, this plan cannot anticipate all possible emergency events and situations or emergency responses. Conditions will develop in operations where standard methods will not suffice and nothing in this manual shall be interpreted as an obstacle to the experience, initiative, and ingenuity of the officers in overcoming the complexities that exist under actual emergency conditions. This is a working document that will be continually updated when new requirements or conditions are developed.

CONFIDENTIAL

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This acknowledges adoption of and support for the Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan.

Signatures:

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A handwritten signature in blue ink, appearing to read "McConnell, Tammi".

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OCEMS Administrator



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**Orange County Emergency Medical Services (OCEMS)
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Record of Changes

Date of Change	Revision Made	Approved By



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**Orange County Emergency Medical Services (OCEMS)
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Disaster Medical Response Plan Rapid Plan Activation

When to activate this plan:

Whenever local or Operational Area disaster medical resources are or may be overwhelmed.

Who may activate this plan:

- Orange County Emergency Medical Services (OCEMS) Duty Officer
- Orange County Emergency Medical Services (OCEMS) Administrator or Medical Director
- Medical/Health Operational Area Coordinator (MHOAC) or designee

How to activate this plan:

This plan is activated when the Duty Officer, OCEMS Administrator or Medical Director, MHOAC, or designee determines that medical resources are or may be overwhelmed. Typically, this notification will come through the Orange County Sheriff's Department, Orange County Emergency Management Division, or through any HCA partner emergency operations center. The authorized party will determine the initial activation and staffing plan for the OCHCA EMS Department Operations Center (DOC) and/or the Health Emergency Operations Center (HEOC).



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Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

Section 1: Plan Purpose, Scope, and Assumptions

Introduction

The OCEMS Disaster Medical Response Plan (DMRP) is a support document that provides the foundation to mobilize medical/health resources, including EMS resources, for an effective response to an event, incident, or disaster that exceeds the day-to-day operations of the Medical/Health System of the Orange County Operational Area. The Medical/Health System, including all of its partners and support agencies, collaborates under this plan to prepare for, respond to, and recover from any situation that will significantly challenge that system.

Purpose of the Plan

The OCEMS Disaster Medical Response Plan (DMRP) provides procedural guidance to coordinate resources in response to any event, incident, or disaster necessitating activation of this plan. It provides the basis for OCEMS medical/health related emergency activities through all phases of events and incidents that exceed the day-to-day operations of the Medical/Health System. This plan meets the requirements of California Health and Safety Code, Section 1797.153, which outlines operational area roles and required plans. This plan identifies the responsibilities of the Medical/Health Operational Area Coordinator (MHOAC) and that position's relationship with EMS provider agencies, healthcare facilities, and other organizations and partners who comprise the Medical/Health System in Orange County.

Scope of the Plan

The Disaster Medical Response Plan is applicable to medical/health preparedness and response for all disaster incidents, regardless of type, with direct, indirect, or threatened medical/health consequences that may require medical/health resources that exceed day-to-day operations. This plan references other documents and plans for detailed information on response, guidance and policies.

This plan also references policies, procedures, and guidelines that address the seventeen requirements of California Health and Safety Code, Section 1797.153 code which defines the MHOAC program (see Appendix C for full language).

Plan Priorities

1. People whose lives are in immediate danger
2. Life-threatening injuries
3. Injured persons
4. Potential life-threatening fires, floods, leaks, etc.
5. Major threats to property or facilities
6. Restoration of essential facilities, systems and services
7. Continuity of general government services
8. Recovery of facilities
9. Recovery from the event, incident and/or disaster

These priorities may be modified when required by strategic/tactical issues faced in the response to an emergency.



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Incident Command System (ICS)

The Incident Command System (ICS) is the standardized emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. The organizational charts used, reflect these ICS principles.

Standardized Emergency Management System (SEMS)

The Standardized Emergency Management System (SEMS) is required by California Government Code, Section 8607 (a) for managing responses to multi-agency and multi-jurisdiction emergencies in California. SEMS provides a multiple-level emergency response organization, which is intended to structure and facilitate the flow of emergency information and resources within and between the organizational levels. SEMS is based on the Incident Command System. SEMS is consistent with the federal National Incident Management System (NIMS) and the National Response Framework (NRF). This plan is consistent with both state and federal level management systems.

Public Health and Medical Emergency Operations Manual (EOM)

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

Plan Activation

This plan may be activated as a result of any situation requiring the MHOAC and/or the Medical/Health Branch at the Orange County EOC to become functional to coordinate, track, plan for and support the Medical/Health System in Orange County. In addition, the plan may be activated to assist with regional or statewide responses. This plan can be activated by:

- Orange County Emergency Medical Services (OCEMS) Duty Officer
- Orange County Emergency Medical Services (OCEMS) Administrator or Medical Director
- Medical/Health Operational Area Coordinator (MHOAC) or designee

Plan Assumptions

- All EMS, local government, non-governmental organizations (NGOs) and other partners in the Operational Area will base their plans and operations on principles consistent with ICS, SEMS, and NIMS doctrine.
- All agencies, both public and private, will participate in mutual aid within the Operational Area.
- This plan is an all-risk, all hazards plan.



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Supporting Plans and Agreements

The following plans may be referenced during the prevention, preparedness, response, and recovery phases of an incident:

- OCHCA Emergency Operations Plan and other department plans
- California Public Health and Medical Emergency Operations Manual (EOM), July 2011
- Orange County Operational Area Emergency Operations Plan (EOP), August 2014
- Orange County Hospitals Mutual Aid Memorandum of Understanding (MOU)
- Relevant county Memoranda of Agreement (MOA)/Memoranda of Understanding (MOU)



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Section 2: Incident Levels, System Status, Incident Types

The purpose of this section is to provide common terminology for categorizing medical/health emergency incidents in Orange County, and throughout California. Incidents will be categorized by level to ensure clear and consistent incident descriptions on state standard Situation Status Reports.

A. Levels of Public Health and Medical Incidents

The California Public Health and Medical EOM's Disaster Medical System (DMS) uses the following classifications to define levels of public health and medical incidents. The Public Health and Medical Incident Level is based on the need for health and/or medical resources to effectively manage the incident. There are three levels (Level 1, 2 or 3) based on the need for resources:

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

The California DMS definitions are based on the level of unmet need for medical resources and patient distribution to effectively mitigate the incident; rather than the number of patients, severity of injuries, or degree of damage.

1. Level I Public Health and Medical Incident

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

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



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

2. Level II Public Health and Medical Incident

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

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

3. Level III Public Health and Medical Incident

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

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

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

B. Incident Evolution

Incidents may begin on one level and evolve to another level. These shifts may change the role, responsibility, involvement, and authority of OCEMS and the OA's medical response. Incident evolution should follow standard ICS practices for organization, communication, and Incident Action Planning. Refer to Appendix D for the transition plan from a multi-casualty incident (MCI) to Disaster Medical Response.

C. Public Health and Medical System Status

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



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

Public Health and Medical System Status

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

D. Function Specific Topics

The California Public Health and Medical EOM contains separate sections (Section II, pages 69-192) on specific types of emergencies. Each section details the major response roles of key participants in the Medical/Health System for each of the function specific topics. OCEMS may use these sections as a guide for incident specific response actions. The function-specific topics include:

- Communicable Disease



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



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Section 3: Medical/Health Disaster Partners – Concept of Operations

The Medical/Health System in Orange County is a multi-faceted and complex system composed of many public and private assets – any combination of which could be used to respond to a significant medical/health event in the county, region, or state. This section briefly describes system partners/stakeholders. They are grouped into subsets; the order in which they are listed is not a reflection of their importance to a response.

A. Orange County EMS System

The Orange County EMS System consists of Advanced Life Support (ALS) and Basic Life Support (BLS) ambulance providers, ALS first responders, hospitals, and dispatch. This system is guided and coordinated by the Orange County EMS Agency. During a multi-casualty incident (MCI) or other medical/health disaster, this system will increase its capability to provide medical treatment to patients through each organization's ability to increase its own capacity, and by possibly through early discharge and/or by referring some patients to alternate sites. In some instances, mutual aid may be requested to support response operations in Orange County, and patients may be transferred to facilities outside of Orange County.

The Orange County EMS Agency, the MHOAC, the EMS DOC and/or HEOC, and the Medical/Health Branch at the OA EOC may be activated and/or staffed to provide any system-wide coordination, command, control, and communications required during an MCI, disaster medical response, and/or other significant medical/health incident.

Advanced Life Support (ALS)

All municipal Fire Departments throughout Orange County provide engine-based Advanced Life Support (ALS) First Responder Services. During a multi-casualty incident, first responders may surge to meet medical demands by recalling staff and placing additional vehicles in service.

Ambulance Providers

Private ambulance companies currently provide both ALS and Basic Life Support (BLS) transport throughout Orange County. Ambulance providers would be expected to surge their EMS response capability by recalling staff and placing additional ambulances in service, as available and needed. HCA EMS licenses and maintains current operating information for each of the ambulance providers.

Orange County EMS Agency

The EMS Agency plans, implements, and evaluates emergency medical services throughout Orange County. During an MCI or other significant medical/health incident, the EMS Agency fulfills diverse roles, including serving as the MHOAC, modifying or creating EMS policy or protocols to meet changing situational needs, and activating and staffing the EMS DOC, HEOC, and/or Medical/Health Branch in the OA EOC.



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Communications Dispatch

There are multiple dispatch centers across Orange County. Law enforcement agencies operate primary public safety answering points (PSAPs) and fire agencies operate secondary PSAPs.

PSAP ID	Secondary PSAP- METRO NET & associated PSAPs	Comments
822	Metro Net - Metro Cities Fire Authority Communications Center	Secondary PSAP. Calls are handled by PSAP #530
530	Anaheim Police Department	PSAP
563	Brea Police Department	PSAP
728	Fountain Valley Police Department	PSAP
737	Fullerton Police Department	PSAP
680	CSU Fullerton Police Department	PSAP
739	Garden Grove Police Department	PSAP
759	Huntington Beach Police Department	PSAP
847	Newport Beach Police Department	PSAP
8257	Orange County Sheriff (Harbor Patrol/Newport Beach)	PSAP
859	Orange Police Department	PSAP
PSAP ID	Secondary PSAP - OCFA & associated PSAPs	Comments
857	Orange County Fire Authority	Secondary PSAP. Calls are handled by PSAP #858
858	Orange County Sheriff (Silverado)	PSAP
1014	UC Irvine Police Department	PSAP
768	Irvine Police Department	PSAP
876	Placentia Police Department	PSAP
948	Santa Ana Police Department	PSAP
1010	Tustin Police Department	PSAP
PSAP ID	9-1-1 Fire/EMS Dispatch combined with PSAP	Comments
672	Costa Mesa Communications Center	PSAP
778	Laguna Beach Police Department	PSAP
PSAP ID	Secondary PSAP – LA County FD & City PSAP	Comments
774	La Habra Police Department	PSAP
778	Laguna Beach Police Department	PSAP

B. Disaster Positions/Entities

Medical/Health Operational Area Coordinator (MHOAC)

The Medical/Health Operational Area Coordinator (MHOAC) is the primary coordinator and contact point for medical and health mutual aid in Orange County. This position is typically filled by the EMS Administrator, or designee. During an incident, the MHOAC is responsible for:

1. Conducting medical and health system status assessments
2. Filling medical and health mutual aid requests from within Orange County
3. Coordinating medical and health resources from Orange County sent to other jurisdictions
4. Coordinating medical and health mutual aid coming into Orange County with regional and state partners



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During an incident, the functions of the MHOAC may be delegated to more than one person. Normally, during such an event, the MHOAC and appropriate support staff are located in the EMS DOC, HEOC, and/or Medical/Health Branch at the OA EOC. Some staff may support medical/health operations remotely as the incident requires or allows.

Operational Area Emergency Operations Center (OA EOC)

The Operational Area Emergency Operations Center serves as the central coordination and communication point for the County's emergency operations. All functions of the EOC operate under an ICS and SEMS structure. OCHCA is responsible for staffing the Medical/Branch within the OA EOC. The MHOAC will likely be located at the OA EOC, if activated.

- The primary OA EOC is located at: Loma Ridge, 2644 Santiago Canyon Road, Silverado, CA 92676

The OA EOC will activate and operate as the event, incident, or disaster requires. This may be a limited activation, scaled activation, or a full activation. Depending upon the nature and severity of the incident, the EOC may be staffed for twenty-four hour operations. Until sufficient staff can be obtained, initial response personnel may staff the EOC in excess of twelve hours; therefore, all persons assigned to the EOC should be prepared and equipped for an extended response.

Medical/Health Branch at Operational Area EOC

The Medical/Health Branch is located within the Operations Section at the Orange County Operational Area EOC. The Medical/Health Branch is the primary medical and health coordination and support point in Orange County for situation assessment, resource ordering, and sending and receiving medical and health mutual aid. Normally, during an incident, the MHOAC functions are performed from the Medical/Health Branch at the Operational Area EOC.

The Medical/Health Branch of the Operations Section will develop the medical/health component of the Incident Action Plan (IAP) for each operational period for the Orange County Operational Area Coordinator. The IAP will be distributed as appropriate to all EOCs/DOCs and Medical/Health system partners.

OCHCA Health Emergency Operations Center (HEOC)

The Health Emergency Operations Center (HEOC) serves as the centralized point to manage overall Health Care Agency response to a planned event or major health emergency. The HEOC operates under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS). HEOC staff members coordinate HCA program response activities, implement HCA policy, determine the mission and priorities of response, coordinate field response operations, engage in long-range planning and coordination with outside entities, and provide direction and authority to act. The HEOC serves as the link between HCA and outside resources. The HEOC also provides the cost recovery efforts for HCA by tracking and reporting the personnel, supplies, and equipment used by various programs and service areas during response and recovery efforts.

- The HEOC is located at: 2228 Ritchey Street, Santa Ana, CA, 92705



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OCHCA EMS Department Operations Center

The EMS DOC is activated in the event of a known or suspected hospital evacuation or other significant event that may impact the integrity of the countywide EMS system. When activated, the EMS DOC establishes and maintains communications with all EMS system providers and facilities via the ReddiNet system, OA Radio, Hospital Emergency Alert Radio (HEAR), 800 MHz radio, amateur radio, MED9 radio, telephone, fax, and email. Depending on the event, communications are also established and maintained with the HEOC and the OA EOC, if activated.

- The EMS DOC is located at: 405 W. Fifth Street Suite, 301A, Santa Ana, CA 92701

C. Healthcare Facility System Partners

Hospitals

Orange County has 25 general acute care hospitals that serve as Emergency Receiving Center (ERC) Hospitals. These hospitals provide acute care to the victims of illness and/or injury, whether they present to the Emergency Department or other part of hospital grounds, or are admitted to the hospital. Hospitals are expected to surge their patient treatment capacity during multi-casualty incidents by increasing staffing, opening immediately available beds and surge beds, converting non-patient treatment space for patient treatment, and activating surge tents. Hospitals coordinate with California Department of Public Health Licensing and Certification on any surge beds or treatments areas.

Skilled Nursing Facilities (SNF) and Long Term Care (LTC) Facilities

During large and extended medical/health incidents or public health emergencies, when general acute care hospitals are overwhelmed, lower acuity patients from hospitals may be transferred to skilled nursing facilities or long term care facilities to create bed space in the acute care hospitals. Additionally, during such an incident, skilled nursing facilities and long term care facilities may provide or request resources, including medical personnel. Hospitals are expected to plan and coordinate with their local SNFs and LTCs.

Clinics

During significant medical/health incidents, the general public may seek medical care at community clinics where they are used to receiving primary care. This may be especially true when general acute care hospital emergency departments are overwhelmed. Lower acuity and ambulatory patients may be directed to clinics in order to more effectively treat a surge of patients.

D. Orange County Agencies

Orange County Health Care Agency

The Orange County Health Care Agency (HCA) maintains collaborative relationships with community and health care partners in order to serve the public health needs during an emergency. During a public health emergency or other incident with significant public health consequences, HCA may open the HEOC and any necessary Department Operations Centers (DOCs) to manage the event, including communications, coordination, and support. The HEOC will work in cooperation with the Medical/Health Branch at the EOC as appropriate during a significant



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incident. Triggers and activation levels for the HEOC and DOCs are listed in the HCA EOP Base Plan.

E. Local, Regional, and State Partners

City and Special District Emergency Operations Centers (EOC)

Cities and Special Districts use Emergency Operations Centers to manage, coordinate and respond to emergencies that are beyond the day-to-day local emergency response system's capacity. A city may activate their EOC and not request that the county activate the OA EOC. When two or more City EOCs within Orange County activate and/or a request is made, the OA EOC will initiate a limited or full scale activation to support, coordinate, manage and direct resource allocation and Operational Area priorities. Under these circumstances, based on response needs, HCA may consider activating the EMS DOC and/or HEOC.

Medical/Health Mutual Aid Region I

Orange County is a part of Mutual Aid Region I in the State of California Disaster Medical System. Region I consists of five counties along the coast, including San Luis Obispo, Santa Barbara, Ventura, Los Angeles, and Orange. Medical/Health Mutual Aid Region I is coordinated by Los Angeles County Emergency Medical Services per contract with the California Emergency Medical Services Authority.

When disaster medical response exceeds the Operational Area and requires a regional level response (resources from outside Orange County), the Orange County MHOAC will coordinate response efforts with the Region I Regional Disaster Medical Health Coordinator/Specialist (RDMHC/RDMHS). The RDMHC/S is located in the Regional Emergency Operations Center (Los Angeles County Medical Alert Center). The current RDMHC/S contact information is maintained in the OCEMS Disaster Quick Sheet, which is reviewed and updated regularly.

Additionally, the Los Angeles County Medical Alert Center (MAC) may be reached by:

- 24 hour on-call line: (562) 941-1037
- Orange County Hospital Emergency Administrative Radio (HEAR), using VMED28
- Satellite radio/phone

During major disasters, the RDMHC/S in affected and unaffected regions coordinates medical and health mutual aid at the regional level. The RDMHC role is established by statute in California Health and Safety Code, Section 1797.152.

The processes for submitting Situation Status Reports and Resource Requests from the OA level to the regional level are detailed in the Public Health and Medical Emergency Operations Manual (EOM) published in July 2011. Refer to that document for more information.

California Emergency Medical Services Authority (EMSA)

The California EMS Authority is the lead state agency for coordinating emergency medical services on a state level. The EMSA Director, or designee, is responsible for coordinating



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California's Medical Mutual Aid System, including taking action on requests for mutual aid received through regional medical coordination channels. The EMS Authority is alerted to incidents by way of a 24/7 Duty Officer Program. Along with the California Department of Public Health, EMSA staff participates in a Medical Health Coordinating Center (MHCC) during incidents which rise to a state level response. They also share responsibility for staffing of the Medical/Health Branch at the State Operations Center (SOC) and Regional Emergency Operations Centers (REOC).

- Telephone: (916) 423-0911

California Department of Public Health (CDPH)

CDPH is the lead agency for response to public health and environmental health emergencies. The CDPH Licensing and Certification Division (LCD) ensures that healthcare facilities are in compliance with licensing and operating regulations. CDPH is also alerted by way of a 24/7 Duty Officer Program. In a significant incident with both public health and medical requirements, CDPH and EMSA will closely coordinate the acquisition and application of medical and health mutual aid resources. CDPH will also provide guidance as appropriate to local health departments and EOCs.

- CDPH Contact Number: (916) 533-4370
- CDPH Licensing and Certification: (800) 228-5234

The MHOAC is required to alert both the EMSA and CDPH Duty Officers, along with the Region I RDMHS, during significant incidents. Refer to the California Public Health and Medical EOM for more information.

California Governor's Office of Emergency Services (CalOES)

The California Governor's Office of Emergency Services (CalOES) provides coordination, guidance and assistance in planning, response, and recovery to all disasters within the state. CalOES is also responsible for coordinating and making requests for federal and military mutual aid.

Resource requests for medical/health mutual aid go through two concurrent channels – the medical/health mutual aid channel from the MHOAC to the RDMHS and through the CalEOC. CalEOC is the new emergency response system supported by WebEOC technology. As of September 30, 2013, CalEOC replaces the previous Response Incident Management System (RIMS) and should be used for all response activity information. ***It is the responsibility of the MHOAC to ensure that resource requests go up through CalEOC. Information on these processes can be found in the EOM.***



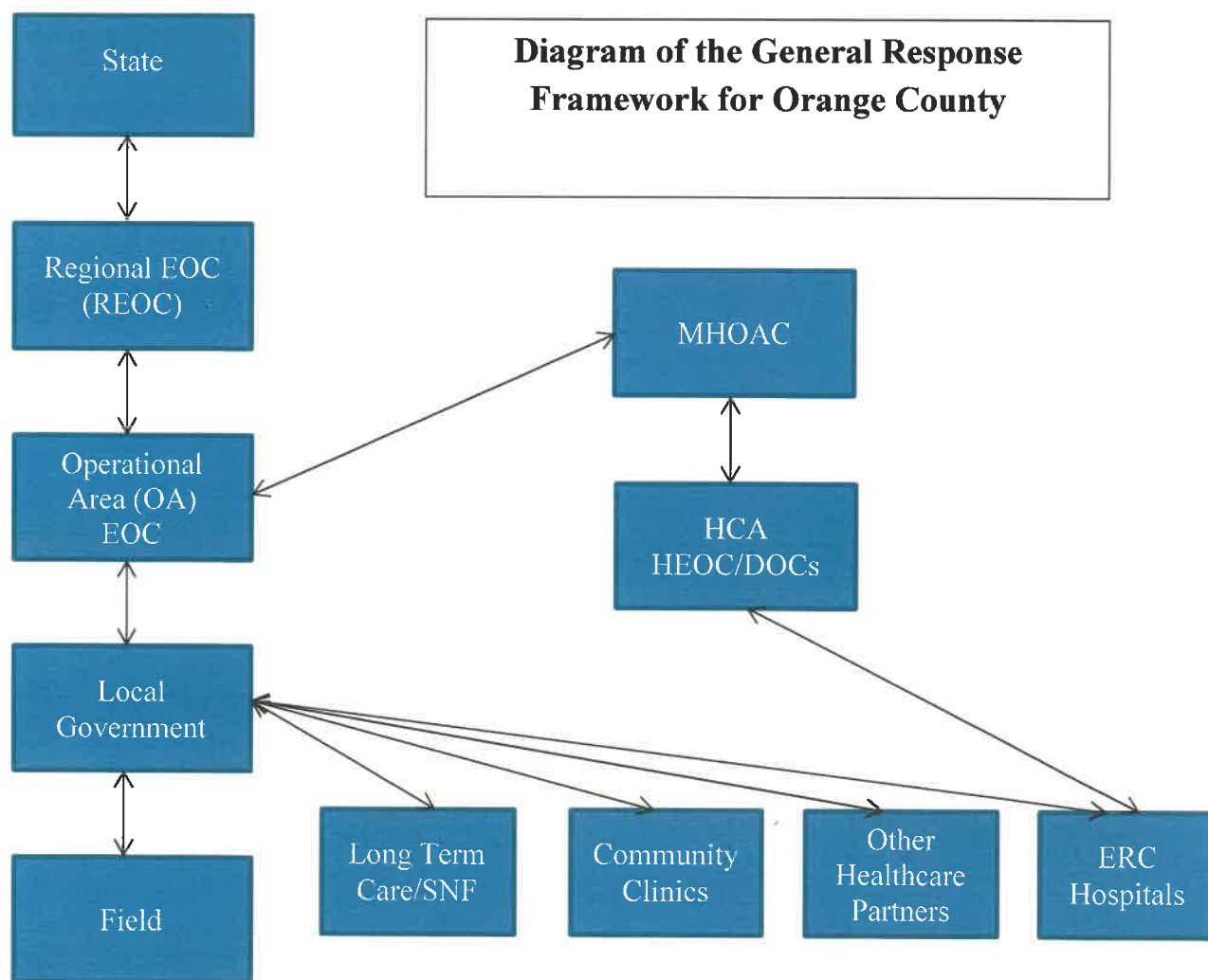
**Orange County Emergency Medical Services (OCEMS)
Disaster Medical Response Plan**

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Section 4: EMS DOC and Medical/Health System Coordination

Introduction

A significant medical/health incident can happen at any time, can happen very quickly or evolve over a period of time, can involve many resources, facilities, and entities, and can pose any number of challenges – some of which have been planned for and others that may be unforeseen. Each specific incident will be different – requiring unique solutions to each challenge. Response to a significant medical/health incident requires flexibility, decisiveness, and the ability to analyze and act on information quickly.





Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

This section outlines how the Medical/Health System coordination is structured at the EMS DOC level. Command, control, and coordination during an incident will take place at several levels such as incident command posts on scene, at individual facilities such as at a Hospital Command Center (HCC) or at the city EOC level. The primary function of the EMS DOC level response is to support operations at the HCA field and hospital levels. In addition, the EMS DOC level interacts with HEOC and OA EOC levels as appropriate.

The overarching role of the EMS DOC is:

1. Overall management and coordination of emergency medical operations
2. Assistance with hospital evacuations as requested
3. Coordination and liaison with appropriate federal, state, county, other local governmental agencies and private sector resources
4. Establishment of priorities and completion of action plans
5. Collection, evaluation and dissemination of essential information and data

Notification of OCEMS

As noted earlier in this plan, there are a number of ways in which the OCEMS can be notified that a significant medical/health incident is occurring. While each incident may be different, the primary methods for alerting the OCEMS are consistent.

EMS Duty Officer Cell Phone	EMS Duty Officer Email
714-415-8980	EMSdutyofficer@ochca.com

Activation of the EMS DOC

1. Upon notification of the need to activate the EMS DOC, the first person activated will assume the role of EMS DOC Director and activate additional people as needed
 - a. Determine which positions need to be activated within the EMS DOC
 - b. Activate the Hospital Disaster Support Communications System (HDSCS) for amateur radio support at the EMS DOC as appropriate
 - c. Activate Ambulance Resource Coordinator as appropriate
2. Facilitate EMS DOC Set Up as needed
 - a. Turn on computers, radios, and televisions as needed
 - b. Connect to WebEOC if an event is open
3. Brief incoming staff and provide staff with Job Action Sheets and appropriate role responsibilities
4. Establish operational period(s) and shift schedule(s) and conduct briefings as appropriate throughout the shift.
5. Establish security as required and ensure safe operating environment for EMS DOC staff
6. Accommodate staff needs including food, water, and shelter as required
7. Complete required documentation



Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

EMS DOC Communications

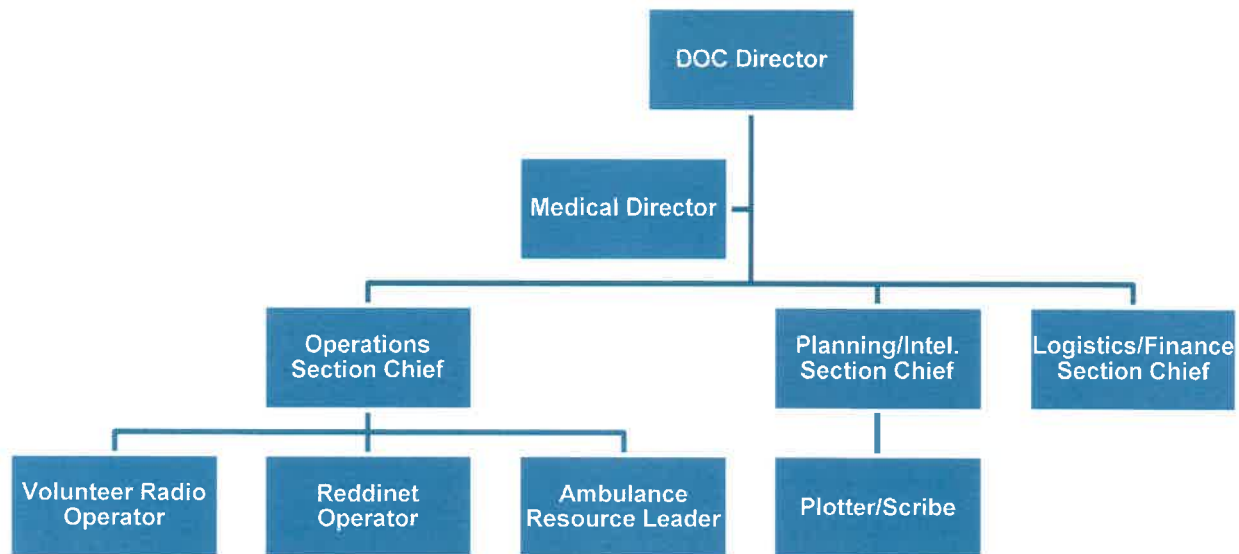
The EMS DOC is responsible for communicating both vertically and horizontally with the MHOAC, other HCA entities (e.g. HEOC) as appropriate and ERC Hospitals. The EMS DOC maintains redundant communications systems including:

System	Receiving Entities
Telephone	Emergency Receiving Center (ERC) Hospitals
Email	
Fax	
Satellite Radio/Phone	
ReddiNet	
Hospital Emergency Alert Radio	
800 MHz Radio	OA EOC
OA Radio	
MED-9 Radio	Ambulance Providers
Amateur Radio	Other amateur radios (ERC Hospitals, Ambulance, DOC/HEOC),

Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

Key EMS DOC Roles

The following roles demonstrate the key positions within the EMS DOC. Additional role-specific information can be found in the Job Action Sheets, located in the EMS DOC.



Patient Tracking

The EMS DOC maintains responsibility for events requiring patient tracking from the field to hospitals. Upon notification of the need for patient tracking:

1. The EMS DOC will activate an “MCI event” in ReddiNet
2. Hospitals are responsible for updating patient information in ReddiNet once the patient has arrived at the receiving facility
3. All ERC hospitals have access the patient information in a ReddiNet MCI event, and are able to share patient information/location for the purposes of family reunification



Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

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**Orange County Emergency Medical Services (OCEMS)
Disaster Medical Response Plan**

Section 5: Alerting, Communicating, Situation Status, and Resource Requests

Introduction

Whenever an organization within the Medical/Health System becomes aware of an incident or threat that may inundate or overwhelm the Medical/Health System, that organization should alert the EMS Duty Officer, who will notify the OCEMS Administrator and/or OCEMS Medical Director. In turn, the Duty Officer or designee will alert the Medical/Health System's partners of the incident. Contact information for the EMS Duty Officer is below:

24/7 EMS Duty Officer
(714) 415-8980
EMSDutyOfficer@ochca.com

Once the EMS DOC and/or HEOC have been activated, Medical/Health System partners will communicate directly via provided contact information.

EMSDOC Director
EMSDOCDIRECTOR@OCHCA.com
(714) 288-6906

EMSDOC Operations
EMSDOCOPS@ochca.com
(714) 288-6933

EMSDOC LOGISTICS
EMSDOCLOGIS@ochca.com
(714) 288-6957

EMS DOC Fax: (714) 834-3355

EMS DOC Satellite Phone: (877) 226-1878

EMS DOC Gmail: ocemsdoc@gmail.com

This section contains the standardized processes for ambulance providers, first responders, and hospitals to communicate with the EMS DOC during a significant incident or disaster.



**Orange County Emergency Medical Services (OCEMS)
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PUBLIC SAFETY/FIRST RESPONDERS

A. Alerting of County through Duty Officer

Public Safety Answering Points (PSAPs), both primary and secondary, should notify the EMS Duty Officer as soon as possible in the following situations:

- Any significant incident or threat that could materially impact the operations of their organization or the EMS or Medical/Health System
- Any activation of their Emergency Operations Plan and/or EOC

Process

- Contact the EMS Duty Officer via 24/7 on-call telephone (714) 415-8980
- If unable to reach the Duty Officer, contact the Orange County Sheriff's Office OCC Dispatch Center at (714) 628-7008

B. County Alerting of Public Safety/First Responders

OCEMS will alert PSAPs, as soon as possible, in the following situations:

- Any significant incident or threat that could materially impact the operations of your organization or the EMS or Medical/Health System
- Any activation of the EMS DOC, HEOC, and/or Medical/Health Branch at OA EOC

PSAPs will be alerted, using the following prioritized communication methods:

- Telephone call (Refer to Appendix A) for current contact information)

The initial alert will provide the following information:

- Incident information
- Activation status of the EMS DOC, HEOC, and/or OA EOC
- Appropriate County contact information

C. Communication with the County if the EMS DOC is not activated

If the EMS DOC is not activated, use the Section A process above to contact OCEMS

D. Communication with the County if the EMS DOC is activated

If the EMS DOC is activated, use the following prioritized methods to contact the OCEMS:

- Contact the EMS Duty Officer unless otherwise directed

E. Situation Status Reporting

These entities are not required to submit Situation Status Reports to OCHCA.

F. Resource Requests

Resource requests from these entities should be routed through Fire Mutual Aid or through the local Fire EOC.



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AMBULANCE PROVIDERS

A. Alerting of County through Duty Officer

Ambulance Providers must notify the EMS Duty Officer as soon as possible in the following situations:

- Any significant incident or threat that could materially impact the operations of the EMS or Medical/Health System

Process

- Contact the EMS Duty Officer directly via 24/7 on-call telephone (714) 415-8980
- If unable to reach the Duty Officer, contact the Orange County Sheriff's Office OCC Dispatch Center at (714) 628-7008

B. County Alerting of Ambulance Providers

OCEMS will alert ambulance providers, as soon as possible, in the following situations:

- Any significant incident or threat that could materially impact the operations of ambulance providers or the EMS or Medical/Health System – including situations in which resources may be used in roles other than routine business (i.e. 911 transports or medical mutual aid)
- Any activation of the EMS DOC, HEOC and/or Medical/Health Branch at the OA EOC

Ambulance providers will be alerted, using the following prioritized communication methods:

- Telephone call to Dispatch Center
- ReddiNet/email
- MED-9
- CAHAN

The initial alert will provide the following information:

- Incident information
- Activation status of EMS DOC, HEOC, and/or OA EOC
- Appropriate County contact information

C. Communication with the County if the EMS DOC is not activated

If the EMS DOC is not activated, use the Section A process above to contact OCEMS

D. Communication with the County if the EMS DOC is activated – Schematic (P.26)

E. Situation Status Reporting

When activated, the EMS DOC will request Situation Status from Ambulance Provider Dispatch Centers to determine operational status. The Ambulance Resource Coordinator position or designee will facilitate this through the following mechanisms:

- Telephone
- ReddiNet
- CAHAN



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- MED9 call to Dispatch

F. Resource Requests (Medical/Health)

If ambulance providers require medical and health resources, including staff, equipment, and supplies, and have exhausted routine ordering channels, they may contact the EMS DOC (if activated) to request additional resources, using the ICS 213RR Resource Request Form (Appendix B)

The ICS 213RR Resource Request Form should be submitted using the following prioritized methods if the EMS DOC is activated:

- Email to EMS DOC Logistics, EMSDOCLOGIS@ochca.com
- Fax to EMS DOC at (714) 834-3355

G. Resource Requests (Non-Medical and Health)

Request for non-medical resources should be routed through the local City Emergency Operations Center. If the organization is located within an unincorporated area, non-medical resource requests should be routed through the appropriate branch at the OA EOC.



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EMERGENCY RECEIVING CENTERS

A. Alerting of County through Duty Officer

Hospitals must notify the EMS Duty Officer as soon as possible in the following situations:

- Any significant incident or threat that could materially impact the operations of their facility or the EMS or Medical/Health System
- Any activation of their Emergency Operations Plan and/or Hospital Command Center (HCC)

Process

- Contact the EMS Duty Officer directly via 24/7 on-call telephone (714) 415-8980
- If unable to reach the Duty Officer, contact the Orange County Sheriff's Office OCC Dispatch Center at (714) 628-7008

B. County Alerting of Hospitals

OCEMS will alert the hospital, as soon as possible, in the following situations:

- Any significant incident or threat that could materially impact the operations of the facility/organization or the EMS or Medical/Health System
- Any activation of the EMS DOC, HEOC and/or Medical/Health Branch at the OA EOC

Hospitals will be alerted, using the following prioritized communication methods:

- ReddiNet
- Telephone call to HCC, Emergency Department, or individual designee
- Telephone call to Facility Emergency Preparedness Manager
- Telephone call to Facility Nursing Supervisor
- Amateur radio (Hospital Disaster Support Communications System (HDSCS))
- CAHAN
- 800 Megahertz radio
- HEAR Radio

The initial alert will provide the following information:

- Incident information
- Activation status of the EMS DOC, HEOC, and/or OA EOC
- Appropriate County contact information

C. Communication with the County if the EMS DOC is not activated

If the EMS DOC is not activated, use the Section A process above to contact OCEMS

D. Communication with the County if the EMS DOC is activated – Schematic (P.25)



Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

County of Orange
Health Care Agency
Emergency Medical Services

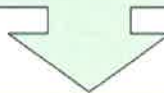
CONTACTING THE EMS DEPARTMENT OPERATIONS CENTER

This procedure is to be used when the EMS DOC is activated during a local or statewide emergency.
For non DOC activations you can use the information in the bottom gray box.

First Method:

Hospitals should use one of the following primary methods in which to communicate with OCEMS.

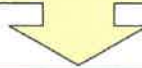
- ReddiNet
- Email: emsdoclogis@ochca.com
- EMS DOC Logistics Phone: 714-288-6954
- EMS DOC Fax: 714-834-3355



Second Method:

Hospitals may contact the EMS DOC via the Operations telephone or email if unsuccessful with the first method.

- Operations: 714-288-6933
- EMS DOC Ops Email: emsdocops@ochca.com



Third Method:

Hospitals may contact the EMS DOC via one of the communication methods below.

- Hospital Emergency Administrative Radio (HEAR)
- 800 MHz Radio (contact us on Silver 1)
- Amateur Radio (HAM)
- If the internet is down you can use the ReddiNet satellite terminal to email us at ocemsdoc@gmail.com

Non-DOC Activations:

- During Normal Business Hours: 714-834-3500 (option "0")

After Hours

- EMS Duty Officer 714-415-8980
- Orange County Communication 714-628-7008

****Updated 09/11/2016****



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E. Situation Status Reporting

When the EMS DOC is activated, as soon as possible after notification (or initial awareness) of any significant incident or threat that could materially impact the operations of the organization or the Medical/Health System, hospitals are expected to immediately:

1. Update HAvBED and current census information in ReddiNet
2. Update Service Level in ReddiNet
3. Complete ReddiNet Assessment Poll(s)

Based on event information needs, the EMS DOC may also request a completed Facility System Status Report (HICS 251) be submitted using the following prioritized methods:

- Email the completed form to EMS DOC Logistics, EMSDOCLOGIS@ochca.com
- Fax in 714-834-3355

F. Resource Requests (Medical/Health)

If a hospital(s) requires medical and health resources, including staff, equipment, and supplies, and have exhausted routine ordering channels, the facility should contact the EMS DOC when activated to request additional resources, using the ICS 213RR Resource Request Form (Appendix B)

The ICS 213RR Resource Request Form should be submitted using the following prioritized methods if the EMS DOC is activated:

- Email to EMS DOC Logistics, EMSDOCLOGIS@ochca.com
- Fax to EMS DOC at (714) 834-3355

G. Resource Requests (Non-Medical and Health)

Request for non-medical resources should be routed through the local City Emergency Operations Center. If the hospital is located within an unincorporated area, non-medical resource requests should be routed through the appropriate branch at the OA EOC. The hospital will be provided with the appropriate contact information upon activation of the OA EOC, and should not contact the Operational Area Medical/Health Branch to request non-medical resources. The Medical/Health Branch may provide assistance however if the hospital is unable to contact a local or OA EOC.



**Orange County Emergency Medical Services (OCEMS)
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Section 6: Situation Status Reporting

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

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

The MHOAC is expected to follow the minimum data elements outlined in the EOM, and to:

- Within two hours of incident recognition, submit the initial Medical and Health Situation Report.
- Provide updated Medical and Health Situation Reports as follows:
 - Once during each operational period at agreed upon times;
 - In response to significant changes in status, prognosis or actions taken; and
 - In response to Region/State request as communicated by the RDMHC Program.
- Maintain the Medical and Health Situation Report information as a part of the incident historical document file.

The County is responsible for processing the local Situation Report form, including acknowledgement of receipt, and for collating information on an OA level for local coordination purposes and for submission to regional and state entities as appropriate and required. The process for submitting situation status information from the OA level to regional and state levels is documented in detail in the Public Health and Medical Emergency Operations Manual (July, 2011). The EOM may be accessed through the following web address:

<https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>

As above, Medical/Health System stakeholders and partners should submit local Status Report forms as soon as possible at the beginning of an incident. The County may ask for additional updates and/or may specify pre-arranged times or intervals for submission of reports. Timely submission of these reports should be a priority for every participant in the Medical/Health System. Situation status information is closely aligned with resource requests; resource requests are covered in the next section.



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Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

Section 7: Resource Requesting

The ability of the Medical/Health System to conduct operations and perform essential services during emergencies may be affected by a lack of available resources at the stakeholder/partner or OA level. Resources include equipment (including ambulances), personnel and supplies. Each of the Medical/Health System partners in Orange County should understand the processes used to request resources during emergencies. Familiarization with these processes will expedite the mobilization and delivery of available resources allowing for a more effective response to the incident.

This section documents the process for requesting medical and non-medical resources during a large scale emergency and/or disaster (F and G in each stakeholder subsection). This section describes the local form to be used and provides general guidance on how to use the form most effectively. Additional information is contained in the OCHCA EOP, MHOAC Annex.

Requesting Medical/Health Related Resources

Medical/Health System stakeholders and partners in Orange County are expected to use the ICS 213RR Resource Request Form (Appendix B). Before submitting the form, applicable stakeholders are expected to confirm the following pre-requisites:

- 1) Do you have an immediate and significant need?
- 2) Have you exhausted your supply, or is exhaustion imminent?
- 3) Have you checked with your internal, corporate supply chain, and/or local jurisdiction partners?
- 4) Have you checked for availability of supplies with your normal external vendors and “new” vendors to procure material?

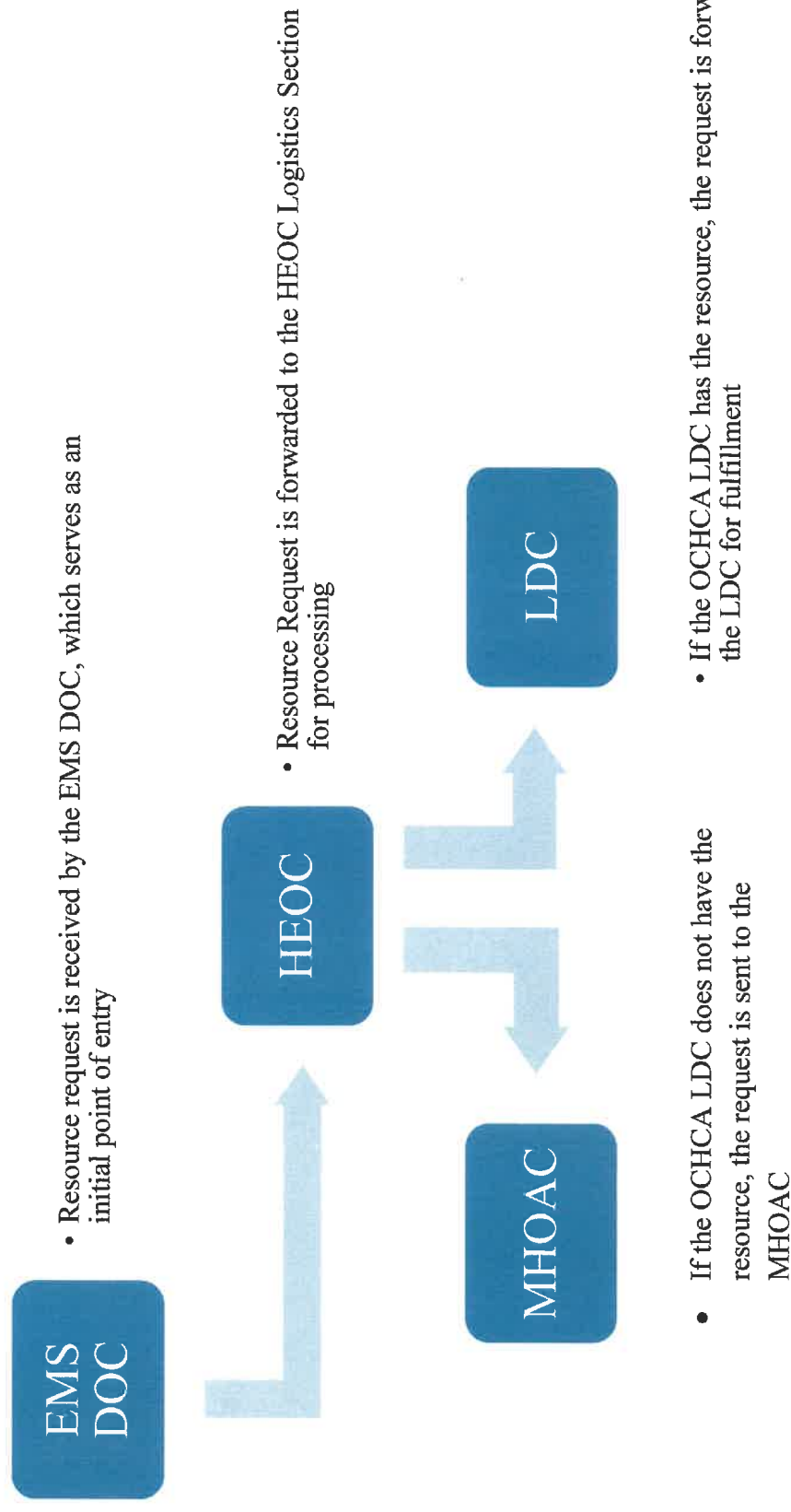
Once the above questions have been answered and the need still exists, applicable stakeholders can complete the ICS 213RR Resource Request Form to request medical/health resources.

- Stakeholders should be reminded to fill out the form as completely as possible and to specify if generics can be substituted
- The form can be filled out electronically and submitted via email to EMSDOCLOGIS@ochca.com or printed out, filled in manually, and faxed to the EMS DOC at (714) 834-3355. *The electronic version is preferred.*

Upon receiving the resource request, the EMS DOC will:

- Send confirmation of receipt to the requesting facility
- Forward the request to the HEOC Logistics Section for processing
- If the OCHCA Local Distribution Center (LDC) Warehouse has the resource, the HEOC Logistics Section will forward to the request to the LDC Warehouse for fulfillment
- If the OCHCA Local Distribution Center (LDC) Warehouse does not have the resource, the HEOC Logistics Section will forward to the request to the MHOAC for processing.

Resource Request Process Flow in Orange County





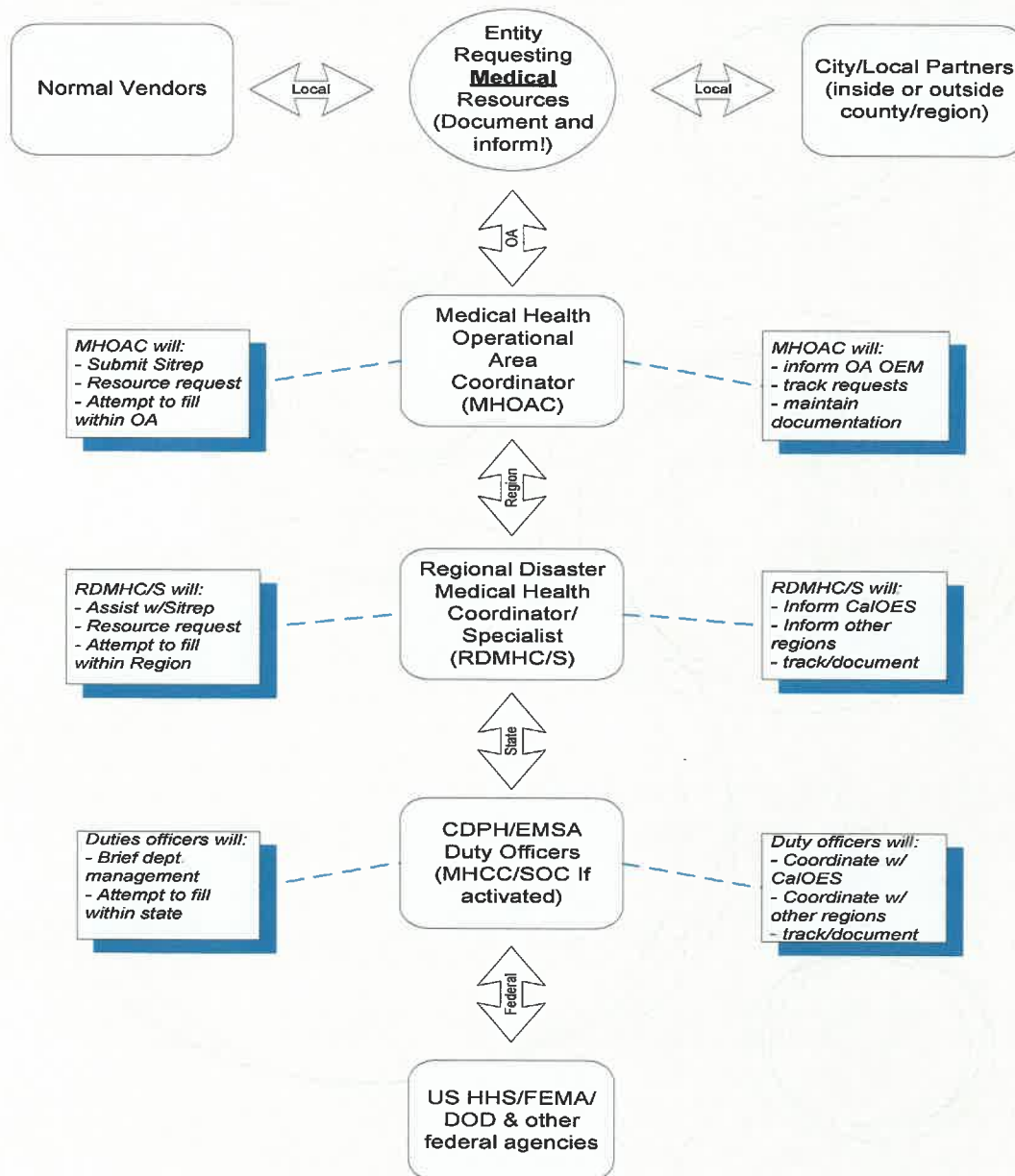
Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

The County is responsible for processing the local Resource Request form, including acknowledgement of receipt, and for collating resource requests on an OA level for local coordination purposes and for submission to regional and state entities as appropriate and required. The process for submitting resource requests from the OA level to regional and state levels is documented in detail in the Public Health and Medical Emergency Operations Manual (July, 2011) and therefore is not included in this plan. For reference, the EOM may be accessed through the following web address:

<http://www.emsa.ca.gov/disaster/files/EOM712011.pdf>

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The following flow chart demonstrates the Resource Request Process Flow if the resource is unable to be fulfilled by OCHCA and must be elevated to the MHOAC. *(Graphic provided by Region 1 RDMHS, 2015)*





Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

Requesting Non-Medical and Health Resources

Requests for non-medical resources should be routed through the agency/facility's City Emergency Operations Center. If the organization is located within an unincorporated area of Orange County, the non-medical resource requests should be routed through the appropriate branch at the OA EOC.



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Appendix A: Emergency Medical Dispatch Agencies

City	24 hour non-emergency contact number	Contact	Phone	Type of dispatch	Category response	Training program used
Costa Mesa P/F 79 Fair Drive Costa Mesa, CA 92821	(714) 754-5252	Cherie Pittington cpittington@ci.costa-mesa.ca.us	(714) 754-5060 fax: (714) 754-4911	Primary PSAP	Priority dispatching	OCFA
Laguna P/F 505 Forest Avenue Laguna Beach, CA 92651	(949) 497-0356	Kristen Berry (PD) kberry@lagunabeachcity.net	(949) 497-0399 fax: (949) 497-0772	Primary PSAP	Priority dispatching	OCFA
Los Angeles County Fire Command & Control 1320 N. Eastern Avenue Los Angeles, CA 90063-3244	(323) 881-6183	Brian Web bweb@fire.lacounty.gov	(323) 881-2344 fax: (323) 881-6100	Secondary PSAP	Priority dispatching	created own
MetroNet Fire Authority ** 201 S. Anaheim Blvd. #302 Anaheim, CA 92805	(714) 765-4079	Gary Gionet gary@metronetfire.com	(714) 765-4077 fax: (714) 765-4074	Secondary PSAP	Priority dispatching	Medical Priority Dispatch
OCFA 1 Fire Authority Road Irvine, CA 92602	(714) 573-6522	Phil Johnson phillipjohnson@ocfa.org	(714) 573-6551 fax: (714) 368-8830	Secondary PSAP	Priority dispatching	OCFA



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**** Participating fire departments in MetroNet:** Anaheim, Brea, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, Newport Beach, Orange

Public Safety Answering Point (PSAP) Groupings

Type of PSAP	Number in Orange County, CA	Group
Primary PSAP (receives 9-1-1 calls directly from the public)	23	19 city police: (Anaheim, Brea, Costa Mesa, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, Irvine, La Habra, Laguna Beach, Newport Beach, Orange, Placentia, Santa Ana, Tustin, Westminster, and West-Comm (cities of Cypress, Los Alamitos and Seal Beach)) 1 County (Sheriff) 3 State (California Highway Patrol, Cal State-Fullerton, UC Irvine)
Secondary PSAP (9-1-1 calls are transferred from another entity)	3	MetroNet Fire Authority, serving the cities of: Anaheim, Brea, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, Newport Beach, Orange; Orange County Fire Authority, serving 19 cities: Aliso Viejo, Buena Park, Cypress, Dana Point, Irvine, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, La Palma, Los Alamitos, Mission Viejo, Placentia, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, Santa Ana, Stanton, Tustin, Villa Park, Westminster, Yorba Linda, and the unincorporated areas of Orange County; and the Los Angeles County Fire Department, which serves the city of La Habra in Orange County



Appendix B: OCHCA Resource Request Form (213RR)

February 2018



Orange County Emergency Medical Services (OCEMS)
Disaster Medical Response Plan

Appendix C: Applicable Laws and Statutes

California Health & Safety Code Division 2.5 Chapter 3. State Administration Article 4. Medical Disasters

§1797.151 (Coordination of Disaster Preparedness)

The authority shall coordinate, through local EMS agencies, medical and hospital disaster preparedness and other local, state, and federal agencies and departments having a responsibility relating to disaster response, and shall assist the Office of Emergency Services in preparation of the emergency medical services component of the State Emergency Plan as defined in Section 8560 of the Government Code. (Amended by Stats. 2013, Ch. 352, Sec. 334. Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

§1797.152 (Regional Disaster Medical & Health Coordinator)

(a) The director and the State Public Health Officer may jointly appoint a regional disaster medical and health coordinator for each mutual aid region of the state. A regional disaster medical and health coordinator shall be an administrator of a local EMS agency, or a medical director of a local EMS agency. Appointees shall be chosen from among persons nominated by a majority vote of the local health officers in a mutual aid region.

(b) In the event of a major disaster which results in a proclamation of emergency by the Governor, and in the need to deliver medical or public and environmental health mutual aid to the area affected by the disaster, at the request of the authority, the State Department of Public Health, or the Office of Emergency Services, a regional disaster medical and health coordinator in a region unaffected by the disaster may coordinate the acquisition of requested mutual aid resources from the jurisdictions in the region.

(c) A regional disaster medical and health coordinator may develop plans for the provision of medical or public health mutual aid among the counties in the region.

(d) No person may be required to serve as a regional disaster medical and health coordinator. No state compensation shall be paid for a regional disaster medical and health coordinator position, except as determined appropriate by the state, if funds become available. (Amended by Stats. 2013, Ch. 352, Sec. 335. Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

§1797.153 (Medical Health Operational Area Coordinator).

(a) In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fulfill these responsibilities. If an operational area has a MHOAC, the MHOAC in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services (OES), shall be responsible for ensuring the development of a medical and health disaster plan for the operational area. The medical and disaster plans shall follow the Standard Emergency Management System and National Incident Management System. The MHOAC shall recommend to the operational area coordinator of the Office of Emergency Services a medical and health disaster plan for the provision of medical and health mutual aid within the operational area.



Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

(b) For purposes of this section, “operational area” has the same meaning as that term is defined in subdivision (b) of Section 8559 of the Government Code.

(c) The medical and health disaster plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code, and, at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:

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

(d) In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the OES operational area coordinator in the coordination of medical and health disaster resources within the operational area, and be the point of contact in that operational area, for coordination with the RDMHC, the OES, the regional office of the OES, the State Department of Public Health, and the authority.

(e) Nothing in this section shall be construed to revoke or alter the current authority for disaster management provided under either of the following:

- (1) The State Emergency Plan established pursuant to Section 8560 of the Government Code.
- (2) The California standardized emergency management system established pursuant to Section 8607 of the Government Code.

California Health & Safety Code Division 2.5 Chapter 4. Local Administration Article 1. Local EMS Agency

§1797.220 (Local Medical Control Policies, Procedures).

The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements. (Amended by Stats. 1988, Ch. 1390, Sec. 5.)



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EMSA #214: Disaster Medical Systems Guidelines
EMSA #218A: California Disaster Medical Response Plan
OCEMS Plan Standards for Disaster Medical Response



Orange County Emergency Medical Services (OCEMS) Disaster Medical Response Plan

Appendix D: Transition Plan

This transition plans serves to describe the transition from a multi-casualty incident (MCI) to Disaster Medical Response.

In Orange County, per the OCEMS Policy #900, the activation of the MCI response plan occurs when fire service responders implement the Orange County Fire Services Operational Area Plan Annex Multi-Casualty Incident Plan.

- The MCI plan is scalable
- During an MCI, operational management is maintained at the scene of the incident
- The MCI plan is used to coordinate field-level ICS and base hospital response
- ReddiNet may be used as a means for a base hospital to coordinate hospital capacity and communications

The evolution of an incident and the activation of related plans are based on the event response needs. The transition from an MCI to Disaster Medical Response would be seamless; MCI operations wouldn't simply end, but based on resource needs and the expansion of involved response partners, the response continuum would evolve to activate the disaster medical response infrastructure. This Disaster Medical Response Plan would be activated in coordination with the MCI plan, as needed.

The Disaster Medical Response Plan would be activated during an MCI event, if the event escalates and the decision is made to activate the OCHCA EMS DOC and/or HEOC in order to:

- Facilitate connectivity
- Support redundant communications
- Coordinate resources and transfers
- Link to regional resources

The need to transition from MCI to Disaster Medical Response is not based solely on the number of victims in any one event, but instead on the need for resources and coordination by the EMS DOC.



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Appendix E: Hospital Mutual Aid MOU (6/6/14)

Located at: Y:\Disaster, DOC, Communications, HPP\EMS DOC\Library\Hospital Mutual Aid MOU – FINAL – 6-6-14



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Appendix F: Inter-Region Agreement (Regions I & VI)

Located at: Y:\Disaster, DOC, Communications, HPP\EMS DOC\Library\Inter Region Cooperative Agreement for Emergency Medical & Health Disaster



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