

BE PREPARED CALIFORNIA

Interim California Disaster Health Operations Manual

October 2009



ARNOLD SCHWARZENEGGER

Governor





MARK B HORTON, MD, MSPH
Director



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Governor

October 6, 2009

Dear Colleague:

We are pleased to introduce the **Interim California Disaster Health Operations Manual (CDHOM)**, an important document in strengthening California's environmental and public health emergency response system. This interim manual provides procedures for two key response priorities: Information Management and Resource Management.

CDHOM

The purpose of the CDHOM is to provide guidance to local health departments (LHDs) on responding to disasters that require resources outside the response capability of the Operational Area. All LHDs in California have responsibility to respond to environmental and public health emergencies in a rapid, efficient and coordinated manner to reduce morbidity and mortality. While each LHD determines the procedures it will use when responding within its Operational Area, a common operational framework supports effective communication when LHDs communicate with regional and State partners and request resources outside the Operational Area. Similarly, local emergency medical services agencies determine the procedures to use in responding within their Operational Area.

A statewide CDHOM Workgroup comprised of representatives from State and local environmental health, public health, emergency medical services and emergency management agencies as well as Regional Disaster Medical Health Specialists is working on development of the CDHOM. Once fully developed, the CDHOM will address common, cross-cutting response elements and provide specific information on obtaining assistance outside the Operational Area for each environmental and public health function (e.g., drinking water, epidemiology and surveillance, vector control, etc). In 2010, CDHOM and the California Disaster Medical Operations Manual (CDMOM) will be integrated into a combined California Disaster Medical and Health Operations Manual (CDMHOM), further unifying environmental health, public health and emergency medical services during disaster response.

Interim CDHOM on Situation Reporting and Resource Management

Following the April/May 2009 H1N1 response, the CDHOM Workgroup recommended that an Interim CDHOM focusing on Information Management and Resource Management be issued at this time in order to provide a standardized framework for situation reporting to the regional and

Release of Interim CDHOM

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State level and procedures for requesting resources when they are not available within the Operational Area. Procedures for requesting resources include the pre-allocated resources maintained by CDPH for LHDs.

The Interim CDHOM was effective October 1, 2009, and is in use in the Joint Emergency Operations Center operated by the Department of Public Health and Emergency Medical Services Authority. Trainings for State and local agencies are scheduled through October. We are requesting that all State and local agencies implement the Interim CDHOM no later than November 1, 2009, as the data elements and processes for all public health and medical emergency situation reports and resource requests emanating from an Operational Area will now follow the processes provided in this interim manual.

We anticipate that as you use the Interim CDHOM, you will have experiences that will be valuable to share. Please submit feedback on your successes and challenges with the Interim CDHOM to CDHOM_Feedback@cdph.ca.gov.

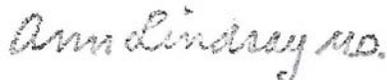
Sincerely,



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INTRODUCTION

Purpose and Scope

All local health departments in California have a responsibility to respond to environmental and public health emergencies in a rapid, efficient and coordinated manner to reduce morbidity and mortality. The purpose of the California Disaster Health Operations Manual (CDHOM) is to provide a common operational framework, including performance guidelines, for the environmental and public health emergency response system. A common operational framework supports the ability of local jurisdictions to effectively communicate with regional and State partners and more efficiently request resources if needed during emergencies.

CDHOM references processes and procedures from the Operational Area level to the State level and is not intended to direct operations or the utilization of resources within the Operational Area.

CDHOM is the result of input from a statewide CDHOM Workgroup, including representatives of State and local environmental health, public health, emergency medical services, emergency management and Regional Disaster Medical Health Specialists. Representatives of the California Department of Public Health (CDPH), Emergency Medical Services Authority (EMSA), and California Emergency Management Agency (Cal EMA) have been integrally involved in this process.

During the development of CDHOM, the initial 2009 H1N1 response led the CDHOM Workgroup to recommend the accelerated development of Interim CDHOM, focusing on two response priorities, Information Management and Resource Management.

Once fully developed, CDHOM will address an expanded number of common, cross-cutting response elements in addition to a comprehensive review of the emergency response roles and capabilities of the many environmental and public health disciplines (e.g., drinking water, epidemiology and surveillance, vector control, etc).

CDHOM and the California Disaster Medical Operations Manual (CDMOM) will be integrated into a combined California Disaster Medical and Health Operations Manual (CDMHOM) in 2010, further supporting the Public Health and Medical Emergency Function (EF) through the development of standardized systems.

The guidelines contained in CDHOM should be implemented as soon as possible, but no later than November 1, 2009.



Intended Audience

The intended audience for CDHOM includes:

- Local Health Departments (LHDs);
- Environmental Health Departments;
- Local Emergency Medical Services Agencies (LEMSAs);
- Medical and Health Operational Area Coordinator (MHOAC) Programs;
- Regional Disaster Medical Health Coordinator (RDMHC) Programs;
- Regional Disaster Medical Health Specialist (RDMHS) Programs;
- California Department of Public Health (CDPH);
- Emergency Medical Services Authority (EMSA);
- California Emergency Management Agency (Cal EMA);
- Local Emergency Managers;
- Local Emergency Preparedness Coordinators, including
 - Public Health Emergency Preparedness Coordinators
 - Pandemic Influenza Coordinators
 - Hospital Preparedness Program Coordinators
- Healthcare Facilities, including but not limited to Hospitals, Clinics, and Skilled Nursing Facilities;
- State Agencies with Disaster Response Roles;
- Non-Governmental Organizations (NGOs) with Disaster Response Roles;
- Community Based Organizations (CBOs) with Disaster Response Roles; and
- Other Entities Involved in Environmental and Public Health Disaster Response.

CDHOM Conforms to State of California Emergency Management Principles

CDHOM conforms to emergency management principles contained in State and federal law, including:

- Standardized Emergency Management System (SEMS)/National Incident Management System (NIMS);
- State Emergency Plan (SEP); and
- Master Mutual Aid Agreement (MMAA).

and prioritizes conformance with related documents, including:

- Firescope;
- CDPH Standards and Guidelines for Healthcare Surge During Emergencies; and
- California Disaster Medical Operations Manual (CDMOM).



Medical and Health Coordination

Medical and Health Operational Area Coordinator (MHOAC) Program

Within the Operational Area, the Medical and Health Operational Area Coordinator (MHOAC) develops a medical and health disaster plan and coordinates information and resources during emergencies (see Appendix A). It has long been recognized that the medical and health coordination function is accomplished by numerous persons, at various locations and possibly by varying organizations. CDHOM recognizes the challenges that this presents and recommends the development of a MHOAC program within a jurisdiction. The MHOAC program accomplishes the activities of medical and public health mutual aid coordination at the direction of the designated MHOAC. The MHOAC Program is the point-of-contact with the regional medical and health coordination program (described in the next section), CDPH, and EMSA.

Regional Disaster Medical and Health Coordinator and Specialist (RDMHC and RDMHS) Program

Within each mutual aid region, the Regional Disaster Medical and Health Coordinator (RDMHC) coordinates disaster information and medical and health mutual aid and assistance within that region or in support of another affected region (see Appendix B). Within each mutual aid region, a Regional Disaster Medical and Health Specialist (RDMHS) assists the RDMHC with planning and disaster response. The combined RDMHC/S Program is the point-of-contact for MHOAC Programs within the mutual aid region, CDPH and EMSA.

Expectations of Operational Areas

CDHOM focuses on providing assistance to the Operational Area when an incident overwhelms the ability of the Operational Area to manage issues of environmental and public health concern. CDHOM considers the variability in organization, governance, operational policies and protocols, and disaster response capabilities in individual jurisdictions and focuses only on the essential response elements when the Operational Area requires assistance.

Each Operational Area is expected to do the following to facilitate this process:

- Designate a Medical Health Operational Area Coordinator (MHOAC) and establish a functional MHOAC Program considering the need for trained backup personnel during emergencies.
- Identify a 24/7/365 Point-of-Contact (POC).
- Ensure that all MHOAC functions are met (see Appendix A).
- Maintain a directory of environmental and public health resources, including equipment, supplies, personnel and facilities within or available to the Operational Area.



- Assist with the identification and delivery of medical and health mutual aid within the Operational Area through the MHOAC Program.
- Provide situational information consistent with SEMS and CDHOM guidance.
- Follow resource requesting procedures consistent with SEMS and CDHOM guidance.



INFORMATION MANAGEMENT

Introduction

The need to communicate effectively with horizontal and vertical response partners is paramount during disasters. Effective communication between partners allows a common operating picture to be established and updated as needed. Timely, reliable and accurate information is needed to support situational awareness and decision-making at all levels of emergency management. Situational awareness is the ability to identify, process, and comprehend the critical elements related to an event and their impact to construct a common operating picture to support decision making. Situational status, resource needs, and the capacity to respond must be communicated efficiently to all partners.

This section addresses the information flow between relevant environmental and public health partners and the emergency management structure at the Operational Area, regional and State levels. Three operating conditions and the thresholds that signal escalation are described: Day-to-Day Activities, Unusual Events, and Emergency System Activation. In addition, the minimum data set to be reported in a Medical and Health Situation Report is established and a sample Situation Report is included that may be employed for this purpose.

Information Sharing During Day-to-Day Activities

In environmental and public health, information routinely flows between private partners, local environmental and public health programs, and State agencies. This daily flow of information supports program coordination to comply with statutory and regulatory requirements. When an operational problem occurs within the realm of ordinary business, the necessary relevant information is communicated to the appropriate local and State programs (see Figure 1).

Increased Information Sharing During Unusual Events

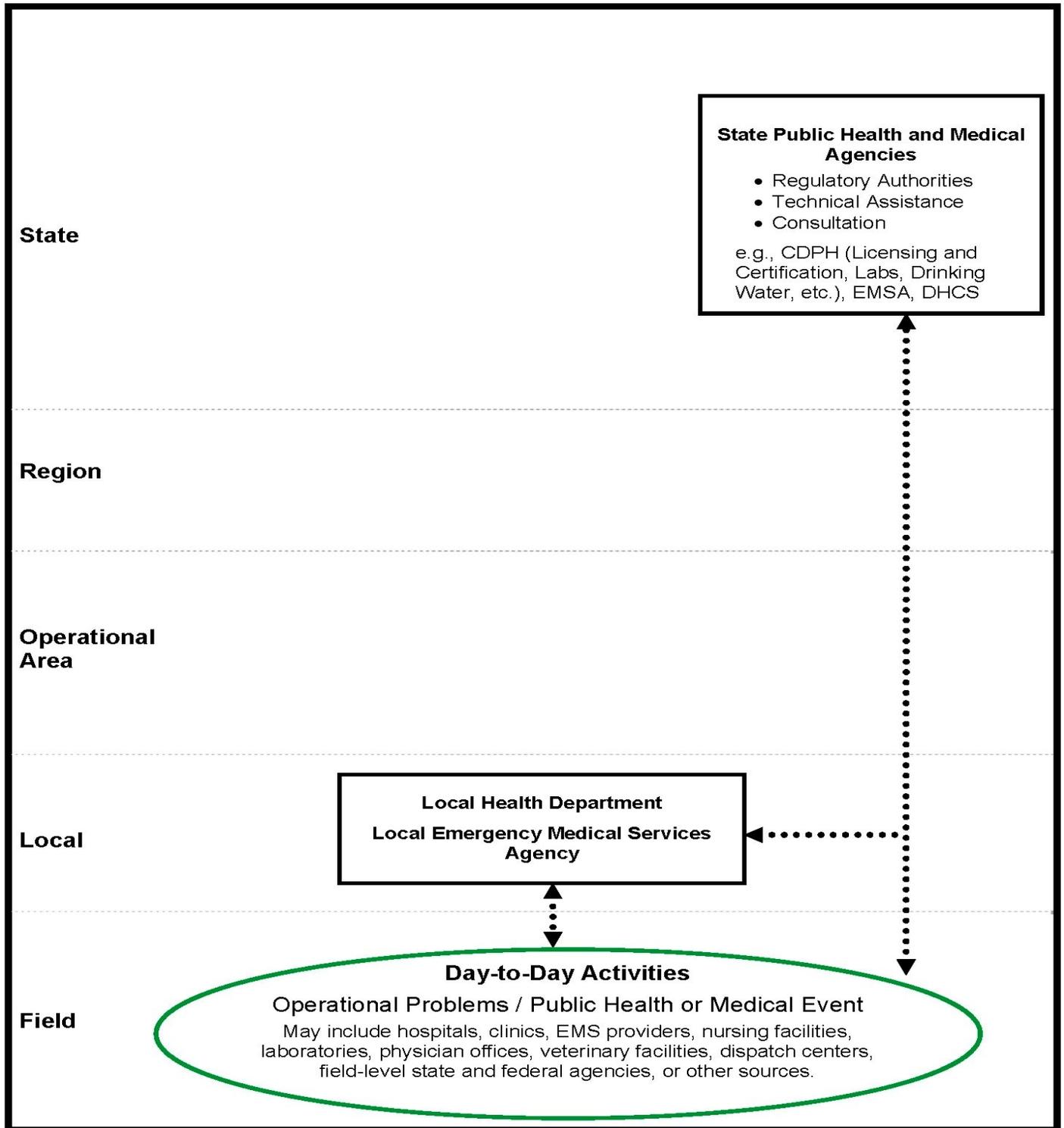
Unusual events occur that do not rise to the level of an emergency but warrant increased situational awareness and notification of partners (see Figure 2). An unusual event may be self-limiting or continue to evolve, prompting emergency system activation.

The thresholds that prompt transition from routine, day-to-day information flow to enhanced information sharing associated with unusual events include:

- The incident significantly impacts public health (or disruption is anticipated);
- The incident leads to disruption of essential service(s) (or is anticipated);
- A need exists (or is anticipated) for resources beyond the Operational Area (other than existing day-to-day operational agreements);
- An incident produces media attention or is politically sensitive;
- State request; and/or
- Any time increased information flow from the Operational Area to the State will assist in the management or mitigation of the unusual event or its impact.



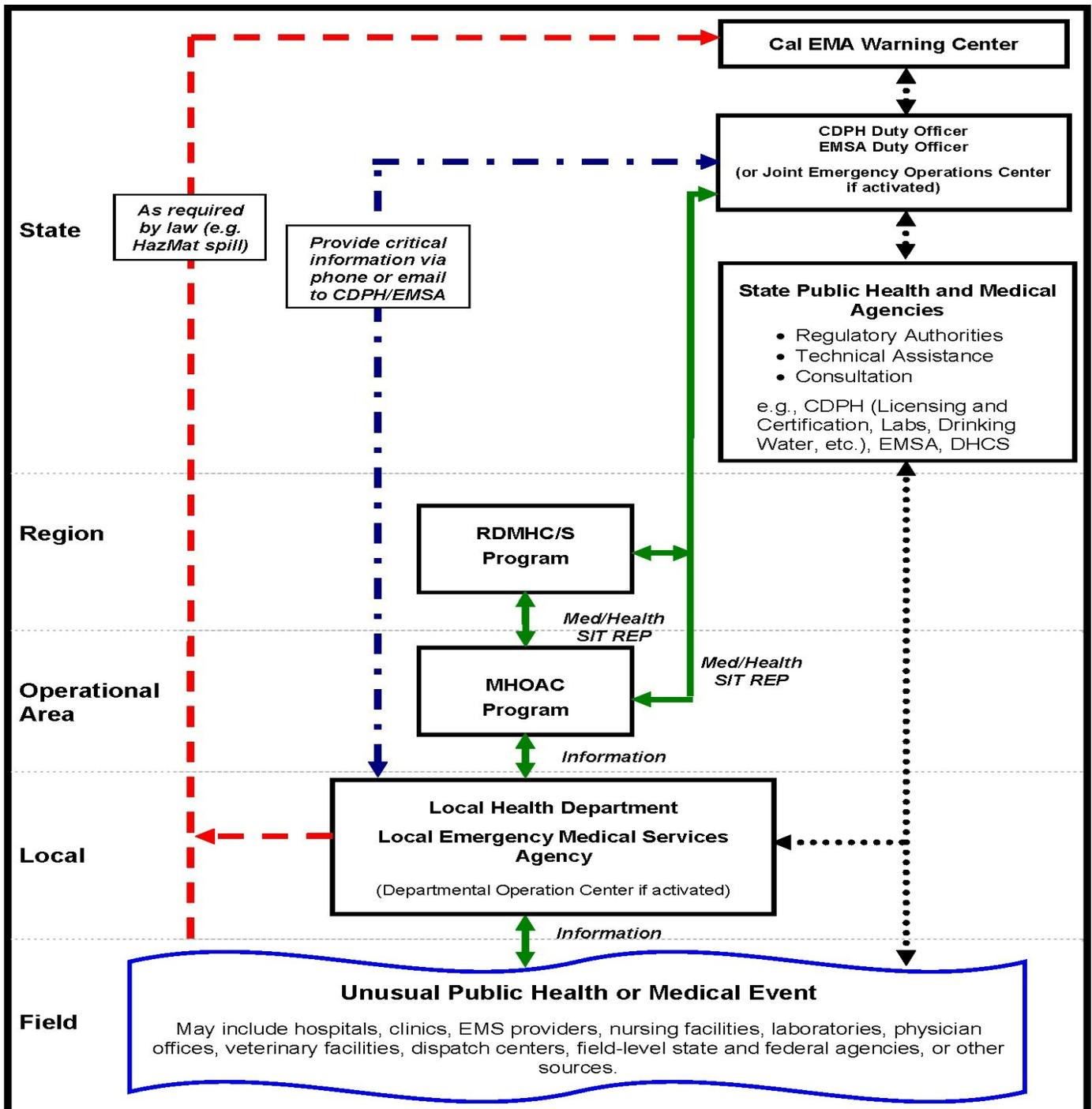
Figure 1. Information Flow during Day-to-Day Activities



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



Figure 2. Information Flow during Unusual Events





For an incident involving public and/or environmental health, information should continue to be provided to the appropriate local and State programs in compliance with existing business practices. However, the unusual event should also trigger the provision of situational information to relevant partners representing the environmental and public health system, including the MHOAC Program, RDMHC/S Program, and CDPH and/or EMSA Duty Officer program or Joint Emergency Operations Center (JEOC), if activated. The MHOAC Program is the principal point-of-contact within the Operational Area for information related to the environmental and public health impact of an emergency.

Medical and Health Situation Reporting Process During Unusual Events

1. LHD and/or LEMSA Activities:

- Concurrently contact the MHOAC, CDPH and/or EMSA Duty Officer Program (or JEOC, if activated) to provide information related to the situation. This may take the form of a telephone call or email and provides the advantage of initial timely notification of State agencies that may be called upon to provide information and/or respond.

2. MHOAC Program Activities:

- Prepare a Medical and Health Situation Report containing the minimum data elements listed in Appendix C within two hours of an unusual event.
- Simultaneously forward the Medical and Health Situation Report to the RDMHC/S Program and CDPH/ EMSA duty officer (as appropriate).
- Disseminate the Medical and Health Situation Report horizontally throughout Operational Area per local protocol (e.g., the local emergency management Duty Officer).
- Provide an update to the Medical and Health Situation Report under the following circumstances:
 - Any changes in situation status or prognosis; and/or
 - Region/State Agency request as communicated by the RDMHC/S program.

3. RDMHC/S Program Activities:

- Identify immediate or impending response needs and take appropriate action upon receiving the Medical and Health Situation Report.
- Verify and validate any unusual or extraordinary information with the MHOAC program.
- Forward the Medical and Health Situation Report provided by the MHOAC Program to the CDPH and/or EMSA Duty Officer Program or JEOC, if activated.
 - To expedite the process, the RDMHC/S Program will forward individual Operational Area Medical and Health Situation Reports rather than consolidate multiple Operational Area reports into a single regional report.



- Set and communicate the expected Medical and Health Situation Report update frequency (e.g., once per operational period at 0800).
- Communicate with all partners as needed to clarify Medical and Health Situation Report information.
- Maintain the Medical and Health Situation Report data as a part of the full incident historical file.
- Disseminate the Medical and Health Situation Report horizontally throughout the Region per protocol.

Contacts as of September 25, 2009:

<p><u>REGION I</u> Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS</p>	<p><u>REGION II</u> Email: cccountyems@gmail.com 24/7 Voice: 925-570-9708, ask for Duty Officer Pager: 925-677-6439</p>
<p><u>REGION III</u> Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979</p>	<p><u>REGION IV</u> Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032</p>
<p><u>REGION V</u> Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055</p>	<p><u>REGION VI</u> Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564</p>
<p><u>CDPH Duty Officer</u> Email: cdphdutyofficer@cdph.ca.gov 24/7 Voice: 916-328-3605</p>	<p><u>EMSA Duty Officer</u> Email: emsadutyofficer@emsa.ca.gov 24/7 Voice: 916-553-3470</p>

Situation Reporting During Emergency System Activation

During emergency system activation, the MHOAC Program is the principal point-of-contact within the Operational Area for information related to the environmental and public health impact of an emergency (see Figure 3).

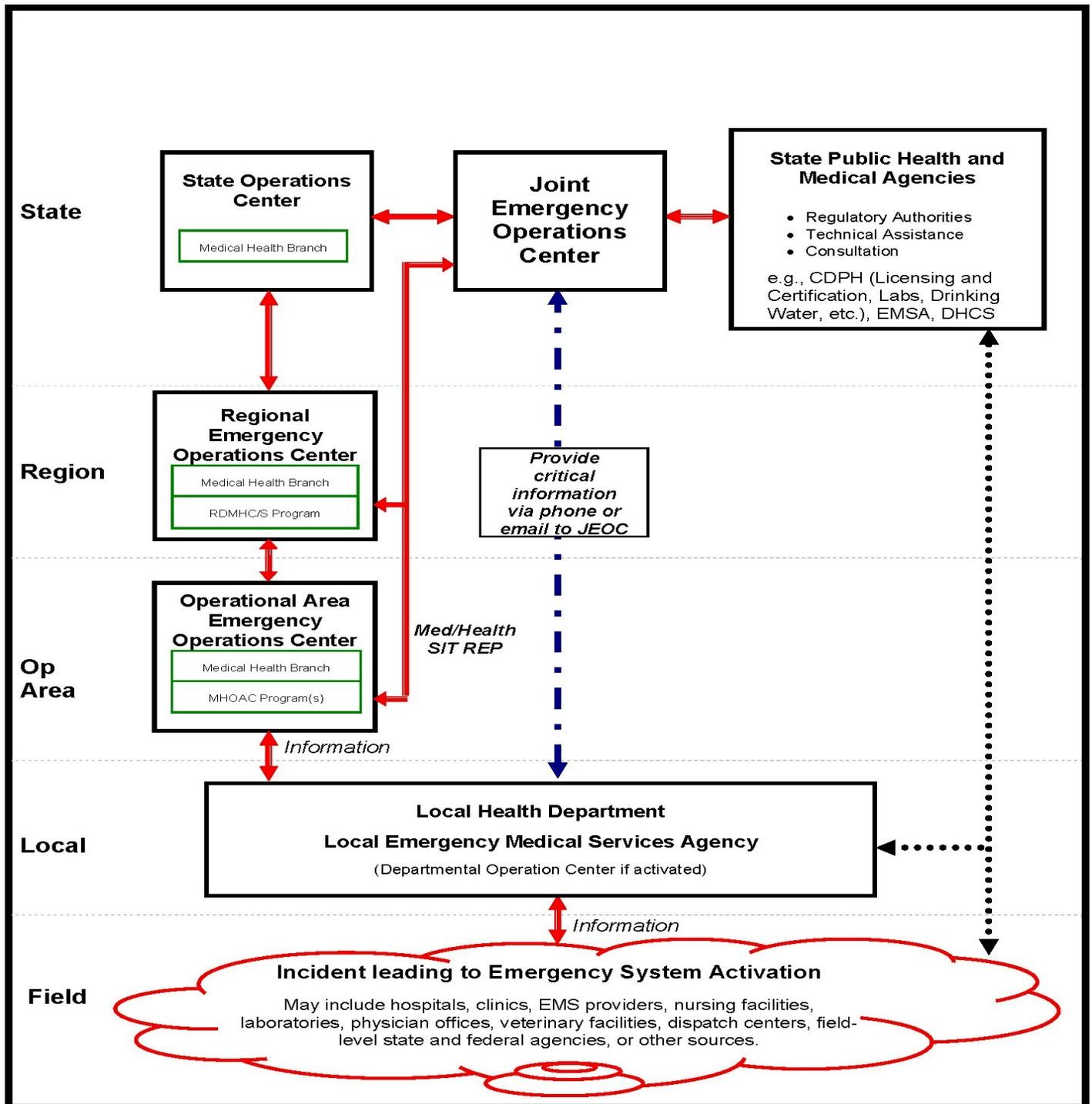
Emergency System Activation Defined

The following taxonomy of emergency system activation provides a clear and consistent description of what constitutes activation of the emergency system:

- Level I – Implementation of any aspect of the Operational Area medical and health disaster plan which requires response resources within the affected Operational Area (or as available from outside the Operational Area through day-to-day agreements).
- Level II – Requires response resources from other Operational Areas within the mutual aid region of the impacted Operational Area.
- Level III – Requires State or federal response resources.



Figure 3. Information Flow during Emergency System Activation





Medical and Health Situation Reporting Process During Emergency System Activation

1. LHD and/or LEMSA Activities:

- Concurrently contact the MHOAC, CDPH and/or EMSA Duty Officer Program (or JEOC, if activated) to provide information related to the situation. This may take the form of a telephone call or email and provides the advantage of initial timely notification of State agencies that may be called upon to provide information and/or respond.

2. MHOAC Program Activities:

- Prepare a Medical and Health Situation Report containing the minimum data elements listed in Appendix C within two hours of emergency system activation.
- Simultaneously forward the Medical and Health Situation Report to the RDMHC/S Program and/or CDPH/EMSA duty officer, as appropriate.
- Share the Medical and Health Situation Report with the local emergency management Duty Officer.
- Disseminate the Medical and Health Situation Report horizontally throughout the Operational Area per local protocol.
- Provide subsequent Medical and Health Situation Reports under the following circumstances:
 - Once during each subsequent operational period at agreed upon times.
 - Changes in Status, Prognosis or Major Events or Actions Taken.
 - Region/State Agency request as communicated by the RDMHC/S program.
- Contact the RDHMC/S Program to confirm receipt of the Medical and Health Situation Report.

3. RDMHC/S Program Activities:

- Identify immediate or impending response needs and take appropriate action upon receiving the Medical and Health Situation Report.
- Verify and validate any unusual or extraordinary information with the MHOAC program.
- Forward the Medical and Health Situation Report provided by the MHOAC Program to the CDPH and/or EMSA Duty Officer Program or JEOC, if activated.
 - To expedite the process, the RDMHC/S Program will forward individual Operational Area Medical and Health Situation Reports rather than consolidate multiple Operational Area reports into a single regional report.
- Set and communicate the expected Medical and Health Situation Report update frequency (e.g., once per operational period at 0600 and 1800, one hour prior to Operational Period start).
- Communicate with all partners as needed to clarify Medical and Health Situation



Report information.

- o Maintains the Medical and Health Situation Report data as a part of the full incident historical file.
- o Disseminate the Medical and Health Situation Report horizontally throughout the Region per protocol.

Contacts as of September 25, 2009:

<p><u>REGION I</u> Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS</p>	<p><u>REGION II</u> Email: cccountyems@gmail.com 24/7 Voice: 925-570-9708, ask for Duty Officer Pager: 925-677-6439</p>
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<p><u>REGION V</u> Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055</p>	<p><u>REGION VI</u> Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564</p>
<p><u>CDPH Duty Officer</u> Email: cdphdutyofficer@cdph.ca.gov 24/7 Voice: 916-328-3605</p>	<p><u>EMSA Duty Officer</u> Email: emsadutyofficer@emsa.ca.gov 24/7 Voice: 916-553-3470</p>

Standardization of Medical and Health Situation Reporting

Situational awareness is a critical element of effective emergency management. Achieving a common operating picture allows on-scene response personnel and those involved in support and coordination, e.g., personnel at EOCs or within a Multi-agency Coordination Group, to have the same information about the incident. Sharing appropriate situational information as soon as possible and throughout an event will assist with all aspects of emergency management, including mutual aid/assistance planning and delivery. Timely sharing of accurate situational information will also reduce the frequency of information-seeking inquiries from outside the affected area.

CDHOM delineates a minimum set of essential data elements that should be included in any Medical and Health Situation Report (Appendix C, Section 1). It is expected that the MHOAC Program will routinely prepare the Medical and Health Situation Report at the Operational Area level. This information will assist partners in understanding the impact of the event relative to medical and health issues and will also provide baseline information to support anticipated needs including resource requests.

While CDHOM specifically recommends the incorporation of the minimum data elements identified in Appendix C into any Medical and Health Situation Report, a MHOAC Program may elect to do any of the following to achieve this end:



- Develop a form using the minimum data elements and other relevant information as necessary. See Appendix D, Section 1 for Minimum Data Elements.
- Use a printed copy of the Situation Report tool (see Appendix D, Section 2, for a pen-and-paper version of the Situation Report Tool; Section 3 for a Quick Reference Guide; Section 4 for Pull-Down Menus and Scales; and Section 5 for Handling Instructions).
- Use an electronic version of the draft Medical and Health Situation Report posted on CAHAN. To download the electronic Medical and Health Situation Report, go to the CAHAN Document Library: Documents: 2-State and Local Health: #CDPH: EPO: CDHOM: Electronic Sit Rep Tool.

The CDHOM Workgroup recommends the use of the software-based draft Situation Report instrument. This instrument was developed with input from the CDHOM Workgroup, RDMHC/S and MHOAC Programs, LEMSAs, and LHDs. The instrument is being released in draft form (Version 2.0) to secure feedback and input. If adopted and used, please send any comments or feedback to CDHOM_Feedback@cdph.ca.gov.



RESOURCE MANAGEMENT

Introduction

All environmental and public health disciplines may be affected by inadequacy of resources during disasters. Understanding how to request additional resources to maximize benefit and minimize delay supports effective response.

This section outlines the resource requesting process employed when an Operational Area recognizes the need (or anticipated need) for environmental and public health resources beyond the capabilities of the Operational Area including:

- The prerequisite conditions to submitting resource requests;
- The role of mutual aid coordinators; and
- Coordination with the emergency management structure throughout the SEMS levels.

Within the realm of day-to-day operations, incidents may occur that utilize existing mutual aid and assistance agreements, but do not require emergency system activation. These agreements may assume a variety of forms (e.g., automatic aid agreements, assistance-for-hire agreements, etc.) and strengthen the capacity of response agencies and local jurisdictions to satisfactorily manage local incidents.

Mutual Aid System

In California, a statewide mutual aid system exists to provide resources, facilities and support to the State's political subdivisions when their own resources are inadequate to cope with the disaster. This mutual aid system allows the progressive mobilization of resources to and from emergency response agencies, local governments, Operational Areas, regions, and State.

Master Mutual Aid Agreement

The basis for California's mutual aid system during disasters is the California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA), an agreement between the State of California, its agencies and departments, political subdivisions, municipal corporations, and public agencies. The MMAA obligates each signatory entity to provide aid during an emergency without expectation of reimbursement. A key element of the agreement states the following: "It is expressly understood that the mutual aid extended under this agreement and the operational plans adopted pursuant thereto shall be available and furnished in all cases of local peril or emergency and in all cases in which a State of Extreme Emergency has been proclaimed." The MMAA requires that each party develop a plan providing for the effective mobilization of all its resources and facilities to cope with any type of disaster.



Mutual Aid Regions and Cal EMA Administrative Regions

Six mutual aid regions have been established for the more effective coordination of mutual aid throughout the State (see Figure 4). For emergency management purposes, Cal EMA has divided the State of California into three Administrative Regions (Southern, Coastal and Inland) which function through respective Regional Emergency Operations Centers during emergencies. The six mutual aid regions fall within the three Cal EMA Administrative Regions as follows:

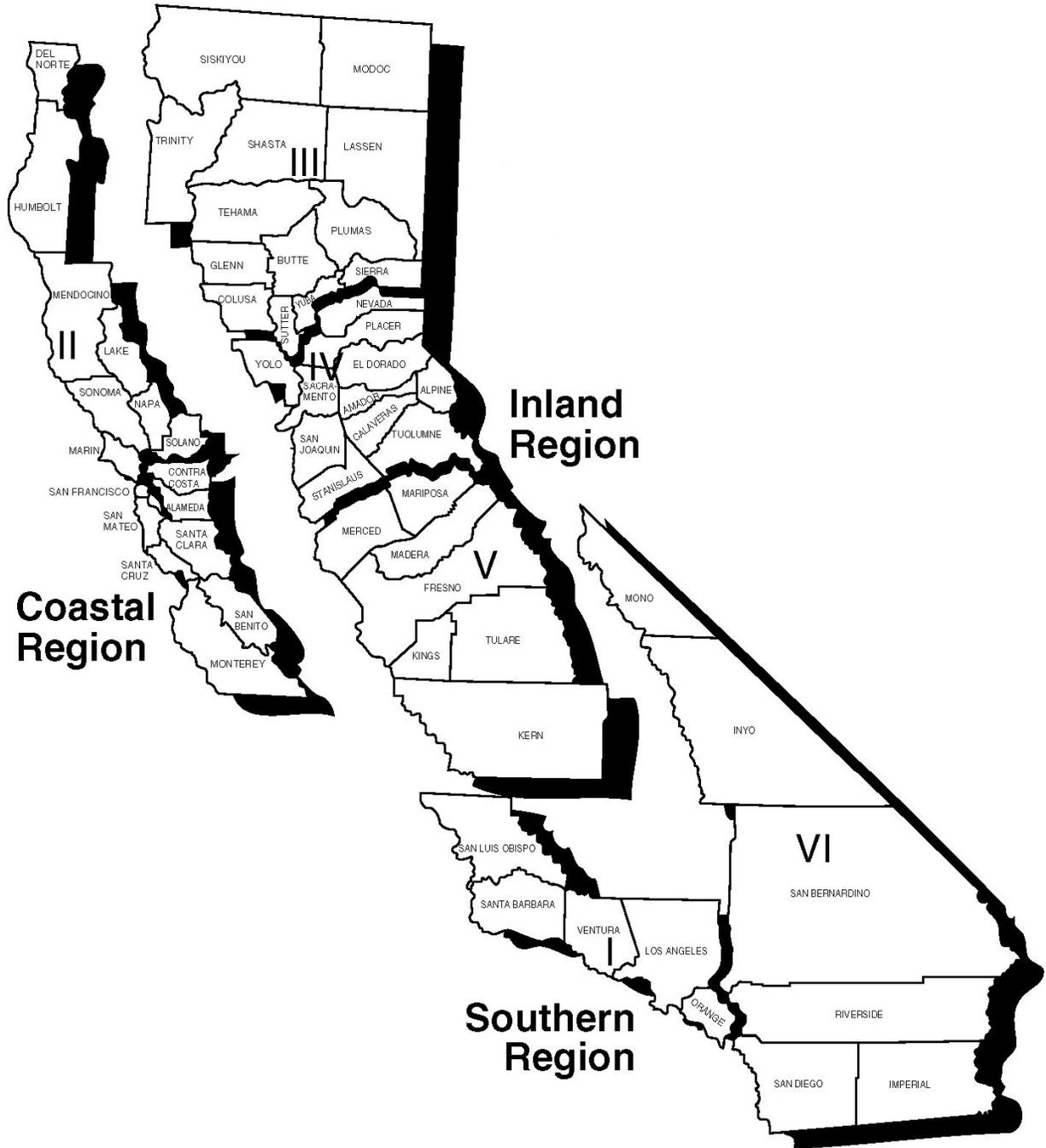
Administrative Region	Mutual Aid Region
Southern Region	Mutual Aid Regions I and VI
Coastal Region	Mutual Aid Region II
Inland Region	Mutual Aid Regions III, IV, V

Medical and Health Mutual Aid Coordination

The MHOAC Program coordinates medical and health disaster resources within the Operational Area and is the point of contact for coordination with the RDMHC/S Program, CDPH, and EMSA.

The RDMHC is responsible for coordinating medical and health mutual aid and assistance within the mutual aid region and State (see Appendix B). The RDMHS assists the RDMHC with planning and coordinating mutual aid and assistance during disasters. Similar to the MHOAC Program, the RDMHC/S Program represents a functional role that should not be dependent on a single person and include the designation of trained alternates. The RDMHC/S Program coordinates information provided to CDPH and EMSA through the Duty Officer Programs and the JEOC when activated.

Figure 4. Map of Mutual Aid Regions (I - VI) and Administrative Regions (Inland, Coastal, Southern)





Environmental and Public Health Resource Requests and Assistance

During an emergency, requests for environmental and public health resources that cannot be obtained locally or through existing mutual aid/assistance agreements follow standardized resource ordering procedures consistent with SEMS/NIMS. SEMS is designed to foster the coordination of public and private sector resources at all levels. The general flow of environmental and public health resource requests and assistance is shown in Figure 5 on the next page.



Environmental and Public Health Resource Requesting Process

The MHOAC Program coordinates medical and health disaster resources within the Operational Area. The MHOAC Program maintains an updated directory of medical and health resources, existing mutual assistance agreements, and key supplier contacts for their Operational Area.

During an emergency, medical or healthcare providers request needed resources from local agencies consistent with local protocol. If the resource cannot be obtained locally, the MHOAC Program should be contacted. The MHOAC Program attempts to locate the needed resources within the Operational Area and through all available suppliers. If the MHOAC Program cannot satisfy the request for additional resources through those mechanisms, the MHOAC Program may request medical and health resources from outside the Operational Area. Prior to submitting resource requests, it is incumbent upon the MHOAC Program to confirm the following:

- Is the resource available through mutual assistance agreements?
- Is the resource available from the internal, corporate supply chain?
- Is the resource need immediate and significant?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative of the resource available from other vendors?
- Have payment/reimbursement issues been addressed?

Once it has been determined that resources are needed from outside the Operational Area, the following activities should occur:

1. MHOAC Program Activities

- Immediately notify the RDMHC/S Program that the resource is needed and work with the RCMHC/S Program to refine the resource request before formal submittal of the request to the emergency management system. **The refinement and formal submittal process into Response Information Management System (RIMS) or other resource tracking system must not delay the resource request from moving forward.**
- Ensure that the Medical and Health Resource Request Form is completed on behalf of the Requestor (see Appendix D, Medical and Health Resource Request Form).
- Submit the formal request to the Operational Area emergency management Duty Officer/Operational Area EOC.
- Provide a copy of the resource request to the RDMHC/S Program.
- Contact the Operational Area emergency management Duty Officer/Operational Area EOC to confirm receipt of request and submission into RIMS or other



resource tracking system.

- Contact the RDMHC/S Program to confirm receipt of request.

2. RDMHC/S Program Activities

- Assist MHOAC in refining request, assists with identifying alternative resources within Operational Area and make recommendations.
- Immediately begin the process of fulfilling request by coordinating with unaffected Operational Areas within the Mutual Aid Region if resources are not identified within the Operational Area.
- Notify the CDPH and/or EMSA Duty Officers/JEOC that a resource request is being processed.
- Collaborate with the Cal EMA Regional Duty Officer/Regional Emergency Operations Center to ensure proper tracking and fulfillment of the resource request.
- Notify the requestor, CDPH and or EMSA Duty Officers/JEOC, Cal EMA Regional Duty Officer/Regional Emergency Operations Center of the outcome of the request and delivery details if request is filled within the Mutual Aid Region.

3. Regional Emergency Operations Center/State Operations Center/State Agency Resource Request Activities

- If the request is unable to be filled within the Mutual Aid Region, the Cal EMA Regional Duty Officer/Regional Emergency Operations Center Medical and Health Branch works with the other RDMHC/S Programs within the Cal EMA Administrative Region to fulfill the request.
- If a resource request is unable to be filled within an Administrative Region, the request is forwarded to the Cal EMA Executive Duty Officer/State Operations Center for seeking resource availability in the unaffected Administrative Regions or from State agencies.
- The State Operations Center coordinates with other states or the Federal government to fill the request if necessary.
- The entity fulfilling the request notifies the requestor and the RDMHC/S Program of the outcome of the request.

Contacts as of September 25, 2009:

<p><u>REGION I</u> Email: MedicalandHealthBranchCoord-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS</p>	<p><u>REGION II</u> Email: cccountyems@gmail.com 24/7 Voice: 925-570-9708, ask for Duty Officer Pager: 925-677-6439</p>
<p><u>REGION III</u> Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979</p>	<p><u>REGION IV</u> Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032</p>



<p>REGION V Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055</p>	<p>REGION VI Email: MedicalandHealthBranchCoord-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564</p>
<p>CDPH Duty Officer Email: cdphdutyofficer@cdph.ca.gov 24/7 Voice: 916-328-3605</p>	<p>EMSA Duty Officer Email: emsadutyofficer@emsa.ca.gov 24/7 Voice: 916-553-3470</p>

Standardized Medical and Health Resource Request Form

Medical and Health Resource Requests should include the following:

- Requesting agency and Operational Area contact;
- Description of the requested mission;
- Specific information on requested materiel, personnel, or services;
- Delivery location with a common map reference;
- Point-of-contact information for delivery;
- Time frame needed and an estimate of duration; and
- Whether logistical support is also needed (e.g., food, shelter, and fuel) for resources involving personnel and/or equipment requiring operators.

Appendix D contains a Medical and Health Resource Request Form, including instructions, that may be used to request medical and health resources from outside an Operational Area. The Medical and Health Resource Request Form is posted on CAHAN in the document library section, along with instructions for use. In CAHAN, go to Documents: 2-State and Local Health: #CDPH: EPO: CDHOM. The Medical and Health Resource Request Form is being released in draft form to secure feedback and input. If adopted and used, please send any comments or feedback to CDHOM_Feedback@cdph.ca.gov.

Pre-Allocated Assets Maintained by CDPH

CDPH maintains a supply of antiviral medications, personal protective equipment, and other medical supplies and equipment for use during emergencies when local and regional supplies have been exhausted or are likely to be exhausted. Based on a statewide impact scenario, where it is assumed that all Operational Areas will be affected, CDPH has developed pre-allocations based on population. Go to the CAHAN document library for real-time data for each local health jurisdiction. In CAHAN, go to Documents: 2-State and Local Health: #CDPH: EPO: CDHOM.

Requests for State allocations of materiel should occur **only** when the materiel cannot be obtained locally or through mutual aid or cooperative assistance from appropriate entities. The process to request any resource, whether pre-allocated or not, should follow the same SEMS ordering process outlined above.



The Medical and Health Resource Request Form in Appendix D includes both a blank order sheet and an order sheet that has been pre-populated with items maintained by CDPH.

Practical Considerations

If an Operational Area has pre-established agreements in place with neighboring Operational Areas and urgently requires resources from them, it may request and obtain those resources as needed to meet the demands of the situation even if the neighboring Operational Area is outside of the Mutual Aid Region (or Cal EMA Administrative Region). All Operational Area and appropriate Cal EMA Regional Duty Officers (or Regional Emergency Operations Centers if activated) must be immediately notified so the movement of resources is known and notification must be made to the RDMHC/S Program in the affected and assisting mutual aid regions as soon as possible.



APPENDIX A – MEDICAL AND HEALTH OPERATIONAL AREA COORDINATOR

Medical and Health Operational Area Coordinator Health and Safety Code Section 1797.153

- (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.
- (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 nonfire based prehospital 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 medical health operational area coordinator shall assist the OES Operational Area coordinator in the coordination of medical and health disaster resources within the Operational Area, and be the point of contact in that Operational Area, for coordination with the RDMHC, the OES, the regional office of the OES, the State Department of Public Health, and the authority.
- (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.



APPENDIX B – REGIONAL DISASTER MEDICAL AND HEALTH COORDINATOR

Regional Disaster Medical and Health Coordinator Health and Safety Code Section 1797.152

- (a) The EMSA Director and the Director of Health Services may jointly appoint a regional disaster medical and health coordinator for each mutual aid region of the state. A regional disaster medical and health coordinator shall be a county health officer, a county coordinator of emergency services, an administrator of a local 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 health mutual aid to the area affected by the disaster, at the request of the authority, the State Department of Health Services, or the Office of Emergency Services, a regional disaster medical and health coordinator in a region unaffected by the disaster may coordinate the acquisition of requested mutual aid resources from the jurisdictions in the region.
- (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.



APPENDIX C – MEDICAL AND HEALTH SITUATION REPORT

**Section 1
Minimum Data Elements**

1 Report Type

- Initial Report
- Update
- Final Report

2 Report Status

- Advisory: No Action Required
- Alert: Action Required (Explain in “Critical Issues”)

3 Report Creation Date/Time

- Report Date
- Report Time

4 Incident / Event Information

- Mutual Aid Region
- Operational Area
- Abbreviation Code (if known)
- Incident / Event Name
- Incident Date
- Incident Time
- Incident Location / Address
- Incident City
- Estimated Population Affected
- Incident Level

- Level I - OA
- Level II - Region
- Level III - State
- Unknown

Incident Type

- | | |
|------------------|----------------|
| Wildfire | Traumatic |
| Earthquake | Chemical |
| Civil Unrest | Evacuation |
| Flood | Radiological |
| Disease Outbreak | Transportation |
| Explosion | Food/AG |
| | Other |



5 User Information

Report Creator
Position
Phone
Cell, Pager, Alt Phone
Email

6 Current Condition of Medical and Health System within Operational Area

GREEN Normal Operations; Situation Resolved
YELLOW Under Control; No Assistance Required
ORANGE Modified Services; Assistance from within OA
RED Limited Services; Some Assistance Required
BLACK Impaired Services; Major Assistance Required
GRAY Unknown

7 Prognosis

No Change
Improving
Worsening

8 Current Situation

Describe

9 Current Priorities

Describe

10 Critical Issues or Actions Taken

Describe

11 Activities

LHD DOC Active
EMS DOC Active
OA EOC Active
OA EOC MH Branch Active
Other

12 Proclamations/Declarations

Local Emergency
State
Other
Public Health Emergency
Federal Emergency
Public Health Hazard
Unknown



13 OA Medical and Health Primary Point of Contact

Name
Telephone
Email
LHD DOC Phone
EMS DOC Phone
OA EOC MHB Phone

14 Health Advisories/Orders Issued

Air Unhealthful	Disease Outbreak
Heat	Vector
Boil Water	School Closures
Cold	Shelter in Place
Do Not Drink (Water)	Radiation
Food Hazard	Quarantine/Isolation
Beach Closure	None
Do Not Use (Water)	Other



APPENDIX C – MEDICAL AND HEALTH SITUATION REPORT

Section 2
Medical and Health Situation Report
(Pen and Paper Form)

SITUATION REPORT (SITREP) EF-8
MEDICAL and PUBLIC HEALTH OA BRANCH REPORT

SECTION 1 (Corresponds to Electronic SITREP TOOL, PAGE 1)

*****ITEMS A-J ARE MINIMUMLY REQUIRED ON ALL REPORTS*****

A. Report Type	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE #
	<input type="checkbox"/> FINAL

B. Report Status	
<input type="checkbox"/> 1. Advisory: No Action Required	
<input type="checkbox"/> 2. Alert: Action Required see "Critical Issues"	

C. Report Creation Date/Time	
1. Report Date:	2. Report Time:

D. Incident / Event Information		
1. Mutual Aid Region:	2. Jurisdiction (OA):	3. Abrv:
4. Incident / Event Name:	5. Incident Date:	6. Incident Time:
7. Incident Location / Address:	8. Incident City:	
9. Incident Type:	10. Estimated Population Affected:	
11. Incident Level:		
<input type="checkbox"/> Level I - Op Area	<input type="checkbox"/> Level II - Region	<input type="checkbox"/> Level III - State
		<input type="checkbox"/> Unknown

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

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

G. Prognosis: <input type="checkbox"/> NO CHANGE <input type="checkbox"/> IMPROVING <input type="checkbox"/> WORSENING

SECTION 1, continued (Corresponds to Electronic SITREP TOOL, PAGE 1)

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.)

SECTION 2 (Corresponds to Electronic SITREP TOOL, PAGE 2)

*******ITEMS A – F ARE MINIMALLY REQUIRED ON ALL REPORTS*******

A. Activities	
<input type="checkbox"/> 1. EMS/LHD DOC Active	<input type="checkbox"/> 2. OA EOC Active
<input type="checkbox"/> 3. OTHER: (Explain in Current Situation – Page 1)	<input type="checkbox"/> 4. OA EOC MH Branch Active

B. Proclamations/Declarations		
<input type="checkbox"/> 1. Local Emergency	<input type="checkbox"/> 2. State	<input type="checkbox"/> 3. Other (List in Box G. Below)
<input type="checkbox"/> 4. PH Emergency	<input type="checkbox"/> 5. Federal	
<input type="checkbox"/> 6. PH Hazard	<input type="checkbox"/> 7. Unknown	

C. OA MH Primary Point of Contact NAME:
E. MH POC Telephone:
F. MH POC Email:

D. Health Advisories/Orders Issued	
<input type="checkbox"/> 1. Air Unhealthful	<input type="checkbox"/> 2. Heat
<input type="checkbox"/> 3. Boil Water	<input type="checkbox"/> 4. Cold
<input type="checkbox"/> 5. Food Hazard	<input type="checkbox"/> 6. Beach Closure
<input type="checkbox"/> 7. Disease Outbreak	<input type="checkbox"/> 8. Vector
<input type="checkbox"/> 9. School Dis/Closures	<input type="checkbox"/> 10. Radiation
<input type="checkbox"/> 11. Quarantine/Isolation	<input type="checkbox"/> 12. Other (List in Box G. Below)

G. Hazard Specific Activities:

H. Summary of Impact		
1. Est. Population Affected (Reported OA OEM):	#	<input type="checkbox"/> No Report/Assessment
2. Fatalities (County Coroner Source):	#	<input type="checkbox"/> No Report/Assessment
3. Injured – Immediate:	#	<input type="checkbox"/> No Report/Assessment
4. Injured – Delay:	#	<input type="checkbox"/> No Report/Assessment
5. Injured – Minor:	#	<input type="checkbox"/> No Report/Assessment

I. Evacuations	
<input type="checkbox"/> 1. Voluntary	#
<input type="checkbox"/> 2. Mandatory	#
3. Total:	#

SECTION 2, continued (Corresponds to Electronic SITREP TOOL, PAGE 2)

J. Medical and Health Coordination System Function Specific Status						(If other than green, provide brief comment)
	<i>Check box only if necessary</i>					
1. Animal Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Health HazMat	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Out-Patient Clinics	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. In-Patient Healthcare Facilities	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
5. Drinking Water	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
6. Home Health Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
7. EPI / Disease Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
8. Homebound With Medical Needs	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
9. Locally based State/Federal Functions	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
10. LEMSA Program Services	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
11. Food Safety	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
12. Liquid Waste / Sewer Systems	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
13. Medical Waste	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
14. Radiation Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
15. Mental Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
16. Solid Waste Disposal	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
17. Public Health Lab	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
18. Vector Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
19. Medical Transport System	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
20. Shellfish	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

Additional Notes:

SECTION 3 (Corresponds to Electronic SITREP TOOL, PAGE 3)

A. Overall Healthcare FACILITIES System Status	<input type="checkbox"/> Green – Normal operations: Situation Resolved	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange – Modified services: Assistance from within OA	<input type="checkbox"/> Red – Limited services: Assistance Required	<input type="checkbox"/> Black - Impaired service: MAJOR Assistance Required
---	--	---	--	--	--

B. 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	#		
<input type="checkbox"/> No Report/Assessment			

C. Total SNFs / LTCFs:	#		
1. SNF – Fully Functional	#		
2. SNF – Not Functional	#		
3. SNF – Partially Functional	#		
4. SNF – Not Reporting	#		
<input type="checkbox"/> No Report/Assessment			

D. Total ICF – DD Intermed Care Facil:	#		
1. IFC – Fully Functional	#		
2. IFC – Not Functional	#		
3. IFC – Partially Functional	#		
4. IFC – Not Reporting	#		
<input type="checkbox"/> No Report/Assessment			

E. Total Acute Psych Hospitals:	#		
1. APH – Fully Functional	#		
2. APH – Not Functional	#		
3. APH – Partially Functional	#		
4. APH – Not Reporting	#		
<input type="checkbox"/> No Report/Assessment			

F. Total State Hospitals (Corr, DD, MH):	#		
1. StH – Fully Functional	#		
2. StH – Not Functional	#		
3. StH – Partially Functional	#		
4. StH – Not Reporting	#		
<input type="checkbox"/> No Report/Assessment			

SECTION 3, continued (Corresponds to Electronic SITREP TOOL, PAGE 3)

G. Total CLF Cong Care Health Fac:	#	<input type="checkbox"/> No Report/Assessment
1. CLF – Fully Functional	#	
2. CLF – Not Functional	#	
3. CLF – Partially Functional	#	
4. CLF – Not Reporting	#	

H. Total Dialysis Centers:	#	<input type="checkbox"/> No Report/Assessment
1. Dial – Fully Functional	#	
2. Dial – Not Functional	#	
3. Dial – Partially Functional	#	
4. Dial – Not Reporting	#	

SECTION 4 (Corresponds to Electronic SITREP TOOL, PAGE 4)

A. General Infrastructure Damage as it relates to the Medical Health System						
(If other than green, provide brief comment)						
1. Roads	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Medical Health Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. Power	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

B. Care and Shelter			
1. Medical Mission at Shelter			
2. Number Opened:	#	3. Population Served:	#
4. Medical Support of Shelter	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report
Comments:			
5. Mobile Field Hospital	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report
Comments:			
6. Gov Auth. Alternate Care Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report
Comments:			
7. Specialty Center	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report
Comments:			
8. Field Treatment Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report
Comments:			

SECTION 4, continued (Corresponds to Electronic SITREP TOOL, PAGE 4)

9. Cooling Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
10. Local Disaster Warehouse	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
11. PODS	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
12. PH Response Team	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
13. Warming Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
14. Other (List)	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				

C. 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			

SITREP Post Completion Handling Instructions:

MHOAC Programs:

1. After completion of Initial and/or Updated SITREP, send the report form to the following simultaneously:
 - a. RDMHC/S Program (see protocol below)
 - b. CDPH Duty Officer at cdphdutyofficer@cdph.ca.gov (or JEOC, if activated).
 - c. EMSA Duty Officer at emsadutyofficer@emsa.ca.gov (or JEOC, if activated)
2. Contact the RDMHC/S program to verify receipt.
3. Disseminate horizontally throughout Operational Area per local protocol.
4. SITREP UPDATE FREQUENCY:
 - a. It is expected that a SITREP be UPDATED at the following conditions or minimum frequency.
 - i. Any changes in Status, Prognosis or Major Events or Actions Taken
 - ii. Region / State Agency request as communicated by the RDMHC/S program
 - iii. At a minimum of once every operational period during emergency system activation.

<p><u>REGION I</u> Email: MedicalandHealthBranchCoord-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS</p>	<p><u>REGION II</u> Email: cccounyems@gmail.com 24/7 Voice: 925-570-9708, ask for Duty Officer Pager: 925-677-6439</p>
<p><u>REGION III</u> Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979</p>	<p><u>REGION IV</u> Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032</p>
<p><u>REGION V</u> Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055</p>	<p><u>REGION VI</u> Email: MedicalandHealthBranchCoord-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564</p>
<p><u>CDPH Duty Officer</u> Email: cdphdutyofficer@cdph.ca.gov 24/7 Voice: 916-328-3605</p>	<p><u>EMSA Duty Officer</u> Email: emsadutyofficer@emsa.ca.gov 24/7 Voice: 916-553-3470</p>

RDMHC/S Program will:

- Upon receiving the SITREP, identify immediate or impending response needs and take appropriate action.
- Verify and validate any unusual or extraordinary information with the MHOAC program.
- Set and communicate the expected SITREP update FREQUENCY.
- Communicate with all partners as needed to clarify SITREP information.
- SITREP data shall become part of the full incident historical file.
- Disseminate horizontally throughout the Region per protocol.



APPENDIX C – MEDICAL AND HEALTH SITUATION REPORT

Section 3 Quick Reference Guide

In some cases, you may not have access to a computer (e.g., power failure). It would be good practice to have several copies of a blank Situation Report Form (pen and paper version) to keep with your Disaster Plan response material. It is recommended that as time and conditions permit you enter the data into the electronic situation report tool for continuity and historical record keeping. The following information is intended as a quick reference to help you complete the pen and paper version of the Situation Report Form. Certain items are minimally required on all reports. Following this Quick Reference Guide, a list containing the pull-down menu choices available in the electronic form are provided, in addition to post completion handling instructions.

SECTION 1 (Corresponds to Electronic SITREP TOOL, PAGE 1)

***** ITEMS A-J ARE MINIMALLY REQUIRED ON ALL REPORTS *****

Text Box Label	Description
A. Report Type	
1. Initial, Update #, Final	Check Box: Indicate type of report; provide update number to assist with tracking or incident progression.
B. Report Type	
1. Advisory: 2. Alert:	Check Box: Advisory indicates informational only; no reader action required . Alert indicates that there is reader action expected, thus alerting the reader to evaluate the Critical Issues area of the report for additional information.
C. Date/Time	
1. Rpt Date	Enter date of the report creation.
2. Rpt Time	Enter the time the report was generated.
D. Incident Information	
1. Mutual Aid Region:	Indicate the OES Mutual Aid Region of the incident location.
2. Jurisdiction:	Write the jurisdiction name the incident is impacting.
3. Abbrev:	OES designator for the Operational Area.
4. Incident/Event Name:	Provide incident/event name. Generally named by the initial responders.
5. Incident Date:	Provide date the incident began.
6. Incident Time:	Estimated time the incident began.
7. Incident Location/ Address:	Provide description or address of incident.
8. Incident City:	Provide City location
9. Incident Type:	Use related menu to indicate the incident type.
10. Estimated Population Affected:	Enter estimated number of people impacted at the time of this report as reported by the IC or emergency management.
11. Incident Level:	Check Box: Selected the incident response level. Level I Medical: Response needs met by resources from within the OA. Level II Medical: Needs met by resources from other OA's within the affected mutual aid region. Level III Medical: State/federal resources required to meet response needs.



E. User Information (Provide MH POC information in section 2 if creator is different than the primary POC of M&H coordination)	
1. Report Creator:	Enter the User name of the person completing the form.
2. Position:	Enter the position of the user, RDMHS, MHOAC, etc.
3. Phone:	Enter the user's contact phone number, with area code.
4. Cell, Pager, Alt:	Enter the user's alternate phone contact number, with area code.
5. Email:	Enter the user's email.
F. Current OA MH Condition: Indicate the Medical – Health condition that best describes the response	
GREEN	Normal operations/resolved
YELLOW	Under control/no assistance required.
ORANGE	Modified services/assistance from within OA
RED	Limited services/assistance required.
BLACK	Impaired services/major assistance required.
GRAY	Unknown.
G. Prognosis:	Indicate the expected outlook – no change, improving, worsening.
Items H-J are free form text boxes. You may write as much information as necessary. Remember “just the facts” of the incident “snapshot”.	
H. Current Situation:	Provide a description of the Current Situation.
I. Current Priorities:	Provide a description of the Current Priorities for the situation. “none/ unknown” is acceptable
J. Critical Issues:	Provide a description of the Critical Issues for the situation, “ none/ unknown” is acceptable. .

SECTION 2 (Corresponds to Electronic SITREP TOOL, PAGE 2)

***** ITEMS A–F ARE MINIMALLY REQUIRED ON ALL REPORTS *****

Text Box Label	Description	
A. Activities	Check Box: select all that apply.	
	1. Agency DOC Active	3. OTHER: (Explain in Current Situation – Page 1)
	2. Operational Area EOC is Active	4. OA MH Branch is Active.
B. Proclamations/declarations	List any known proclamations or declarations issued, and if so by whom.	
C. OA MH Primary Point of Contact NAME:	Provide the name of the point of contact.	
D. Health Advisories/ Orders issued	Have any health advisories been issued as a result of the incident.	
E. MH POC Telephone	Provide the nine digit phone number here.	
F. MH POC Email	Point of contact email address here.	
G. Hazard Specific Activities	Provide any information regarding activities that are specific to the hazard.	
H. Summary of Impact:		
1. Est. Pop. Affected (Reported by OA OEM):	Enter the number of persons affected by the incident as reported by OA emergency management.	
2. Fatalities:	Number of known fatalities as reported by the coroner.	
3. Injured: Immediate	Per triage standards – Number of immediate patients injured as a result of the incident.	
4. Injured: Delay:	Per triage standards – Number of delayed patients injured as a result of the incident.	
5. Injured: Minor:	Per triage standards – Number of Minor patients injured as a result of the incident.	
I. General Evacuations:	Enter the number of: 1. Voluntary, 2.Mandatory and 3. Total Evacuations.	



SECTION 2 - J. MEDICAL AND HEALTH COORDINATION SYSTEM FUNCTION SPECIFIC STATUS:

Report the status of the functional areas. Check boxes indicate the status. Text boxes allows for a brief description of the activities of condition.

Use Color Codes Indicated below for each of the categories in Section J.

GREEN	Normal operations/resolved
YELLOW	Under control/no assistance required.
ORANGE	Modified services/ assistance from within OA
RED	Limited services/assistance required.
BLACK	Impaired services/ major assistance required.

SECTION 3 - Overall Healthcare FACILITIES System Status:

Report the status of the facilities supporting the healthcare system. Check boxes indicate the status. Text boxes below the pull down menu allows for a brief description of the activities of condition.

Use Color Codes Indicated below for each of the categories in Section J.

GREEN	Normal operations/resolved
YELLOW	Under control/no assistance required.
ORANGE	Modified services/ assistance from within OA
RED	Limited services/assistance required.
BLACK	Impaired services/ major assistance required.

The following is the list of reportable facilities.

- Total General Acute Care Hospitals (GACH)
- Total SNF's / LTCFs (SNF)
- Total ICF – DD: Intermediate Care Facilities (IFC)
- Total Acute Psych Hospitals (APH)
- Total State Hospitals (Correctional DD, MH) (StH)
- Total CLF Congregate Care Health Facilities (CLF)
- Total Dialysis Centers (Dial)

SECTION 4 – General Infrastructure Damage Relating to the Medical Health System Impact

Pull down boxes indicate the status related to the impact. Check boxes below the pull down menu allows for a brief description of the activities of condition.

Use Color Codes Indicated below for each of the categories in Section A.

GREEN	Normal operations/resolved
YELLOW	Under control/no assistance required.
ORANGE	Modified services/ assistance from within OA
RED	Limited services/assistance required.
BLACK	Impaired services/ major assistance required.
GRAY	Other

Section B: Care and Shelter

4. Medical Support of Shelter: Choose one: Open None Planned Assessing-No report

5 – 14: Use the following options to indicate the status of medical missions at shelters.

Fully Functional Partially Functional Not Functional Not Reporting Closed

C. Medical transportation

Field	Description
1. Ambulance Units Available	Number of ambulances that are functional and available for use



2. Ambulances Committed	Number of ambulances that are committed to the incident and not available for other services
3. AST's Available (5:1)	Number of full Ambulance Strike Teams available
4. AST's Committed	Number of Ambulance Strike Teams committed to the incident and not available for other assignments
5. DMSU's Available	Number of Disaster Medical Support Units available
6. DMSU's Committed	Number of Disaster Medical Support Units committed to the incident and not available for other assignments



APPENDIX C – MEDICAL AND HEALTH SITUATION REPORT

**Section 4
Pull-Down Menus and Scales**

**SITUATION REPORT Ver. 2.0
PULL-DOWN MENUS AND SCALES:**

UPDATED: 25SEP2009

CURRENT OA M&H SYSTEM CONDITION / COORDINATION SYSTEM OVERALL STATUS	
	GREEN: Normal Ops / Resolved
	YELLOW: Under Control/No Assistance Req'd
	ORANGE: Modified Services/ Assistance from within OA
	RED: Limited Services/Assistance Required
	BLACK: Impaired Services/Major Asst. Required
	GRAY: Unknown

EVENT TYPE	
WILDFIRE	TRAUMATIC
EARTHQUAKE	CHEMICAL
CIVIL UNREST	EVACUATION
FLOOD	RADIOLOGICAL
DISEASE	
OUTBREAK	TRANSPORTATION
EXPLOSION	FOOD/AG
	OTHER:

ACTIVITY STATUS	
	NO REPORT; NO ACTIVITY
	NO REPORT; ASSESSING
	ACTIVE

SERVICE LEVEL/FACILITY/SYSTEM STATUS LIST	
	GREEN:FULL FUNCTION
	RED:PARTLY FUNCTIONAL
	BLACK: NOT FUNCTIONAL
	GRAY: NOT REPORTING
	BLUE: CLOSED

REGION LIST	OA LIST	JURISDICTION ABBREV
REGION I	LOS ANGELES OA	XLA
REGION I	ORANGE OA	XOC
REGION I	VENTURA OA	XVE
REGION I	SAN LUIS OBISPO OA	XSL
REGION I	SANTA BARBARA OA	XSB
REGION I	PASADENA LHD	PASHD
REGION I	LONG BEACH LHD	LBLHD
REGION I	LACO LHD	LALHD
REGION I	LACO EMS AGENCY	LAEMS



REGION II	Alameda	XAL
REGION II	Berkley LHD	BRKHD
REGION II	Contra Costa	XCC
REGION II	Del Norte	XDN
REGION II	Humboldt	XHU
REGION II	Lake	XLK
REGION II	Marin	XMR
REGION II	Mendocino	XME
REGION II	Monterey	XMY
REGION II	Napa	XNA
REGION II	San Benito	XBE
REGION II	San Francisco	XSF
REGION II	San Mateo	XSM
REGION II	Santa Clara	XSC
REGION II	Santa Cruz	XCZ
REGION II	Solano	XSO
REGION II	Sonoma	XSN
REGION III	Butte	XBU
REGION III	Colusa	XCO
REGION III	Glenn	XGL
REGION III	Lassen	XLS
REGION III	Modoc	XMO
REGION III	Plumas	XPU
REGION III	Shasta	XSH
REGION III	Sierra	XSI
REGION III	Siskiyou	XSK
REGION III	Sutter	XSU
REGION III	Tehama	XTE
REGION III	Trinity	XTR
REGION III	Yuba	XYU
REGION IV	Alpine	XAP
REGION IV	Amador	XAM
REGION IV	Calaveras	XCA
REGION IV	El Dorado	XED
REGION IV	Nevada	XNE
REGION IV	Placer	XPL
REGION IV	Sacramento	XSA
REGION IV	San Joaquin	XSJ
REGION IV	Stanislaus	XST
REGION IV	Tuolumne	XTO
REGION IV	Yolo	XYO
REGION V	Fresno	XFR
REGION V	Kern	XKE
REGION V	Kings	XKI
REGION V	Madera	XMA
REGION V	Mariposa	XMP
REGION V	Merced	XMD
REGION V	Tulare	XTU
REGION VI	Imperial	XIM
REGION VI	Inyo	XIN
REGION VI	Mono	XMN
REGION VI	Riverside	XRI
REGION VI	San Bernardino	XSB
REGION VI	San Diego	XSD



APPENDIX C – MEDICAL AND HEALTH SITUATION REPORT

Section 5

Handling Instructions

1. LHD and/or LEMSA Activities:

- Concurrently contact the CDPH and/or EMSA Duty Officer Program (or JEOC, if activated) to provide information related to the situation. This may take the form of a telephone call or email and provides the advantage of initial timely notification of State agencies who may be called upon to provide information and/or respond.

2. MHOAC Program Activities:

- Prepare a Medical and Health Situation Report containing the minimum data elements listed in Appendix C within two hours of an unusual event.
- Simultaneously forward The Medical and Health Situation Report to the RDMHC/S Program and CDPH/ EMSA duty officer (as appropriate).
- Disseminate the Medical and Health Situation Report horizontally throughout Operational Area per local protocol (e.g., the local emergency management Duty Officer).
- Provide an update to the Medical and Health Situation Report under the following circumstances:
 - Any changes in situation status or prognosis; and/or
 - Region/State Agency request as communicated by the RDMHC/S program.

3. RDMHC/S Program Activities:

- Identify immediate or impending response needs and take appropriate action upon receiving the Medical and Health Situation Report.
- Verify and validate any unusual or extraordinary information with the MHOAC program.
- Forward the Medical and Health Situation Report provided by the MHOAC Program to the CDPH and/or EMSA Duty Officer Program or JEOC, if activated.
 - To expedite the process, the RDMHC/S Program will forward individual Operational Area Medical and Health Situation Reports rather than consolidate multiple Operational Area reports into a single regional report.
- Set and communicate the expected Medical and Health Situation Report update frequency (e.g., once per operational period at 0800).
- Communicate with all partners as needed to clarify Medical and Health Situation Report information.
- Maintain the Medical and Health Situation Report data as a part of the full incident historical file.
- Disseminate the Medical and Health Situation Report horizontally throughout the Region per protocol.



Contacts as of September 25, 2009:

<p><u>REGION I</u> Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS</p>	<p><u>REGION II</u> Email: cccountyems@gmail.com 24/7 Voice: 925-570-9708, ask for Duty Officer Pager: 925-677-6439</p>
<p><u>REGION III</u> Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979</p>	<p><u>REGION IV</u> Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032</p>
<p><u>REGION V</u> Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055</p>	<p><u>REGION VI</u> Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564</p>
<p><u>CDPH Duty Officer</u> Email: cdphdutyofficer@cdph.ca.gov 24/7 Voice: 916-328-3605</p>	<p><u>EMSA Duty Officer</u> Email: emsadutyofficer@emsa.ca.gov 24/7 Voice: 916-553-3470</p>



APPENDIX D – MEDICAL AND HEALTH RESOURCE REQUEST

Section 1

Medical and Health Resource Request Form

Medical and Health Resource Request

RR MH (9/09)

R E Q U E S T O R T O C O M P L E T E	1. Incident Name:	2a. DATE:	2b. TIME:	2c. Requestor Number: (Assigned by Requesting Entity)
	3. Requestor Name, Agency, Position, Phone / Email:			
	4. Describe Mission/Tasks:			
	5 - 7. ORDER SHEET - SEE ATTACHED			
M H O A C	8. MHOAC / DOC Review <small>(NAME, POSITION , AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)</small>		9. Processing Activities: (DESCRIBE DETAILS)	
	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).			
L O G I S T I C S	10. Additional Order Fulfillment Information:	11. Supplier Name / Phone / Fax / Email:		12. Resource Tracking: <input type="checkbox"/> Entered into Resource Tracking System (Plans) <input type="checkbox"/> Demob Expected: <input type="checkbox"/> Demob Completed (if known):
	13. Notes:			
	14. ORDER FILLED AT (check box) <input type="checkbox"/> OA EOC <input type="checkbox"/> REGION <input type="checkbox"/> STATE <input type="checkbox"/> PRE-ALLOCATED			
F I N A N C E	15. Reply / Comments from Finance:			16. Finance Section Signature (Name, Position & Signature) & Date/Time:

ORDER SHEET

5. ORDER							17. Logistics Section: Fulfillment					
Line #	Priority (See Below)	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (STAFF: experience, licensure, etc.)	Kind/Rx Strength	Type/Rx Unit or Conc.	Quantity Requested (See Below)	Expected Duration of Use:	Quantity			Tracking #	ETA (Date & Time)	COST
							Approved	Filled	Back-Ordered			
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):							7. Deliver to/Report to POC (Name, Position, Tele#/Email, Radio, etc.)					

PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)
 QUANTITY: Based upon a unit of EACH; Pharmaceuticals are based upon a single regimen of the requested unit.

ORDER SHEET

5. ORDER (Pre-Allocated Assets)						17. Logistics Section: Fulfillment						
						NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).						
Line #	Priority (See Below)	Detailed Specific Item Description: <small>Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (STAFF: experience, licensure, etc.)</small>	Kind/Rx Strength	Type/Rx <small>Unit or Conc.</small>	Quantity Requested <small>(See Below)</small>	Expected Duration of Use:	Quantity			Tracking #	ETA <small>(Date & Time)</small>	COST
							Approved	Filled	Back-Ordered			
		Tamiflu	Capsule 75 mg	48 courses/case	# cases							
		Tamiflu	Capsule 45mg	48 courses/case	# cases							
		Tamiflu	Capsule 30mg	48 courses/case	# cases							
		Tamiflu	Suspension 12mg	18 courses/case	# cases							
		Relenza	Diskhaler 5mg	16 courses/case	# cases							
		State Standard PPE Pallet	Masks 3M - 1860 Regular (40) -1860 S Small (20) -2071 6000 Series Half-Mask Filters (200) -6100 Half-Mask Small (15) -6200 Half-Mask Med (18) -6300 Half-Mask Large (3) -8000 Paper (7,920) -8210 Paper (100) -9010 Paper (150) Kimberly-Clark Tecnol 2710 Small (1,470) Tecnol 2717 Reg (2,100)	Pallet	# Pallets							
		Federal Standard PPE Push Pallet	Masks -N 95 Inovel 3000 Large (320) -3 M N 95 1860S Small (1,200) -Kimberly-Clark N 95 Orange (4,200) -Surgical Procedure (3,000) Sheilds -Splash (16) -Face (1,300) Gowns -XX Large (108) -X Large (90) -Large (90) -Small/Med (80) Gloves -Latex Large (1,000) -Latex Med (1,000) -Latex Small (1,000) -Nitrile Med (1,000) -Nitrile Small (1,000)	Pallet	# Pallets							
		N 95 Resp Inovel	3000 Large	160/case	# cases	As required						
		N 95 Resp 3M	1860S Small	120/case	# cases							

ORDER SHEET

5. ORDER (Pre-Allocated Assets)						17. Logistics Section: Fulfillment						
Line #	Priority <small>(See Below)</small>	Detailed Specific Item Description: <small>Vital</small> <small>characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (STAFF: experience, licensure, etc.)</small>	Kind/Rx Strength	Type/Rx <small>Unit or Conc.</small>	Quantity Requested <small>(See Below)</small>	Expected Duration of Use:	Quantity			Tracking #	ETA <small>(Date & Time)</small>	COST
							Approved	Filled	Back-Ordered			
		N 95 Resp Kimberly-Clark	Orange	210/case	# cases							
		Mask	Surgical/Procedure	300/case	# cases							
		Shield	Splash + headsets	80+16/case	# cases							
		Shield	Face 100/case	100/case	# cases							
		Gowns	XX Large	18/case	# cases							
		Gowns	X Large	30/case	# cases							
		Gowns	Large	30/case	# cases							
		Gowns	Small / Med	20/case	# cases							
		Gloves - Latex	Large	1,000/case	# cases							
		Gloves - Latex	Medium	1,000/case	# cases							
		Gloves - Latex	Small	1,000/case	# cases							
		Gloves - Nitrile	Large	1,000/case	# cases							
		Gloves - Nitrile	Medium	1,000/case	# cases							
		Ventilators	Viasys LTV 1200	Each								
		Alternate Care Cache	Cache	Cache	# caches							
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						Deliver to / Report to POC (Name, Position, Tele#/Email, Radio, etc.)						

PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainability (RIMS: LOW)
 QUANTITY: Based upon a unit of EACH; Pharmaceuticals are based upon a single regimen of the requested unit.

APPENDIX D – MEDICAL AND HEALTH RESOURCE REQUEST

Section 2 Instructions for Completion

Sections 1 through 4 (Page 1) to be completed by the Requestor

1. **Incident Name:** The name of the event associated with this request. The Incident Name should be consistent with the name used by operational area emergency management and all situational reporting.
2.
 - a. **Date:** XX/XX/XXXX (e.g., 10/01/2009 for October 1, 2009)
 - b. **Time:** Use 24-hour format (e.g., 1700 rather than 5:00 pm)
 - c. **Request Number(s):** Initial Number assigned by Requestor for tracking purposes. Secondary Numbers may be assigned by processing and/or filling levels, if necessary.
3. **Requestor Name, Agency, Position, Phone/Email:** Provide specific information for the person submitting the request, including agency/department affiliation, contact information, etc.
4. **Mission/Tasks:** Describe CLEARLY the mission/task and what is being requested to accomplish the mission/task.

Sections 5 through 7, ORDER SHEET (Page 2), to be completed by the Requestor

Note: Use ORDER SHEET (Page 2) with blank lines for non pre-allocated resources. For pre-allocated resources, use the ORDER SHEETS populated with pre-allocated resources (Pages 3 and 4). Consult CAHAN for LHD-specific pre-allocation spreadsheets (CAHAN Document Library: Documents: 2-State and Local Health: #CDPH: EPO: GDHOM).

5. **Order:** CLEARLY identify what is being requested (including alternates if applicable). i.e. Pharmaceuticals (Standard or generic name), Medical Supplies (specific item or nomenclature), personnel (Doctor – General/Specialist, RN, LVN, Paramedic, etc.), Ambulance (Type – single resource, Strike Team, etc.), Mobile Field Hospital, etc.
Col 1: Line #. If more than one of the same kind of resource is required, assign a number to each row.
Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page.
Col 3: Detailed Specific Item Description: Provide information specific to the resource to ensure quick, efficient processing of request. Provide as much detailed information as possible.
Drugs: Indicate drug name, dosage, form, unit of use, package or volume.
Staff: Describe needed experience, licensure, skill set, abilities.

Facilities: Describe specific needs including utility, access times, etc.

Supplies/Equipment: Provide complete description, manufacture, item/model number, etc.

Col 4: Kind/Rx Strength. Identify the kind of item; if pharmaceuticals, indicate the strength and what kind, i.e., generic, etc.

Col 5: Type/Rx. Identify measurement (units, dozens, cases, etc.).

Col 6: Quantity Requested: Indicate how many are needed to fulfill the mission/task.

Col 7: Expected Duration of Use: How long are the resources needed? Not Applicable (N/A) for expendable resources, i.e. medications, gloves, etc.

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): Identify potential sources for supply, substitutes and any special delivery instructions.

7. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

Sections 5 through 7, ORDER SHEET (Pre-Allocated Page 3 and 4), to be completed by the Requestor.

5. Order: Items available to the Local Health Department can be found on each County/LHD's Pre-Allocation Sheets previous provided or that can be found on CAHAN. Orders can only be submitted for those items indicated and for quantities shown as available.

Col 1: Line #. Assign a number to each row for items that are being requested.

Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page

Col 3: Detailed Specific Item Description: Items that are included within the pre-allocation have been listed.

Col 4: Kind/Rx Strength. Kind and Strengths of items available have been listed.

Col 5: Type/Rx. Type and Number of Courses per case are shown.

Col 6: Quantity Requested: Order by specific level indicated; i.e. Number of cases/Number of Pallets. Only Order up to the LHD's Pro-Rated and available Pre-Allocation level.

Col 7: Expected Duration of Use: Anticipated time that the resources may be needed? (Ventilators, ACS Cache, etc.) Not Applicable (N/A) for expendable resources, i.e. medications, masks, gloves, etc.

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): N/A for potential sources for supply and substitutes; Include any special delivery instructions.

7. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

Sections 8 through 9 (Page 1) to be completed by the Medical Health Operational Area Coordinator (MHOAC) or Designee.

8. MHOAC Signature. The MHOAC should review and validate the Resource Request. The MHOAC's signature verifies that the request meets the standards set forth within SEMS.
9. Processing Activities: List the activities, persons contacted, and results related to the fulfilling this request.

Sections 10 through 13 (Page 1) to be completed by Logistics Function at the level/entity that fills the request

10. Additional Order Fulfillment Information: Provide any additional relevant information, e.g., the order is being fulfilled in stages, more than one vendor is involved, etc.
11. Supplier Name/Phone/Fax/Email: Provide the exact name and contact information of vendor or agency supplying the resource.
12. Resource Tracking: Use to document expectations and actions related to resource tracking.
13. Notes: Additional relevant information not contained elsewhere.
14. Ordered filled at: Indicate the highest SEMS level fulfilling the request.

Sections 15 through 16 (Page 1) to be completed by Finance

15. Reply/Comments from Finance: Provide information for documenting the financial activities related to this request.
16. Finance Section Signature (Name, Position and Signature) and Date/Time: Identify the person/position that authorized expenditure of funds to fulfill the resource request; in addition to signature, include position/title and date and time signed.

Section 17 (ORDER SHEET Page 2 or Pre-Allocated Page 3 and 4) to be completed by the Logistics Section at the level/entity filling the request, i.e. LHD/LEMSA DOC, OAEOC/MHOAC, Region – RDMHC/S or REOC, State – SOC/JEOC, etc.: Fulfillment

Quantity

Approved: Indicate the amount approved. This may be different than amount requested.

Filled: Indicate the amount that can be filled at request processing time.

Back Ordered: Indicate any quantity that has been placed on back-order at the vendor level that once delivered can be used to complete the request. If items not provided will require re-ordering, indicate the number of items and that "Re-Order Required".

Tracking #: Internal number used to track the resource fulfillment process.

ETA (Date and Time): Estimated time of arrival of the requested items, if known.

Cost: Used to track event cost.



APPENDIX D – MEDICAL AND HEALTH RESOURCE REQUEST

Section 3 Handling Instructions

1. MHOAC Program Activities

- Immediately notify the RDMHC/S Program that the resource is needed and works with the RCMHC/S Program to refine the resource request before formal submittal of the request to the emergency management system. **The refinement and formal submittal process into Response Information Management System (RIMS) or other resource tracking system must not delay the resource request from moving forward.**
- Ensure that the Medical and Health Resource Request Form is completed on behalf of the Requestor (see Appendix D, Medical and Health Resource Request).
- Submit the formal request to the Operational Area emergency management Duty Officer/Operational Area EOC.
- Provide a copy of the resource request to the RDMHC/S Program.
- Contact the Operational Area emergency management Duty Officer/Operational Area EOC to confirm receipt of request and submission into RIMS or other resource tracking system.
- Contact the RDMHC/S Program to confirm receipt of request.

2. RDMHC/S Program Activities

- Assist MHOAC with refining request, assist with identifying alternative resources within Operational Area and make recommendations.
- Immediately begin the process of fulfilling request by coordinating with unaffected Operational Areas within the Mutual Aid Region if resources are not identified within the Operational Area.
- Notify the CDPH and/or EMSA Duty Officers/JEOC that a resource request is being processed.
- Collaborate with the Cal EMA Regional Duty Officer/Regional Emergency Operations Center to ensure proper tracking and fulfillment of the resource request.
- Notify the requestor, CDPH and or EMSA Duty Officers/JEOC, Cal EMA Regional Duty Officer/Regional Emergency Operations Center of the outcome of the request and delivery details if request is filled within the Mutual Aid Region.

3. Regional Emergency Operations Center/State Operations Center/State Agency Resource Request Activities

- If the request is unable to be filled within the Mutual Aid Region, the Cal EMA



Regional Duty Officer/Regional Emergency Operations Center Medical and Health Branch works with the other RDMHC/S Programs within the Cal EMA Administrative Region to fulfill the request.

- If a resource request is unable to be filled within an Administrative Region, the request is forwarded to the Cal EMA Executive Duty Officer/State Operations Center to seek resource availability in the unaffected Administrative Regions or from State agencies.
- The State Operations Center coordinates with other states or the Federal government to fill the request if necessary.
- The entity fulfilling the request notifies the requestor and the RDMHC/S Program of the outcome of the request.

Contacts as of September 25, 2009:

<p><u>REGION I</u> Email: MedicalandHealthBranchCoord-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS</p>	<p><u>REGION II</u> Email: cccountyems@gmail.com 24/7 Voice: 925-570-9708, ask for Duty Officer Pager: 925-677-6439</p>
<p><u>REGION III</u> Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979</p>	<p><u>REGION IV</u> Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032</p>
<p><u>REGION V</u> Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055</p>	<p><u>REGION VI</u> Email: MedicalandHealthBranchCoord-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564</p>
<p><u>CDPH Duty Officer</u> Email: cdphdutyofficer@cdph.ca.gov 24/7 Voice: 916-328-3605</p>	<p><u>EMSA Duty Officer</u> Email: emsadutyofficer@emsa.ca.gov 24/7 Voice: 916-553-3470</p>



APPENDIX E – GLOSSARY

GLOSSARY

Agency: A division of government with a specific function offering a particular kind of assistance. In the Incident Command System (ICS), agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private sector organizations may be included. Additionally, nongovernmental organizations (NGOs) may be included to provide support.

All-Hazards: Any incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities.

Assessment: The evaluation and interpretation of measurements and other information to provide a basis for decision making.

Assistance by Hire: Assistance by hire resources are those elements of personnel and equipment which are provided through specific arrangements not associated with mutual aid.

California Department of Public Health (CDPH): The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California and provides assistances with state public health related emergency management activities. CDPH maintains a 24/7 Duty Officer Program which can be contacted at cdphdutyofficer@cdph.ca.gov or 916-328-3605.

California Emergency Management Agency (Cal EMA): California Emergency Management Agency (Cal EMA) serves as the lead agency for coordinating emergency activities related to fire and rescue, management, search and rescue, law enforcement and public information.

California Emergency Services Act (ESA): An Act within the California Government Code to insure that preparations within the state will be adequate to deal with natural, man made, or war caused emergencies which result in conditions of disaster or in extreme peril to life, property and the natural resources of the state and generally to protect the health and safety and preserve the lives and property of the people of the state.

Common Terminology: Normally used words and phrases-avoids the use of different words/phrases for same concepts, consistency, to allow diverse incident management and support organizations to work together across a wide variety of incident management functions and hazard scenarios.

Communications: Process of transmission of information through verbal, written, or symbolic means.

Continuity of Government (COG): Activities that address the continuance of constitutional governance. COG planning aims to preserve and/or reconstitute the institution of government



and ensure that a department or agency's constitutional, legislative, and/or administrative responsibilities are maintained. This is accomplished through succession of leadership, the pre-delegation of emergency authority, and active command and control during response and recovery operations.

Continuity of Operations (COOP): Planning should be instituted (including all levels of government) across the private sector and nongovernmental organizations (NGOs), as appropriate, to ensure the continued performance of core capabilities and/or critical government operations during any potential incident.

Cooperative Agreement: A formal agreement among entities that describes the circumstances, conditions, limitations, and other factors including provisions for reimbursement of costs incurred related to the provision of assistance in an emergency.

Coordinate: To advance systematically an analysis and exchange of information among principals who have or may have a need to know certain information to carry out specific emergency management responsibilities.

Coordination: The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of the most effective combination of available resources to meet specific objectives. The coordination process (which can be either intra- or inter-agency) does not involve dispatch actions. However, personnel responsible for coordination may perform command or dispatch functions within the limits established by specific agency delegations, procedures, legal authority, etc. Multi-agency or Inter-agency coordination is found at all SEMS levels.

Corrective Actions: Implementing procedures that are based on lessons learned from actual incidents or from training and exercises.

Critical Infrastructure: Systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

Demobilization (DEMOB): The orderly, safe, and efficient return of an incident resource to its original location and status.

Disaster: A sudden calamitous emergency event bringing great damage loss or destruction.

Emergency: Any incident(s), whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Management Assistance Compact (EMAC): A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a



disaster-affected State can request and receive assistance from other member States quickly and efficiently, resolving two key issues upfront: liability and reimbursement.

Emergency Management Community: The stakeholders in emergency response in California including the residents of California, the private sector, and Federal, State, local and tribal governments.

Emergency Medical Services Authority (EMS Authority): The EMS Authority is responsible for prompt delivery of disaster medical resources to local governments in support of their disaster medical response. This includes the responsibility to provide personnel and medical supplies and materials from unaffected regions of the state to meet the needs of affected counties as well as arranging for the evacuation of injured disaster victims to hospitals in areas/regions not impacted by the disaster.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or some combination thereof.

Emergency Operations Plan: The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.

EOC Action Plan: The plan developed at SEMS EOC levels, which contains objectives, actions to be taken, assignments and supporting information for the next operational period.

EOC Activation: 1) Initial activation of an EOC may be accomplished by a designated official of the emergency response agency that implements SEMS as appropriate to accomplish the agency's role in response to the emergency. 2) An event in the sequence of events normally experienced during most emergencies.

Emergency System Activation: The following taxonomy of emergency system activation provides a clear and consistent description of what constitutes activation of the emergency system:

- Level I – Implementation of any aspect of the Operational Area medical/health disaster plan which requires response resources within the affected Operational Area (or as available from outside the Operational Area through day to day agreements)
- Level II – Requires response resources from other Operational Area within the mutual aid region of the impacted Operational Area
- Level III – Requires State or federal response resources

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Federal: Of or pertaining to the Federal Government of the United States of America.



Function: Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The same five functions are also found at all SEMS EOC Levels. At the EOC, the term Management replaces Command. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence/Investigations, may be established, if required, to meet emergency management needs.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Incident: An occurrence or event, natural or man made, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wild-land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response. At the SEMS EOC level it is called the EOC Action Plan.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Interoperability: Allows emergency management/response personnel and their affiliated organizations to communicate within and across agencies and jurisdictions via voice, data, or video-on-demand, in real-time, when needed, and when authorized.

The Joint Emergency Operations Center (JEOC): The JEOC is the co-located Emergency Operations Center (EOC) for CDPH, DHCS and EMSA. The role of the JEOC includes the following core functions: coordination; communications; resource allocation and tracking; and information collection, analysis, and dissemination.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, and local boundary lines) or functional (e.g., law enforcement, public health).

Liaison: A form of communication for establishing and maintaining mutual understanding and cooperation.

Local Emergency Medical Services Agency: The agency, department, or office having primary responsibility for administration of emergency medical services in a county.



Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal entity, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107–296, 116 Stat. 2135 (2002).

Local Health Officer: City and county health officers are authorized by the Health and Safety (H&S) Code to take any preventive measure necessary to protect and preserve the public health from any public health hazard during a local emergency or state of emergency within their jurisdiction. Preventive measures include abatement, correction, removal, or any other protective steps which may be taken against any public health hazard that is caused by a disaster and affects public health. The Local Health Officer (LHO) may proclaim a local emergency if he or she has been specifically designated to do so by ordinance adopted by the governing body of the jurisdiction (H&S Code, Section 101310). When a health emergency has been declared by a LHO or board of supervisors, the LHO has supervision and control over all environmental health and sanitation programs and personnel employed by the county during the state of emergency.

Local Public Health Department: The agency, department, or office having primary responsibility for administration of public health services in a county.

Logistics: Providing resources and other services to support incident management.

Master Mutual Aid Agreement (MMAA): An agreement entered into by and between the State of California, its various departments and agencies, and the various political subdivisions, municipal corporations, and public agencies of the State of California to assist each other by providing resources during an emergency. Mutual Aid occurs when two or more parties agree to furnish resources and facilities and to render services to each other in response to any type of disaster or emergency.

Medical Health Operational Area Coordinator (MHOAC): A functional designation within the Operational Area normally fulfilled by the county health officer and local EMS agency administrator (or designee), responsible for the development of a medical and health disaster plan and coordination of situational information and mutual aid during emergencies. The MHOAC Program is comprised of the personnel, facilities and supporting entities that fulfill the functions of the MHOAC role as directed by the designated MHOAC.

Mitigation: Provides a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

Mobilization: The process and procedures used by all organizations—Federal, State, tribal, and local—for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.



Multi-Agency or Inter-Agency Coordination: The participation of agencies and disciplines involved at any level of the SEMS organization working together in a coordinated effort to facilitate decisions for overall emergency response activities, including the sharing of critical resources and the prioritization of incidents.

Multi-agency Coordination (MAC) Group: Typically, administrators/executives, or their appointed representatives, who are authorized to commit agency resources and funds, are brought together and form MAC Groups. MAC Groups may also be known as multi-agency committees, emergency management committees, or as otherwise defined by the System. It can provide coordinated decision making and resource allocation among cooperating agencies, and may establish the priorities among incidents, harmonize agency policies, and provide strategic guidance and direction to support incident management activities.

Multi-agency Coordination System(s) (MACS): Multi-agency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The elements of multi-agency coordination systems include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are EOCs and MAC Groups. These systems assist agencies and organizations responding to an incident.

Mutual Aid Agreements and/or Assistance Agreements: Written or oral agreements between and among agencies/organizations and/or jurisdictions that provide a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

Mutual Aid Coordinator: An individual at local government, Operational Area, Region or State Level that is responsible to coordinate the process of requesting, obtaining, processing and using mutual aid resources. Mutual Aid Coordinator duties will vary depending upon the mutual aid system.

Mutual Aid Region: A mutual aid region is a subdivision of state OES established to assist in the coordination of mutual aid and other emergency operations within a geographical area of the state, consisting of two or more Operational Areas.

National: Of a nationwide character, including the Federal, State, tribal, and local aspects of governance and policy.

National Incident Management System (NIMS): Provides a systematic, proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

National Response Framework (NRF): A guide to how the nation conducts all-hazards incident management.



Non-governmental Organization (NGO): An entity with an association that is based on the interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with the government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross.

Operational Area: An intermediate level of the state emergency organization, consisting of a county and all other political subdivisions within the geographical boundaries of the county.

Operational Period: The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours.

Organization: Any association or group of persons with like objectives. Examples include, but are not limited to, governmental departments and agencies, private sector, and/or nongovernmental organizations.

Preparedness: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within NIMS, preparedness focuses on the following elements: planning, procedures and protocols, training and exercises, personnel qualification and certification, and equipment certification.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Private Sector: Organizations and entities that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

Protocols: Sets of established guidelines for actions (which may be designated by individuals, teams, functions, or capabilities) under various specified conditions.

Public Information: Processes, procedures, and systems for communicating timely, accurate, and accessible information on the incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social,



political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

Recovery Plan: A plan developed to restore the affected area or community.

Regional Disaster Medical and Health Coordinator/Specialist Program: Comprised of both the Regional Disaster Medical Health Coordinator (RCMHC) and Regional Disaster Medical Health Specialist (RDMHS), the program responsible for supporting information flow and mutual aid requests during disaster response.

Region Emergency Operations Center (REOC): Facilities found at State OES Administrative Regions. REOCs provide centralized coordination of resources among Operational Areas within their respective regions, and between the Operational Areas and the State Level.

Reimbursement: Provides a mechanism to recoup funds expended for incident-specific activities.

Resource Management: Efficient emergency management and incident response requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under NIMS includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Response Information Management System (RIMS): An Internet based information management system for collecting information on the disaster situation, communicating action plans, and receiving mission requests.

Situation Report: Confirmed or verified information regarding the specific details relating to the incident.



Stafford Act: The Robert T. Stafford Disaster Relief and Emergency Assistance Act establishes the programs and processes for the Federal Government to provide disaster and emergency assistance to States, local governments, tribal nations, individuals, and qualified private nonprofit organizations. The provisions of the Stafford Act cover all hazards including natural disasters and terrorist events. Relevant provisions of the Stafford Act include a process for Governors to request Federal disaster and emergency assistance from the President. The President may declare a major disaster or emergency:

Standard Operating Procedure (SOP): Complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

Standardized Emergency Management System (SEMS): A system required by California Government Code for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels, which are activated as necessary: Field response, Local Government, Operational Area, Region and State.

Standardized Emergency Management System (SEMS) Guidelines: The SEMS guidelines are intended to assist those responsible for planning, implementing and participating in SEMS.

Standardized Emergency Management System (SEMS) Regulations: Regulations establishing the Standardized Emergency Management System (SEMS) based upon the Incident Command System (ICS) adapted from the system originally developed by the Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE) program including those currently in use by state agencies, the Multi-Agency Coordination System (MACS) as developed by FIRESCOPE program, the Operational Area concept, and the Master Mutual Aid Agreement and related mutual aid systems. TITLE 19. DIVISION 2. Chapter 1, § 2400 et. Seq.

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

State Operations Center (SOC): The SOC is operated by the Governor's Office of Emergency Services at the State Level in SEMS. It is responsible for centralized coordination of state resources in support of the three OES Administrative Regions (REOCs). It is also responsible for providing updated situation reports to the Governor and legislature.

Surge, Healthcare: A healthcare surge is proclaimed in a local jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted.

System: An integrated combination of people, equipment, and processes that work in a coordinated manner to achieve a specific desired output under specific conditions.



Technical Assistance: Support provided to State, tribal, and local jurisdictions when they have the resources but lack the complete knowledge and skills needed to perform a required activity (such as mobile-home park design or hazardous material assessments).

Technical Specialists: Personnel with special skills that can be used anywhere within the SEMS organization. No minimum qualifications are prescribed, as technical specialists normally perform the same duties during an incident that they perform in their everyday jobs, and they are typically certified in their fields or professions.

Terrorism: Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States in which it occurs; and is intended to intimidate or coerce the civilian population, or influence or affect the conduct of a government by mass destruction, assassination, or kidnapping. See Section 2 (15), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

Threat: An indication of possible violence, harm, or danger.

Tools: Those instruments and capabilities that allow for the professional performance of tasks, such as information systems, agreements, doctrine, capabilities, and legislative authorities.

Tribal: Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native Village as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 stat. 688) [43 U.S.C.A. and 1601 et seq.], that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

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