REGIONAL DISASTER MEDICAL/HEALTH COORDINATOR

INTERIM EMERGENCY PLAN

January, 1996

CONTRA COSTA COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

Developed under grant from the
California Emergency Medical Services Authority

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REGIONAL DISASTER MEDICAL HEALTH COORDINATOR’S MEMORANDUM

Region II’s sixteen counties within California are vulnerable to nearly every type of disaster that can occur including conflagration, earthquakes, flood, hazardous materials release and other emergencies which are increasing in frequency and destructive consequences. Region II is part of the overall State mutual aid system which allows support from neighboring jurisdictions and state and federal government agencies to be brought to assist areas of pressing need.

Disaster planning and training will help us achieve the goal of prompt and effective response to emergencies and disasters. The RDMHC Interim Emergency Plan describes the policies, structure, roles, responsibilities and general procedures governing Region II’s response to major disasters.

This Interim Plan does not apply to day-to-day emergencies. It addresses the large-scale event which overwhelms the response capability of local jurisdictions, such as an earthquake, hazardous materials release, explosion or dam failure which produces massive numbers of casualties.

This dynamic document should be read before a disaster strikes. We have attempted to make this a “user-friendly” document. It is three-hole punched so that as updates occur, you can simply change the pages when we send them to you. We do anticipate that changes will be necessary after the State EMSA publishes the state-wide Medical/Health Mutual Aid Plan. This final version of the Interim Plan replaces the DRAFT versions of the document currently in your possession that can now be discarded.

Over the past five years, many individuals and groups have worked together to develop the forms, checklists and system elements, and to write and review the document itself. I want to thank you for your assistance in working together with my staff to respond to those in need during times of emergency. I hope you will find this final document to be helpful, informative and easy to use.

Sincerely,

William B. Walker, M.D.
Regional Disaster Medical Health Coordinator
Region II
A344 (9/91)
# REGION II RDMHC INTERIM EMERGENCY PLAN

January, 1996

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I. INTRODUCTION

1.0 PURPOSE

The purpose of this plan is to describe the policies, structure, roles, responsibilities, resources and general procedures governing both the Region’s response to State EMSA’s request for help in response to major disasters outside Region II, and the Region’s response to Operational Areas requesting mutual aid assistance for disasters within Region II.

The two principle functions of the RDMHC are:

1) to coordinate the acquisition of medical and health mutual aid in response to a request from EMSA, DHS, or State QES in support of a state medical/health response to a major disaster, and

2) to respond to Operational Areas requesting mutual aid assistance for disasters within Regional II.

The RDMHC will locate, mobilize and/or arrange transportation for resources requested, and also may coordinate the receipt of casualties evacuated from the disaster area.

2.0 OBJECTIVES

The RDMHC shall:

2.1 Coordinate the development of a regional medical/health mutual aid plan.

2.2 Develop and maintain a system to identify medical/health resources, transportation assets and communication resources within the region.

2.3 Establish and maintain a liaison relationship with Operational Area Coordinators for relevant emergency functions, the OES Regional Manager, and the Regional Medical Transportation Coordinator.

3.0 AUTHORITIES AND REFERENCES

California Government Code, Section 8607, the Standardized Emergency Management System (SEMS). SEMS is intended to standardize response to emergencies involving multiple jurisdictions or multiple agencies. Local government must use SEMS by December 1, 1996 in order to be eligible for state funding of response-related personnel costs.

California Code of Regulations, Title 19, Division 2, Chapter 1 - Standardized Emergency Management System (SEMS). These regulations establish the SEMS based upon the Incident Command System (ICS), multi-agency coordination, the operational area concept, and the Master Mutual aid Agreement and related mutual aid systems.

California Health and Safety Code, Division 2.5 (Sections 1797-1799), “Emergency Medical Services”, 1980, Update effective Jan. 1, 1996. Known as the EMS System and the Prehospital Emergency Medical Care Personnel Act, its intent is to provide the state with a statewide system for emergency medical services by establishing within the Health and Welfare Agency the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services.

California Health and Safety Code, Division 2.5, Section 1797.152, Regional Disaster Medical and Health Coordinator; Appointment, 1989. Stipulates that the RDMHC shall be either 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; to be chosen by majority vote of the local health officers in a mutual aid region. Authorizes the RDMHC to coordinate the acquisition of mutual aid resources from the jurisdictions in the region, and to develop region-wide mutual aid plans.

**California Code of Regulations, Title 22, Division 9, Chapters 1-8.** These regulations cover:

- Chapter 1. The EMSA and Commission on Emergency Medical Services, Conflict of Interest Code;
- Chapter 1 First Aid Testing for School Bus Drivers;
- Chapter 2. Emergency Medical Technician I
- Chapter 3. Emergency Medical Technician II
- Chapter 4. Emergency Medical Technician-P
- Chapter 7. Trauma Care Systems
- Chapter 8. Prehospital EMS Aircraft Regulations.

Disaster Medical Response Plan. Emergency Medical Services Authority, July, 1992. **Describes the policies and general procedures governing EMSA’s response to major disasters involving mass casualties. To provide context, the plan details the roles and responsibilities of local, state, and private agencies and organizations, and describes the structure, concepts, and policies under which the response operates.**

**State of California Emergency Plan, Annex D “Emergency Medical Services”. State QES, May 1988.** Annex D presents general concepts and policies to be followed in providing disaster medical services during each operational phase of a natural or technological emergency. It describes California’s disaster medical care system and assigns state agency responsibilities.

**4.0 PLAN REVISION AND UPDATE**

On an annual basis, before the exercise, the plan will be reviewed and revisions will be made, incorporating any changes that arise out of the exercise experience.

Any changes made will be distributed to all of the Operational Areas (counties) in Region II, and other agencies as listed in the Distribution List (see below):

**4.1 DISTRIBUTION LIST**

Region II RDMHC and Region II RDMHC Alternates

County Disaster Medical/Health Coordinators for Region

<table>
<thead>
<tr>
<th>Alameda</th>
<th>Napa</th>
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</thead>
<tbody>
<tr>
<td>Contra Costa</td>
<td>San Benito</td>
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<tr>
<td>Del Norte</td>
<td>San Francisco</td>
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<td>Humboldt</td>
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<td>Lake</td>
<td>Santa Clara</td>
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<td>Marin</td>
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<td>Mendocino</td>
<td>Solano</td>
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<td>Monterey</td>
<td>Sonoma</td>
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</table>
II. CONCEPT OF OPERATIONS

5.0 SCOPE

This plan does not apply to day-to-day emergencies. It addresses the large scale event which overwhelms the response capability of local jurisdictions, such as an earthquake, hazardous materials release, explosion or dam failure which creates massive numbers of casualties.

Catastrophic disasters differ from multiple casualty incidents in both quantitative and qualitative measures. Disasters are characterized by quantitative measures of life loss, injuries, and resources required for response; as well as substantial damage to the response environment and systems.

The two principle functions of the RDMHC are:

1) to coordinate the acquisition of medical and health mutual aid in response to a request from EMSA, DHS, or State OES in support of a state medical/health response to a major disaster, and

2) to respond to Operational Areas requesting mutual aid assistance for disasters within Region II.

The RDMHC will locate, mobilize and/or arrange transportation for resources requested, and also may coordinate the receipt of casualties evacuated from the disaster area.

The RDMHC will work with the Operational Area Disaster Medical/Health Coordinator (OADMHC) in each county for mutual aid needs and resources, on a 24-hr. availability basis. Nearby counties can certainly provide mutual aid for each other, but should notify the RDMHC in situations where their joint resources may not be adequate, or the full resource needs will not be known immediately.

6.0 GENERAL EMERGENCY MEDICAL/HEALTH RESPONSIBILITIES DURING EMERGENCY PHASES

6.1 Preparedness

During this phase, responsible agencies will:

- Prepare supporting plans, standard operating procedures, and checklists which detail the initial response and protective actions of their staffs, and the procurement, mobilization, allocation and distribution of public and private medical and health resources.

- Provide coordination and communication channels with government agencies and other organizations.

- Train emergency personnel.
• Conduct readiness exercises.

6.2 Increased Readiness
Increased readiness actions include:
• Review and update plans, Standard Operating Procedures (SOPs), and resource information.
• Review and update alert and resource provider lists and contact points.

6.3 Pre-Impact
During this phase responsible agencies will:
• Determine protective actions to be taken by their staff, the public, or components of the medical/health care system and provide notification.
• Alert and mobilize their staff, if necessary.
• Review checklists and alert designated disaster medical/health response agencies. Disseminate warnings and prepare emergency public information and instructions for the public.
• Alert resource providers, requesting an inventory and stockpiling of resources, if necessary.

6.4 Impact/Immediate Response
During this phase responsible agencies will:
• Provide medical care, as appropriate.
• Survey and evaluate the emergency situation.
• Establish reliable communications within the disaster medical/health care system.
• Disseminate warnings, emergency public information and instructions to the public.
• Allocate and mobilize disaster medical/health personnel and equipment.
• Restore or activate essential medical/health facilities and systems.
• Maintain complete and accurate records of all resources used in the emergency response.
• Evacuate casualties and medical/health facility inpatients if necessary.

6.5 Sustained Response
During this phase the health of the affected population is maintained through continued medical/health care and rehabilitative services. Responsible agencies will:
• Ensure that hospital and nursing home patients continue to receive care, and that persons moved to mass care facilities receive medical attention.
• Establish or augment services to deliver medical/health care to the public for non-disaster related health problems.
• Inform the public about measures to avoid secondary medical problems.

6.6 Recovery
• Priority during this phase will be given to maintaining essential medical and health services and restoring the disaster area’s ability to deliver medical/health care.

7.0 QUALITY ASSURANCE

The responsibility for validating and/or verifying licensure and/or certifications of emergency response personnel, including volunteers, rests with the requesting jurisdiction.

8.0 TRAINING, TESTS AND EXERCISES

At a minimum, the Region II RDMHC will conduct an annual communications exercise, either tied in with State EMSA’s annual exercise or separately with the Operational Areas (counties) within Region II. Please see the RDMHC “Test Message” Fax form example, listed in the Appendix.

In addition, during any Region II REOC activations, it is recommended that the OADMHCs be invited to participate, on a rotating basis, for training purposes.
III. RESPONSE ORGANIZATION

The Standardized Emergency Management System (Government Code Section 8607, Jan. 1993) provides the organizational structure for response. The five levels of SEMS; State, Region, Operational Area, Local and Field are reflected in this Plan. In all of the SEMS organization charts, the Medical and Health Branch is a part of the Operations Section (the other sections being Management, Plans/Intelligence, Logistics and Finance).

In a “State of Emergency” declared by the Governor, the RDMHC or alternate will serve as staff to the Medical/Health Branch in the Operations Section of the Regional EOC (REOC). Please see the Appendix for the SEMS REOC Organization Chart.

SEMS guidelines allow for three alternatives for the RDMHC to coordinate with the REOC;

1) locate in the REOC,
2) operate in a separate location, but with good communication to the REOC, and
3) operate in a separate location, but send an RDMHC/EMSA-DHS liaison to the REOC.

9.0 FEDERAL RESPONSE AGENCIES

Medical assistance from the Federal government will be requested if the demand for medical resources exceeds the capabilities of local and Regional and state governments jurisdictions.

9.1 Under the coordination of the Federal Emergency Management Agency (FEMA), federal agencies will provide resources to support state and local emergency response efforts at the request of, and in coordination with, state response officials. Federal agencies may, under their own authority, provide disaster assistance prior to a presidential declaration.

9.2 Federal agencies and organizations with responsibilities for the support of the states’ medical response are the United States Public Health Service (USPHS), Department of Veterans Affairs (VA), Department of Defense (DOD), and Department of Transportation (DOT). The Department of Veterans Affairs provides medical supplies and equipment.

9.3 Department Of Defense (DOD)

The primary response function of the Department of Defense is urban search and rescue. The DOD may also support other medical response functions by providing:

- Casualty transportation;
- Transportation for material and personnel;
- Medical supplies; and,
- Other logistic support.

DOT coordinates transportation, route recovery, and establishment of staging areas for the receipt, storage and deployment of disaster supplies and equipment.

9.4 In 1983, Congress created the National Disaster Medical System (NDMS) to improve the federal government’s ability to respond to medical disasters. The NDMS is a joint program of the Public Health Service, Department of Veterans Affairs, Department of Defense, and Federal Emergency Management Agency. Through a coordinated effort, the NDMS:
- Provides Disaster Medical Assistance Teams (DMATs) to support patient care operations within the disaster area.
- Assists communities to develop the capability to receive evacuated casualties.
- Coordinates the evacuation of casualties to sources of medical care outside the state.

10.0 STATE AGENCIES AND DEPARTMENTS

10.1 Governor’s Office of Emergency Services (OES)
The Governor’s Office of Emergency Services is responsible for the overall coordination of the state’s disaster response.

OES is responsible for initiating the state response to disasters, including alerting and activating state agencies with response responsibilities. It provides approval for expenditures for acquisition of resources and requests for federal assistance. OES operates the State Operations Center (SOC) in Sacramento.

State OES’s response objectives are to:
- Promote joint priority setting among the responding departments;
- Monitor the progress of the various response elements in attaining response goals;
- Collect, interpret and disseminate disaster intelligence; and,
- Represent the Governor in the direction of the response.

10.2 Emergency Medical Services Authority (EMSA)
The EMSA coordinates the state’s medical response to major disasters. The Director of EMSA is the State Disaster Medical Coordinator (SDMC) and serves as a member of the Governor’s Emergency Operations Executive Council.

The EMSA is responsible for:
- Developing and updating state medical plans and procedures.
- Providing advice, training, and technical assistance to local agencies in disaster preparedness.
- Promoting the preparedness of private and public sector medical response resources.
- Designing, activating and evaluating periodic exercises to test response capabilities.
- Coordinating with the Public Health Service, NDMS, and other federal agencies with medical response roles.
- Establishing the EMS Operations Center (EMSOC) and the Unified Medical Operations Center (UMOC) with the California National Guard.
- Managing the Medical and Health Branch of the State Operations Center (SOC).
- Establishing medical response policies and priorities.

10.3 Department of Health Services (DHS)
The Department of Health Services is responsible for the state public health and
environmental health response to a disaster. DHS also supports the state medical response by establishing and operating the Joint DHS/EMSA Emergency Operations Center (JEOC). DHS also directs the deployment of resources to protect the public and environmental health, and performs licensing inspections of hospitals, nursing homes, and clinics. 

(PHN mutual aid process…)

10.4 Office of Statewide Health Planning & Development (OSHPD)
The role of the Office of Statewide Health Planning & Development (OSHPD), in conjunction with the Office of the State Architect (OSA), includes:

- Inspecting hospitals following earthquakes to ensure their structural integrity.
- Providing information on hospital status and capabilities to EMSA, OES, and Operational Area Coordinators.
- Assisting the EMSA in setting priorities for the restoration of hospital services.

10.5 Department of Mental Health & Department of Social Services.
The disaster response role of the Department of Mental Health (DMH) includes:

- Coordinating the State mental health response.
- Collecting information on the status of state mental health facilities within the affected area.
- Providing ongoing mental health assistance during the recovery period following a disaster.

The role of the Department of Social Services includes:

- Assisting with the placement of disaster victims in shelters.
- Ensuring that victims have access to clothing and food.
- Providing personnel to establish claims for losses for victims of the disaster during the recovery period.

10.6 Military Department
The California National Guard (CNG) has a dual role in the medical response. The 175th Medical Brigade (MED BDE) is the command responsible for the military planning, coordination and management of the state military medical response. Under the policy direction of the State Disaster Medical Coordinator (SDMC), the Commander of the Brigade is responsible for directing military operations in support of the state medical response. UMOC is operated jointly by EMSA and the 175th Medical Brigade to provide direction and control over the medical response.

The California National Guard also employs its forces for various support missions including:

- Air and surface transportation.
- Distribution of food, essential supplies and materials provided by other agencies.
- Operation and/or coordination of Regional Evacuation Points and Mobilization Points.
10.7 California Amateur Radio Emergency System (CARES)
CARES provides backup disaster communications to the departments of the Health and Welfare Agency, including the EMSA, Health Services, Mental Health, Social Services, and Office of Statewide Health Planning & Development, via HAM radios. CARES will establish communications between state responders at the EMSOC, UMOC, or JEOC and county medical emergency operations centers that have amateur radio capability. See also (in this Plan) Section 19.3, Communications.

11.0 REGIONAL DISASTER MEDICAL HEALTH COORDINATORS (RDMHCs)

11.1 Regional Mutual Aid
The two principal functions of the RDMHC are:

1) to coordinate the acquisition of medical and health mutual aid in response to a request from EMSA, DHS, or State OES in support of a state medical/health response to a major disaster, and

2) to respond to Operational Areas requesting mutual aid assistance for disasters within Region II.

The RDMHC will locate, mobilize, and/or arrange transportation for resources requested, and also may coordinate the receipt of casualties evacuated from the disaster area.

Upon the request of Operational Areas (counties) within the Region and/or the OES Regional Manager, the RDMHC will assume additional regional disaster medical/health related functions, including:

- Coordinating the regional and intra-regional disaster medical and health mutual aid, through the Operational Area Disaster Medical/Health Coordinators;

- Providing a forum for the development of regional approaches to disaster medical and health preparedness, and/or,

- Providing advice to the OES Regional Manager on disaster medical and health issues.

Accurate records and documentation related to mutual aid resources requested/provided shall be maintained by each party that requests, receives or provides medical/health mutual aid resources.

It is the requesting jurisdiction (normally this would be the impacted area) that is responsible for the costs of those mutual aid services, supplies and/or resources that it specifically requests. For example, if an Operational Area requested supplies for an impacted city without the impacted city making that request of the Operational Area first, then the Operational Area is responsible for the costs of those mutual aid services.

11.2 Selection of the RDMHC and Alternates
RDMHCs are selected by the State EMSA and the State Dept. of Health Director, for a three-year term, through input from the Local Health Officers in their respective Regions. To qualify as a Regional Disaster Medical/Health Coordinator (RDMHC), a candidate must be a Health Officer, local EMS Agency Administrator or Medical Director, or county Office of Emergency Services Coordinator.
The RDMHC shall select two alternates. One alternate will be from within the same Operational Area as the RDMHC. The second alternate will be from another operational area within the Region.

11.3 Duties of the RDMHC

11.3.1 Pre-incident duties of the RDMHC include:

- Coordinate the development of a regional medical/health disaster and mutual aid plan.
- Develop and maintain a system to identify medical/health resources, transportation assets, and communication resources within the region.
- Establish liaison with other OES Operational Area Coordinators and the OES Regional Administrator. Coordinate the acquisition of medical/health mutual aid in response to a request from the state.
- Participate in regional and statewide disaster exercises.

11.3.2 RDMHC duties during and after a disaster include:

- For disasters within Region II; coordinate and manage the allocation of all regional, state, federal and private medical and health support to disaster medical/health care operations within the affected area. (If a disaster impacts the RDMHC's own county, the Alternate RDMHC may have to assume these duties.)
- For disasters outside of Region II; coordinate the acquisition of operational area, regional and private medical and health mutual aid in support of a state medical/health response to a major disaster.
- Evaluate requests from the Operational Areas for medical and health support, and determine appropriate response recommendations.
- Obtain medical and health personnel and related resources through established mutual aid procedures.
- Coordinate the mobilization and transportation of medical and health resources with the REOC Logistics Section and with the JEOC and the UMOC, if activated.
- Establish and maintain a tracking system of injured persons who are moved from OA CCPs to state-operated Regional Evacuation Points, and to medical treatment facilities in unaffected areas of the state.
- Coordinate state-provided emergency public health services.

11.4 Location of the RDMHC:

- The RDMHC or alternate will serve as staff to the Region II REOC during a “State of Emergency” declared by the Governor.
- SEMS guidelines allow for three alternatives for the RDMHC to coordinate with the REOC;
  1) locate in the REOC,
  2) separate location, but with good communication to the REOC and
  3) separate location, but send a RDMHC/EMSA-DHS liaison to the REOC.
• Coordination with other regional mutual aid coordinators and resource systems is important; these include Law, Fire, Mental Health, Hazardous Materials, Water, Engineers & the Emergency Managers Mutual Aid. In most disasters, these regional mutual aid systems would be located or coordinated through State OES’s REOC.

11.5 Region II RDMHC Staff Positions:
There are fourteen Region II RDMHC Staff Positions. They were developed using the basic SEMS ICS structure & are the following:

Management: RDMHC
    Public Information Officer
    EMSA Liaison
    Region II Operational Area Liaison
    Op’l Area Disaster Medical/Health Coordinator

Operations: Operations Section Chief
    Personnel Mutual Aid Coordinator
    Supplies Mutual Aid Coordinator
    Casualties Coordinator
    Medical Transport Mutual Aid Coordinator

Planning/Intell: Planning Section Chief

Logistics: Logistics Section Chief
    Transportation Coordinator

Finance: Finance Section Chief

The Organization Chart (command structure) is included in the Appendix. Per the ICS flexible, expandable staffing concept, Sections can be staffed only as needed. For example, during Advisory Alerts, perhaps only the Management and Planning Sections need to be staffed.

RDMHC Position Checklists were developed, which include job responsibilities, location on the organization chart, other positions to work closely with, and a brief, condensed statement of EMSA/RDHMC Region II Policies. The policy section includes mutual aid requests, use of the media, mutual aid response, the PUSH concept, and a brief definition section, especially including definitions of the various EOCs. The checklists are included in the Appendix.
12.0 COUNTIES/OPERATIONAL AREA DISASTER MEDICAL/HEALTH COORDINATORS

The focus of the medical coordination effort at the county level is the County Director of Health/County Health Officer. The Operational Area Disaster Medical/Health Coordinator (OADMHC) is the person designated by the Director of Health/County Health Officer to be responsible for developing plans and procedures and for the coordinated response of local medical/health resources. In many counties in California, the coordination role is assigned to the Administrator of the local EMS Agency. The OADMHC shall appoint at least one alternate.

The RDMHC will work with the OADMHC in each county for mutual aid needs and resources, on a 24-hr. availability basis. Nearby counties can certainly provide mutual aid for each other, but should notify the RDMHC in situations where their joint resources may not be adequate, or the full resource needs will not be known immediately.

The RDMHC will maintain a current list of OADMHC’s and alternates’ respective addresses & contact numbers.

12.1 Pre-incident duties of the OADMHC include:

Develop and annually update all aspects of the medical/health section of the county’s and Operational Area’s emergency response plan.

Local response plans should address, among other items:

- roles and responsibilities of local response agencies, before, during, and after a catastrophic event;
- development of contact lists of key health officials within each Operational Area; such as officers of Public Health, Environmental Health, Mental Health, etc.
- reporting and operational relationships among the various local response agencies;
- policies for determining how medical/health resources are to be acquired and allocated;
- strategies for distributing patients among surviving medical facilities, including the role of non-hospital medical facilities;
- procedures for requesting and accepting medical and health mutual aid from neighboring jurisdictions and the state; and,
- methods for gathering and disseminating disaster medical/public health information to local and state response officials.

- Identify, develop and maintain sources for medical/ health resources, transportation, communications, and logistic support.
- Establish and maintain liaison, and possibly develop agreements with appropriate Am. Red Cross chapters, volunteer agencies, professional societies, local EMS agency, hospitals, pre-hospital providers, and any nearby military establishments that could provide assistance.
- Establish and maintain liaison with other service Op Area mutual aid coordinators such as law, fire, public works, hazardous materials, mental health, engineers and water agencies.
- Designate casualty collection points and develop plans and procedures to
open, staff, and operate them.

- Designate mobilization centers and rendezvous points for mutual aid resources. Coordinate this selection with other emergency planners, such as OES, fire, law and hazardous materials.

- Assist local jurisdictions to develop plans and procedures to:
  - Alert resource providers and contact points.
  - Inventory, stockpile, and distribute resources.
  - Participate in operational area disaster exercises.
  - Develop agreements with nearby military establishments that could provide assistance.

12.2 OADMHC Duties during and after a disaster

The requesting Operational Area is the controlling authority for use of medical/health resources provided in accordance with their request. In any situation wherein such resources are not adequate to fulfill multiple local requests in a timely manner, the OADMHC is responsible for the distribution of available resources.

- Assess the health effects of disaster-related events.
- Provide disaster-related health information to the public information officer to be released to the public.
- Coordinate resource requests & needs within the operational area, notifying the RDMHC of the situation and resource status, and requesting mutual aid as needed.
- Evaluate resource availability within the operational area.
- Activate Casualty Collection Points, and establish mobilization centers for mutual aid resources, as needed.
- Provide preventive health services.
- Provide food handling and mass feeding sanitation service in emergency facilities.
- Assess and advise on general sanitation matters.
- Coordinate with hazardous materials personnel to minimize loss of life & adverse physical effects, & reduce environmental damage due to hazardous or toxic materials.
- Coordinate with other mutual aid systems and EOC sections, such as Mental Health, Public Works, Water, Utilities, Law & Fire to ensure health needs of the public & emergency response workers are being met.

13.0 CITY MEDICAL RESPONSE

Although County Directors of Health/County Health Officers are responsible for coordinating the overall local medical response, cities have important response functions. First, many cities have prehospital emergency service providers who will provide direct lifesaving care to disaster victims. The plans of these pre-hospital providers should be coordinated with those of the county to ensure proper interface with
hospital resources, information sharing, and consistent priority setting.

Second, cities can also provide non-medical support to hospitals, casualty collection points, and other medical operations through their fire and law services as well as through public works and general services.

14.0 PRIVATE SECTOR

14.1 American Red Cross (ARC)
The American Red Cross has a federal charter to establish shelters for disaster victims. The state medical response will support these shelter operations by assisting the Red Cross to procure nursing and other medical support from unaffected areas of the state.

14.2 California Blood Bank Society (CBBS)
In response to requests from the State Disaster Medical Coordinator (SDMC), the CBBS coordinates the acquisition of blood and blood products in support of the medical response to disasters. The state will request a representative of the CBBS to report to the JEOC to facilitate coordination.

14.3 Private Sector Pharmaceutical and Hospital Supply Distributors
The EMSA will request private sector firms to develop plans and procedures to:
- Rapidly locate and transport pre-identified pharmaceutical and medical supply items to the disaster area if transportation is available, or to a predesignated airport.
- Provide liaison staff to the JEOC supply acquisition function.
- Participate in state-sponsored training and resource acquisition exercises.

15.0 HOSPITALS AND OTHER HEALTH FACILITIES

15.1 Hospitals
Hospitals play a critical role in the response to any disaster with medical consequences. During the response to a catastrophic disaster, hospitals in an impacted area have two responsibilities; to protect their staff and maintain the medical status of their patients, and if possible, to provide medical care to disaster victims. These responsibilities, along with Joint Commission for the Accreditation of Health Organizations (JCAHO) guidelines, require hospitals, clinics and other health care agencies to develop response plans consistent with their jurisdictions’ overall medical response plans.

Hospital plans should, at a minimum, address the following:
- Assessing gross damage and loss of function to the facility. This initial assessment should include surveying for fire, obvious structural and non-structural damage, hazardous materials releases, and loss of utilities. This rapid assessment should be followed as soon as possible with a detailed assessment.
- Communicating hospital capabilities and needs to county officials responsible for coordinating the medical response.
- Restoring critical water, electrical, sewer, gas and telephone utilities.
- Obtaining food and water.
• Augmenting and relieving staff.
• Acquiring medical supplies and replacing damaged equipment.
• Discharging patients.
• Providing medical care to converging casualties.
• Securing the facility.
• Maintaining standards for medical records in order to maximize reimbursement for services provided and facilitate patient follow-up for additional medical care.

Hospital plans and procedures should also address the well being of the families of staff members who may have been affected by the disaster, and the long and short-term mental health problems which may arise among the hospital workers.

Hospitals outside the area affected by the disaster also have important roles to play. If the disaster is catastrophic in impact, hospitals in unaffected areas may be asked to assist in the acquisition of medical personnel from their facilities. Additionally, if hospitals in impacted areas are severely damaged, the state may evacuate casualties to hospitals in areas unaffected by the disaster.

15.2 Other Health Facilities
Community clinics, urgent care centers, dialysis clinics, and other non-hospital facilities provide essential services to a growing segment of California’s population. Following a catastrophic disaster, these facilities have several responsibilities:
• Protection of staff and clients.
• Provision of medical services to casualties who are injured on site or converge to the facility.
• Participation, consistent with the mission of the facility, in the ongoing medical and health response.
• If unable to provide services, referring both disaster victims and regular clients to appropriate alternative sources of service.
• Rapid restoration of function to provide services to its normal clientele.

In order for facilities to meet their responsibilities the facility must:
• Develop & exercise disaster plans for internal and external disasters both separately and simultaneously.
• Establish communication and coordination links with their Operational Area Disaster Medical Coordinator.
• Prepare their facilities by performing non-structural hazard mitigation.

16.0 PRE-HOSPITAL AND AMBULANCE SERVICES
As with other response resources, prehospital and emergency transportation providers both within and outside the affected area have important response roles. Within the affected area, prehospital providers may not be able to stabilize all victims and immediately transport them to the closest appropriate medical facility. Delays may be caused by the number of victims, damage to roads, facilities and vehicles. Dispatch, 911,
medical direction and other EMS communications may be damaged or overloaded. As a result, EMS personnel may need to perform alternative response functions such as:

- information gathering and reporting;
- staffing Casualty Collection Points;
- using vehicle radios to establish communications links among hospitals, CCPs and medical EOCs; and,
- supporting the evacuation of medical facilities. Planning for prehospital services should also take into account the large number of dual role fire personnel (i.e. firefighter/EMT) in California. Fire prehospital personnel may be diverted to fire suppression rather than medical care immediately following a disaster. Communities with significant fire EMT response capability should clarify these priorities and develop plans for the contingency that their prehospital personnel will be redirected.

In areas unaffected by the disaster, prehospital providers may provide:

- personnel and vehicle mutual aid;
- a Regional Ambulance Coordinator to assist Regional Disaster Medical/Health Coordinators to mobilize vehicles and personnel; and,
- medical transportation for casualties evacuated from the impacted areas.

Ambulance mutual aid should be provided only in response to official requests and/or through officially established mutual aid plans or automatic aid agreements. Ambulance providers responding without valid authorization will probably interfere in the response and not be reimbursed for the services they perform.
IV. EMERGENCY ACTIONS/RESOURCE ACQUISITION

17.0 ACTIVATION AND DEACTIVATION

17.1 Activation
The Region II Response Plan is activated in three ways; either by (one) a call from EMSA, stating they are requesting the services of the RDMHC, or (two) by a call to EMSA from the RDMHC, stating that one or more of the Operational Areas in Region II has requested mutual aid. EMSA will be requesting the Region to either issue an “Advisory Alert” or to begin a “Response Activation”. The third way is if State OES Region II has activated their REOC and the REOC Director or Operations Chief requested that the RDMHC be activated, as part of staffing REOC Medical/Health operations.

The senior staff member of the RDMHC staff should make initial assignments to the RDMHC positions. Each person should be given checklists and disaster supply folders for all positions for which they are responsible. The Communications Section of this plan covers how this information is issued to Region II’s counties. Please see Section 17.3 and the Activation Checklist in the Appendix.

17.2 Advisory Alert
For an Advisory Alert, Region II will be requested to notify all Operational Area Disaster Medical/Health Coordinators (OADMHC) in Region II of the potential need for mutual aid, to have each OADMHC poll the mutual aid providers in their county for resources and report available resources to the Region II RDMHC. For an Advisory Alert, the RDMHC may only be staffed at a minimum level. Please see the Region II RDMHC Emergency Plan Organization Chart in the Appendix.

17.3 Response Activation
In a Response Activation, EMSA states that mutual aid is definitely needed from Region II (whether that request originated from a county within Region II, or another Region), and that Region II should ask the OADMHCs of Region II to mobilize resources. For a Response Activation, the RDMHC will be staffed per its SEMS/ICS structure, based on the nature and severity of the disaster. Activation activities can be grouped into four basic areas:

17.3.1 Assess exactly what resources are needed, or are being requested (not in general, but exactly how many of what resource to do which tasks, when, for how long and at which location). Generally, supplies, personnel, or casualty management will be needed.

17.3.2 Determine the proper mutual aid system, communication method (equipment, forms, etc.), and contacts.

17.3.3 Make the requests/mobilize and/or assign the resources.

17.3.4 Notify/report to EMSA (at the JEOC or UMOC, if activated), and any other affected parties, such as other Region mutual aid Coordinators, Op areas, state agencies.

Please see the Region II RDMHC Emergency Plan Organization Chart, Activation Checklist and individual Position Checklists in the Appendix.

17.4 Deactivation
Deactivation takes place upon State EMSA’s request that the Region II RDMHC deactivate operations. Deactivation activities can be grouped in four basic
17.4.1 Inform all interested parties of the Deactivation:
   • State OES Region II (REOC, if still activated)
   • The OADMHCs of Region II
   • Medical personnel assigned to field activities
   • Mutual Aid providers
   • EOC staff/other agency/persons activated by the RDMHC

17.4.2 Hold an immediate debriefing & record findings.

17.4.3 Assign staff to create a chronology of Region II RDMHC disaster medical operations, ensuring all documentation, checklists, forms, logs, patient tracking, etc. are gathered and organized. Restock the Region II RDMHC Disaster Box.

17.4.4 Review this plan in light of disaster operations and identify changes needed.

Please see the Deactivation Checklist in the Appendix.
18.0 RDMHC RESOURCE MOBILIZATION

Requests for resources are likely to arrive at EMSA through ad hoc channels. EMSA’s policy is that priority for resource requests will be determined according to overall response policy. EMSA’s Disaster Form 202 “Operational Area (county) Medical Mutual Aid Resource Availability Report to State EMSA and DHS”, and Form 200 for Casualty Evacuation and Resource Supplies, are the EMSA forms which can be modified for regional use to report personnel, hospital bed and resources availability. EMSA Forms 202 and 200 are included in the Appendix.

18.1 Medical Supplies, Equipment & Pharmaceuticals

In a catastrophic disaster, local responders will quickly exhaust their reserves of medical and pharmaceutical supplies. EMSA’s plans are that resources provided initially will tend to go toward meeting basic lifesaving needs, while subsequent deliveries will support hospital operations.

In order to rapidly meet the initial demand for medical supplies, the EMSA will assist local communities to develop easily transportable, standardized caches of non-disposable supplies for disaster response. These caches are available for local response to emergencies as well as for mutual aid responses.

18.2 Personnel

The most heavily populated areas of California face no shortage of physicians, yet personnel planning for disaster response remains critical.

18.2.1 Medical Personnel

In response to a catastrophic event, physician volunteers will play an important role. Preconfigured and trained teams of medical volunteers, such as NDMS Disaster Medical Assistance Teams (DMATs) will be utilized. These teams have the ability to respond rapidly from jurisdictions within and outside the state. They also have the advantage of training and exercising disaster response operations. EMSA supports the development of these teams in California.

Ad hoc medical response teams and single volunteers may also be requested from unaffected areas, depending on the needs of the affected areas. These personnel may work in hospitals, CCPs, primary care settings, or shelters.

18.2.2 Public Health Personnel

City and county health officers are authorized by the Health and Safety Code to take any preventive measure necessary to protect and preserve the public health from any public health hazard during a local emergency or disaster within their jurisdiction. Public health responsibilities include:

- Identification of vulnerable and high-risk populations, such as migrant camps, disabled adults or frail elderly, child care centers, senior day care and skilled nursing facilities, park sites & make-shift shelters, non-English speaking, pregnant women and high-risk infants.
- Coordination with Environmental Health to provide public health education on proper handling and storage of food and water, hand washing and hygiene under survival conditions, sources of potable water, and disposal of waste and sewage.
• Identification of individuals with communicable diseases and isolation when indicated.

• Provision of skilled professional nursing care expertise, as directed by the emergency management system; whether to public agencies, Red Cross shelters, or other agencies providing group care.

18.2.3 Environmental Health Personnel

Preventive measures include abatement, correction, removal, or any other protective step which may be taken against any public health hazard that is caused by a disaster and affects the public health. Environmental Health Personnel are responsible for:

• Providing safe, potable water to prevent outbreaks of waterborne disease.

• Surveillance and inspection of the food delivery system to prevent foodborne illness and food contamination or spoilage.

• The sanitary disposal of human waste.

• Proper storage and disposal of solid wastes, including medical wastes, to prevent vector nuisances, odor problems, or the contamination of food and water supplies.

• Guidance in the establishment and continuing sanitation of emergency mass shelters, and the inspection of existing housing to ensure safe and healthful housing.

• Taking emergency corrective measures against those vectors that can produce injury or discomfort in humans and domestic animals.

18.2.4 Other mutual aid system personnel

• Critical Incident Stress Debriefing (CISD) Teams The EMSA is supporting the development of CISD teams throughout California and will serve as a clearinghouse for requests for CISD services not only in a catastrophic event but also for emergencies as well. (Discussion of Mental Health's own mutual aid system…)

• Hazardous Materials Response Teams

The newly-developed statewide Haz/Mat Response Mutual Aid System will provide personnel to both assess the risk to the public health & the environment from any haz/mat release or spill, and to advise Incident Commanders/other first responders regarding health, safety, site characterization, containment, decontamination, mitigation & cleanup. The OADMHC should work with the Op Area Hazardous Materials Coordinator.

18.3 Region II RDMHC Resource Manual and Resource Suppliers

The RDMHC Region II “Emergency Medical Service Mutual Aid and Disaster Medical References” Manual is organized by county. It contains contact numbers for emergency medical coordination personnel, county-specific policies for medical mutual aid including ambulances, and hospital information. The hospital information consists of a one-page summary of each hospitals’ capacities, basic information, address and Thomas Brothers’ map coordinates and latitude and
longitude coordinates for possible helicopter landings. Each county has a Hospital
Summary Report compiling the vital capacity data for all the hospitals in that
county. Please see the Region II Medical Mutual Aid Manual. Voluntary
contributions by BAMMA member counties comprise the Manual documents.

Supply, equipment, and personnel resources needed for the medical and health
response may be obtained from the following sources:

- Private sector supply and equipment distributors and manufacturers in
  unaffected areas of the state.
- Pre-established supply caches.
- County governmental public health and environmental health personnel.
- Physician, nurse, and other medical professionals recruited from unaffected
  areas of the state.
- State military sources.
- Unaffected area ambulance providers.
- Federal civilian resource providers such as the Public
  Health Service and Veterans Administration.
- Critical Incident Stress Debriefing Teams.
- Federal Military Sources.

18.4 Hospitals
At the request of the RDMHC, and in conjunction with the County Health
Officer/emergency medical services system for their jurisdiction, hospitals in
unaffected areas of the state will:

- Determine the number of evacuated casualties they can provide for and
  communicate this information to the Operational Area Disaster Medical
  Coordinator, and
- Serve as a clearinghouse for staff interested in volunteering to provide medical
  care in the disaster area or at casualty reception areas within the region.

At the request of the Operational Area Disaster Medical Coordinator and in
coordination with the County Health Officer and emergency medical services
system for the jurisdiction, hospitals in the affected area will activate their disaster
plans.

18.5 Request Flow/Supply Management
After the initial PUSH request, the UMOC will manage the delivery of medical
supplies and equipment to local jurisdictions (or to the Regional Evacuation Point,
if more than one is established) through the medical supply company (MEDSOM)
of the 175th Medical Brigade. The UMOC will fill these items from current
inventory maintained by the MEDSOM. As inventories are reduced below a critical
level or requests for items not stocked are made, the UMOC will request the
JEOC to acquire the needed items.

18.6 Mutual Aid
Affected jurisdictions will also request mutual aid from neighboring jurisdictions.
Given the likely regionwide impact of a catastrophic disaster, this assistance may
not be available at the same levels as for emergencies. However, pre-event
mutual aid agreements and joint planning will expedite the response of available aid and make it more effective.

18.6.1 Local Government Mutual Aid

Local disaster medical/health plans should also address the acquisition and mobilization of medical, public and environmental health resources for support of disasters in other jurisdictions. These resources may be provided to affected jurisdictions through operational area to operational area (county-to-county) agreements, or through regional and state mutual aid systems mediated by a RDMHC or the State Disaster Medical Services Coordinator, respectively.

18.6.2 Fire Service Mutual Aid

The fire services mutual aid system also has access to medical resources through the pre-hospital fire responders employed in many jurisdictions. In order to reduce the probability of duplicate requests, the fire service will use the medical/health mutual aid system for medical requests except for those medical personnel who are uniformed members of fire departments.

18.7 Cost Reimbursement

Reimbursement for medical response costs incurred by the EMSA and other state and local response entities will depend on the resource and the manner in which it was obtained. As soon as medical resource requirements are determined, the EMSA will request authorization from OES to acquire resources in the most expeditious manner.

The requesting jurisdiction is responsible for the costs for those mutual aid services, supplies and/or resources that it specifically requests (and subject to any mutual aid agreements which exist at the time of the request).

Both local and state agencies purchasing medical resources or services must maintain detailed records in order to maximize their opportunities for federal and state cost sharing. Only costs incurred through authorized channels are available for reimbursement.

Region II RDMHC staff have developed two logs for documentation purposes, (1) the Activity Log and (2) the Personnel Log. Copies of these logs are in the Appendix. Instructions for use are in the Activation Checklists for each RDMHC Position (copies attached in the Appendix).

18.8 Transportation and Other Logistic Support

Transportation for supplies, equipment, and personnel is coordinated by the Transportation Branch at the JEOC and SOC. This Branch is managed by California’s National Guard, DOT and Highway Patrol. Federal support to the transportation function is provided by the DOT and the DOD. In order to expedite the movement of medical resources, the JEOC will request the Transportation Branch to provide a liaison at the site of the JEOC.

18.9 Casualty Evacuation

If the demand for an operational area’s hospital services exceeds the supply, the Operational Area Disaster Medical/Health Coordinator may request the state to assist with the evacuation of casualties to unaffected areas of the state or nation. If casualty evacuation is indicated, there are several evacuation options available depending on the level of the unmet need and the availability of casualty
In the most devastating disasters in which local hospital capacity is almost totally destroyed and/or committed to casualty care, the State and Operational Area may implement:

- "general casualty evacuation", in which all casualties of appropriate medical condition may be evacuated,
- "partial casualty evacuation", targeted to only the most severe injuries capable of withstanding evacuation in the event substantial local hospital capacity remains and/or medical transportation assets are scarce; or,
- "selective evacuation", targeted to patients requiring specialty medical care least available in the impacted area.

Within the response to a single disaster, the evacuation mode may vary from general to partial to selective.

Given the complexity of the casualty evacuation task even when the evacuation is only partial or selective, it is critical for local, regional, state and federal agencies with evacuation roles to develop mutually consistent plans.

18.9.1 Casualty Collection Points (CCPs)

CCPs are sites designated by local government for the congregation, triage, stabilizing treatment, and holding for evacuation of disaster casualties. They represent the operational interface between Operational Area & State medical responses.

Although the principal role of CCPs is for casualty evacuation, local jurisdictions may also employ them to supplement their medical response capabilities. They may use CCPs to increase the supply of hospital resources by moving some patients from hospitals to CCPs. CCPs may accept casualties directly from injury sites if hospital capacity is unavailable or severely limited. CCPs may also serve as the gateway for the evacuation of casualties to unaffected areas and as receiving sites for medical supplies and personnel provided to local government through the state response.

Given the critical nature of CCPs and their lack of employment in either day-to-day emergencies or moderate scale disasters, it is critical that they adhere to minimum standards. These standards, as well as recommendations for the establishment and operations for CCPs, are spelled out in EMSA’s Casualty Collection Guidelines.

18.9.2 Regional Evacuation Points (REPS)

Regional Evacuation Points (referred to in previous plans as the medical operations at Disaster Support Areas (DSAs)) are intermediary sites for the evacuation of casualties and the provision of mutual aid support to Operational Areas. REPs will be located at airports with both fixed and rotary wing capability and operated by state or federal military. Under worst-case conditions, REPs will require sufficient size and facilities to support holding and/or evacuating 3000 casualties per day.

REPs will also serve as the principal point of contact and support for nearby Operational Areas.

18.9.3 Reception Areas
Reception Areas are the third link in the evacuation chain. Reception areas are the receiving points for evacuated casualties. They may be located in unaffected areas of California or out of state. EMS officials in reception areas will need to develop plans for:

- Receipt and unloading of fixed wing aircraft carrying evacuated casualties.
- Re-triaging, staging, and transporting those casualties to appropriate medical facilities.
- Providing information to the EMSA to support its patient locating function.
- Assisting with the logistical arrangements for returning casualties to their homes.

18.9.4 RDMHC Role in State Casualty Regulation and Tracking

Casualty Regulation is the process of matching casualties requiring evacuation to facilities in unaffected areas with the capacity to receive them and provide the care they need. Currently, California utilizes its state system and/or the federal NDMS for regulating the evacuation of casualties. During the response to a catastrophic disaster, these systems may work concurrently, with the state regulating in-state evacuations and NDMS out-of-state patient movement. Alternatively, the state system may be subsumed under the NDMS.

The state's casualty regulation system works through RDMHCs and the local OADMHCs. At the time of the disaster, the EMSOC will request hospital bed availability data from unaffected counties through RDMHCs. The EMSOC will also request RDMHCs to identify the airport(s) for receiving casualties.

In the event casualty evacuation is necessary, the EMSOC (UMOC), will estimate the number of casualties required to be moved and alert RDMHCs in unaffected regions, that they are likely to receive casualties and should begin planning to receive them. Local reception area officials will be provided with estimated time of arrival and casualty numbers.

For casualties evacuated through the state system, the receiving counties will collect casualty names, other identifying information, and the hospital to which they were sent and provide these data to the EMSA.

18.9.5 Federal Casualty Evacuation System & Tracking

The federal casualty evacuation system is operated under the auspices of the NDMS. The Department of Veterans Affairs and DOD coordinating hospitals obtain agreements from other hospitals in their area to receive evacuees from either an overseas conventional conflict or a stateside civilian disaster. These coordinating hospitals, working with local officials, develop and test plans for the receipt and distribution of casualties.

The coordinating hospitals, in cooperation with the Operational Area Medical/Health Coordinator, poll local NDMS hospitals and provide the results of their tally to Armed Services Medical regulating Office (ASMRO). ASMRO uses this information to determine the destination for
casualties awaiting evacuation.

Under the federal system, local NDMS coordinators will collect casualty names, other identifying information and the hospital to which they were sent and provide this information to a federally operated database. NDMS will provide the needed information to California State officials.
19.0 COMMUNICATIONS

The rapid establishment of communications among the various medical response elements will be a high priority at all levels; local, operational area, regional and state. Communications channels are needed to carry disaster intelligence, requests for resources and the coordination of resource deliveries.

19.1 Phone and FAX Communications

Region II RDMHC staff has developed an efficient “group fax” method which will be used to communicate with the county Disaster Medical Coordinators. These faxes will be followed by a phone contact when possible.

Region II RDMHC staff have also developed an “Activation Phone List”, which is the principal document needing update attached to this Plan. This one-page phone and fax list includes 24-hour numbers for each county in the Region, EMSA, DHS, Region II OES, the Bay Cities News Desk, and other key contacts. (Please see the Appendix.)

19.2 Computer Communications

Recently State DHS staff have made the state’s “profs” digital voicemail system available by computer link to RDMHC’s in each of the six state mutual aid regions. A statewide computer link, called RIMS, is also available through the OASIS (see below).

19.3 Auxiliary Communications Service (ACS)

ACS is a communications reserve for the State of CA. It provides the State Government with a variety of professional unpaid skills, including administrative, technical and operational; for emergency tactical, administrative and logistical communications between the State and its agencies, its Regions, county and city governments, and neighboring state governments.

ACS includes the RACES (Radio Amateur Civil Emergency Services), coordinates mutual aid RACES, Civil Air Patrol (CAP), Military Affiliate Radio System (MARS), Special Emergency Radio Service, Citizens Band, and others. ACS programs are administered by State OES’s Telecommunications’ Branch.

- CA Amateur Radio Emergency Service (CARES) provides backup disaster communications to the departments of the Health & Welfare Agency, including the EMSA, DHS, DMH, Dept. of Scl. Services & the Office of Statewide Health Planning & Development, via Amateur Radio. It will establish communications between state responders at the EMSOC, UMOC, or JEOC and county medical DOCs that have Amateur radio capability. It has established radio stations in Sacramento, Berkeley, Fairfield, and Los Angeles.

- The Radio Amateur Civil Emergency Services (RACES) is a nationwide system of Amateur Radio stations & operators organized into autonomous local groups which are always sponsored by local, county or state governmental agencies - typically, an Office of Emergency Services, or similar agency. As such, they are the only Amateur Radio operators authorized by the U.S. Federal government to remain “on the air” during declared periods of national emergency. Each county & most hospitals within Region II now have RACES antennae and/or radios and additional equipment installed.

19.4 Operational Area Satellite Information System (OASIS)

The Operational Area Satellite Information System (OASIS) is a satellite-based
communications system with a high frequency radio backup. OASIS provides the capability to rapidly transfer a wide variety of information reports between OASIS user agencies. OASIS is both a communications network and information dissemination system linking the operational area, regional, and state levels.

OASIS will be a primary method of communications within SEMS. OASIS users include, OES State Headquarters, OES Regions and all State Operational Areas. The intent of OASIS is to provide disaster-resistant communications between the operational areas, state QES Regions, OES Headquarters and mobile state telecommunications units. The communications component of OASIS does not extend into the local government level of SEMS. However, local governments are encouraged to use the OASIS forms in passing status, situation reports and resource requests to the operational area.

19.5 Response Information Management System (RIMS)

OES’s response effort is currently managed with time-consuming, manual, paper-based procedures & phone & facsimile communications. RIMS is the follow-up to the OASIS project & will use the OASIS data communications capability, to reduce resource request backlogs and misdirection of resources. It will use the Essential Elements of Information identified by the OASIS project & the OASIS forms as the starting point for application development.

RIMS is an integral part of the OES information management strategic plan currently being developed. Disaster status & response information, as well as requests for resources, flow from the Op Area EOCs to the REOCs. At the REOCs, status & response information is summarized & forwarded to the SOC. Resource requests are processed by the REOCs if possible or the REOC will send a request for resources to the SOC. The SOC summarizes regional status & response information & generates reports for the REOCs; state, federal & local agencies; the governor; the legislature & the public. The SOC also processes resource requests if possible or forwards the request to the appropriate federal agency.
APPENDIX

i. DEFINITIONS

ii. MAP OF STATE OES MUTUAL AID REGIONS (Same as RDMHC Regions)

A. CHARTS AND LISTS:
   • Activation Checklist “How to Activate the Coastal Region Response Plan”
   • Deactivation Checklist “How to Deactivate the Coastal Region RDMHC Plan”
   • Region II Activation Phone List
   • Region II RDMHC Emergency Organization Chart
   • Regional Emergency Operations Center (REOC) SEMS Organization Chart

B. EMSA DISASTER FORM 200 - Casualty Evac’n Request & Resource Order EMSA DISASTER FORM 201 - Operational Area Situation Summary Report EMSA DISASTER FORM 202 - Resource Availability Report

C. FAXES - REGION II RDMHC FAX BULLETINS
   • Example Fax Test Message
   • Example Fax Notification

D. LOGS - REGION II RDMHC LOGS
   • Activity Log (CCC HSD EMSA - CA Coastal Region) RDMHC Operations Center
   • Personnel Log (CCC HSD EMSA - CA Coastal Region) RDMHC Operations Center

E. POSITION CHECKLISTS:
   Regional Disaster Medical/Health Coordinator
   Public Information Officer
   EMSA Liaison
   Region II Operational Areas Liaison
   Operational Area Disaster Medical/Health Coordinator
   Operations Section Chief
   Personnel Mutual Aid Coordinator
   Supplies Mutual Aid Coordinator
   Casualties Coordinator
   Medical Transport Mutual Aid Coordinator
   Planning Section Chief
   Logistics Section Chief
   Transportation Coordinator
   Finance Section Chief
DEFINITIONS - (Appendix Item i)

ACS - AUXILIARY COMMUNICATIONS SERVICE
An emergency communications reserve for the State of CA, administered by State OES; including RACES and CARES.

CARES - CALIFORNIA AMATEUR EMERGENCY SERVICE

CASUALTY COLLECTION POINTS (CCPs)
Sites predesignated by county officials for the congregation, triage, austere medical treatment, relatively long-term holding, and evacuation of casualties following a major disaster.

CHECKLIST
A list of actions taken by an element of the emergency organization in response to a particular event or situation.

DMATs - DISASTER MEDICAL ASSISTANCE TEAMS
DMATs are part of the National Disaster Medical System. The DMAT is a group of health professionals who are trained and deployed to provide medical and health care. Composed primarily of physicians, nurses and support personnel, this grouping provides both emergency and primary care to an affected population. Staff could also include dentists, oral surgeons, pharmacists, physical therapists, emergency medical technicians, lab & x-ray personnel, management, etc. After the patient care component, other components such as environmental health, sanitarians, veterinarians, dieticians, etc., or specialized teams such as just coroners, may be added.

EMERGENCY (SEMS Definition)
A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy. (Government Code Section 8607(a)).

EMERGENCY BROADCAST SYSTEM
A system which enables the President and federal, state, and local governments to communicate through commercial radio and television broadcast stations with the general public in the event of a disaster.

EOC - EMERGENCY OPERATIONS CENTER (SEMS definition)
A location from which centralized emergency management can be performed.

EMERGENCY PUBLIC INFORMATION
Information relayed to the public from official sources during an emergency including: (1) instructions giving advise on survival and health actions, (2) status information on the disaster, and (3) notice of emergency assistance available and where to obtain it.

EMERGENCY RESPONSE AGENCY - EMS definition)
Any organization responding to an emergency, or providing mutual aid support to such an organization, whether in the field, at the scene of an incident, or to an operations center. (Government Code 8607(a)).

EMERGENCY RESPONSE PERSONNEL - (SEMS definition)
Personnel involved with an agency’s response to an emergency.
EMSA - EMERGENCY MEDICAL SERVICES AUTHORITY
State of California EMSA is the State department responsible for the coordination and integration of all state activities concerning emergency medical services. (Health & Safety Code, Chapter 3)

EMSOC - EMSA’s OPERATIONS CENTER

EMS SYSTEM
A specifically organized arrangement that provides for the personnel, facilities, and equipment for the effective and coordinated delivery in an EMS area of medical care services under emergency conditions.” (Health & Safety Code, Section 1797.78)

EVACUATION
Moving people to a safer area.

EVACUEE
An individual who moves or is moved from a hazardous area to a safer area and who is expected to return when the hazard abates.

FEDERAL COORDINATING OFFICER
The person appointed by the President to coordinate federal assistance following an emergency or major disaster declaration.

FEDERAL DISASTER ASSISTANCE
Provides in-kind and monetary assistance to disaster victims, state, and local government by federal agencies under provisions the Federal Disaster Relief Act of 1974 and other statutory authorities of federal agencies.

FEDERAL DISASTER RELIEF ACT
Public Law 93-288, as amended, that gives the President broad powers to supplement the efforts and available resources of state and local governments in carrying out their responsibilities to alleviate suffering and damage resulting from major (peacetime) disasters.

FIRST AID STATION
A location within a mass care facility or casualty collection point where disaster victims may receive first aid.

INCIDENT - (SEMS definition)
An occurrence or event, either human-caused or by natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources.

INCIDENT COMMAND SYSTEM (ICS) - (SEMS definition)
The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

JEOC - JOINT EMERGENCY OPERATIONS CENTER, is managed by DHS (with EMSA) to acquire medical supplies and personnel from the RDMHCs.

LOCAL GOVERNMENT - (SEMS definition)
Any city, city and county, county, school district or special district (Government Code section 8680.2).
MAJOR DISASTER (Federal)
Any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire explosion, or other catastrophe which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Federal Disaster Relief Act.

MASTER MUTUAL AID AGREEMENT
The California Disaster and Civil Defense Master Mutual Aid Agreement made and entered into by and among the State of California, its various departments and agencies, and the various political subdivisions, municipal corporations, and other public agencies of the State, in 1950. Counties were automatically included, whereas cities incorporated before 1950 had to become partners to the Agreement by ordinance. The agreement provides for support of one jurisdiction by another. The agreement does not include private agencies.

MED BDE - 175th MEDICAL BRIGADE
The 175th Medical Brigade is the CA National Guard command responsible for the military planning, coordination and management of the state military medical response, under the policy direction of the State Disaster Medical Coordinator (SDMC).

MULTI-CASUALTY INCIDENT (MCI)
An incident which requires more emergency medical resources to adequately deal with the victims than those available during routine responses. Routine procedures are no longer adequate for dealing with the situation. Generally, emergency responders operate under the guidance of a jurisdictions' Multi-Casualty Incident Plan.

MUTUAL AID
A statewide system designed to ensure that adequate resources, facilities, and other support are provided to jurisdictions whenever their own resources prove to be inadequate to cope with a given situation.

OFFICE OF EMERGENCY SERVICES
Part of the Governor's office, the primary state agency in the coordination and administration of statewide ops to support local govts' emergency planning & response.

OPERATIONAL AREA
An intermediate level of the state emergency services organization, consisting of a county and all political subdivisions within the county.

OADMHC - OPERATIONAL AREA DISASTER MEDICAL/HEALTH COORDINATOR
An individual appointed by the county Dept. of Health Director/Local Health Officer who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources within the operational area (county) border.

OASIS - OPERATIONAL AREA SATELLITE INFORMATION SYSTEM
OASIS is a satellite-based communications system with a high frequency radio backup. OASIS provides disaster-resistant communications between the operational areas, regions, OES headquarters and mobile state telecommunications units. Local governments have no satellite dishes; however, they should use the OASIS forms in passing reports and requests to the operational area.

PUBLIC SAFETY AGENCIES - Governmental fire, law, and military agencies. Resources from those disciplines will be handled (requested and deployed) by their own mutual aid system. Medical/health resources may come from pre-hospital ambulance providers, and hospital resources such as nurses, physicians, or supplies and equipment.

PUSH CONCEPT/SUPPLIES & EQUIPMENT
EMSA & private medical supply vendors have a system (PUSH - not an acronym) where pre-designated supplies will be mobilized as soon as a disaster occurs. This plan requires no involvement from the RDMHC or Region II counties, unless EMSA has difficulty locating a needed item.

RACES - RADIO AMATEUR CIVIL EMERGENCY SERVICES
An emergency service designed to make efficient use of skilled radio amateurs throughout the state in accordance with approved civil defense communications plans. Operators are registered with an OES agency to provide emergency communications support.

REOC - (State OES) REGIONAL EMERGENCY OPERATIONS CENTER.

RIMS - RESPONSE INFORMATION MANAGEMENT SYSTEM
This computer software system will be used on the OASIS Satellite system to improve OES’s ability to collect, process, use and disseminate status, response, planning and resource information during a disaster. It will greatly reduce resource request backlogs and misdirection of resources; thus possibly saving lives and reducing suffering and saving millions of dollars in recovery costs.

REGIONAL DISASTER MEDICAL HEALTH COORDINATOR (RDMHC)
An individual appointed by the State EMSA based upon local recommendation for a mutual aid region to coordinate services in the event of a disaster or in the event that medical mutual aid of some type is requested.

REGIONAL EVACUATION POINT (REP)
For staging casualty evacuation from impacted areas and potentially for shipment of medical/health resources into disaster areas.

RELOCATION AREA/PATIENT EVACUATION AREA
Movement of patients outside original facility, but remaining within the grounds or area of responsibility of the evacuated facility.

RENDEZVOUS POINT
Location where resources can meet before convoying to a requesting jurisdiction. Allows leader to inventory all personnel, supplies and equipment leaving the providing Operational Area.

SEMS - ANDARDIZED EMERGENCY MANAGEMENT SYSTEM
Established by CA Government Code Section 8607, SEMS “is intended to standardize response to emergencies involving multiple jurisdictions or multiple agencies. SEMS is intended to be flexible and adaptable to the needs of all emergency responders in CA. SEMS requires emergency response agencies use basic principles and components of emergency management including ICS, multi-agency or inter-agency coordination, the operational area concept, and established mutual aid systems. State agencies must use SEMS. Local government must use SEMS by Dec. 1, 1996 in order to be eligible for state funding of response-related personnel costs pursuant to activities identified in CA Code of Regulations, Title 19, Section 2920, 2925, and 2930”.

SOC - STATE OPERATIONS CENTER
The State OES’s EOC in Sacramento.

STAGING AREA
Location where equipment and personnel are assigned to an incident for deployment on a three-minute availability status.

STANDARD OPERATING PROCEDURES (SOPs)
A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure. SOPs support a plan or supporting plan or guidelines manual by indicating in detail how a particular task will be carried out.
STATE COORDINATING OFFICER
The person appointed by the Governor to cooperate and work with the Federal Coordinating Officer, to manage state assistance for the disaster.

TRIAGE
A continuous process of sorting accident victims according to the severity of their injuries. Necessary when the number of victims exceeds the number of rescuers or resources available, and so that they can be routed to appropriate medical facilities.

UMOC - UNIFIED MEDICAL OPERATIONS CENTER
A joint operation of EMSA and the National Guard at the periphery of the disaster area.

VECTOR
Source or reservoir by which an infectious agent is spread to a person.

VECTOR CONTROL
Actions to limit the spread of disease-carrying insects and animals.

VOLUNTEERS
Individuals who make themselves available for assignment during an emergency who are not paid for the work they do.
Emergency Plan
Region 2 RDMHC - Jan 1996

OES Mutual Aid Regions

Region I
Jim Eads
(323) 890-7519 voice
(322) 890-8336 fax
jeads@dhs.co.la.ca.us

Region II
Barbara Center
(925) 646-4690 voice
(925) 646-4379 fax
bccenter@fsal.co.contra-costa.ca.us

Region III
Dan Spies (Interim)
(530) 229-3975 voice
(530) 229-3984 fax
dspies@cc-city.net

Region IV
Clarence Teem
(209) 468-6724 voice
(209) 468-6725 fax
teem@co.san-joaquin.ca.us

Region V
Lee Adley
(559) 445-3387 voice
(559) 445-3205 fax
ladley@fresno.ca.gov

Region VI
Stuart Long
(969) 388-5823 voice
(969) 824-7215 fax
slong@nh.co.san-bernardino.ca.us

RDMHC Appendix A
How to Activate the Coastal Region Response Plan

1. If you receive a call from the California State Emergency Medical Services Authority (EMSA) stating they are requesting the services of the Regional Disaster Medical Health Coordinator (the RDMHC/Dr. Bill Walker) obtain the following information:

   **Name/title of person contacting you**
   their phone # ____________________________  their FAX # __________________________

2. **Information on the nature of the disaster:**

3. Determine what the State (EMSA) would like Coastal Region to do:
   *(Get the Person calling you to commit to one of the choices below.)*
   
   A. Issue an “Advisory Alert” EMSA would like Coastal Region to notify all Disaster Medical Coordinators in Coastal Region of the potential need for mutual aid, have each Disaster Medical Coordinator poll the mutual aid providers in their county for resources & report available resources to Coastal Region.
      
      *(This is referred to as an “advisory alert” in the Coastal Region plan.)*
      
      If EMSA tells you to have each Disaster Medical Coordinator poll the mutual aid providers in their county for resources, obtain the following information:

      **What resources are likely to be needed?**

      Are there any special resources needed that are not on EMSA Form 202? yes/no or

      B. Begin a Coastal Region “Response Activation”. EMSA states mutual aid is definitely needed from Coastal and that Coastal Region should ask the Disaster Medical Coordinators in Coastal Region to mobilize resources. *(This is referred to as a “response activation” in the Coastal Region plan.)*

      If EMSA tells you to begin mobilizing resources, obtain the following information:

      **What personnel categories are needed? What supply categories are needed?**

      When & at what location do you want personnel/supplies mobilized?

      How long will volunteers by staying?______  What supplies/personnel items should volunteers bring?

      **Do you anticipate transporting incoming casualties to Coastal Region**

      yes/no/unsure

      If yes, get as much information on the ETA, type, arrival pointes, etc.

4. As soon as you receive a call from EMSA, notify the RDMHC, or the on-call Health Officer AND the senior available EMS Agency staff member.

   _____ Give both the EMSA report.
   _____ Determine appropriate level of activation.
   _____ Make plans for notifying/assigning staff.

   The senior staff member or the RDMHC should make out initial assignments. Each person should be given checklists & disaster supplies folders for all positions they are responsible for.

   **See individual checklists for further instructions.**
Contact Coastal Region OES and inform them that the RDMHC is deactivating.

Contact/Issue press releases to the following agencies:

- Each Coastal Region Disaster Medical Coordinator
- Medical personnel assigned to field activities
- Bay Area News Service, as appropriate
- Contra Costa County Mutual Aid providers
- All EOC staff members
- Any other agency or persons activated by the RDMHC

Hold an immediate debriefing session with the RDMHC staff while activities are still fresh in staff members’ minds. Record findings.

Coordinate the closing of the EOC with the Logistics & Medical Operations Chiefs.

Process and forward copies of all paperwork to the proper parties for patient tracking, financial reimbursement, and equipment maintenance.

Assign staff members to create a chronology of the Coastal Region RDMHC disaster medical operations for documentation and use in critiques and disaster research. All checklists, forms, and any other documentation should be collected from all staff members.

Process any “special reports” that could involve accidents, Workman’s Compensation claims, reimbursement problems or future litigation.

Determine that forms, maps and other supplies are restocked in the Coastal Region Disaster Box for future use.

Compare the general application of the plan to the requirements of the medical disaster and identify shortcomings for future plan amendments and exercises.

Critique the Coastal Region disaster medical operations with key Contra Costa County and State EMSA staff members to identify ways to strengthen Regional response capabilities.
<table>
<thead>
<tr>
<th>REGION II COUNTIES</th>
<th>BUSINESS HOURS</th>
<th>AFTER HOURS 24 HOUR</th>
<th>MED OPS/EOC</th>
<th>OTHER</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NO.</td>
<td>FAX NO.</td>
<td>PHONE NO.</td>
<td>FAX NO.</td>
<td>PHONE NO.</td>
<td>FAX NO.</td>
</tr>
<tr>
<td>MENDOCINO EMS Coastal Valley EMS</td>
<td>707-463-4590</td>
<td>Sonoma Aft Hr Fax #</td>
<td>Sonoma #</td>
<td>Sonoma #</td>
<td>707-581-5812 Francis pgr</td>
</tr>
<tr>
<td>SANTA CLARA PHD/EMS</td>
<td>408-299-2401</td>
<td>408-977-0359</td>
<td>408-299-2501</td>
<td>408-977-0359</td>
<td>408-299-2398</td>
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**ADDITIONAL NUMBERS**

<table>
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<tr>
<th>AGENCY</th>
<th>BUSINESS HOURS</th>
<th>FAX NO.</th>
<th>24 HOUR / AFTER HOURS</th>
<th>FAX NO.</th>
<th>OTHER</th>
<th>OTHER</th>
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<tr>
<td>EMS AUTHORITY</td>
<td>916-322-4336</td>
<td>916-323-4898</td>
<td>916-262-1621 OES Warning Center</td>
<td>Daytime Fax # Page Duty Officer</td>
<td>916-535-3522 Duty Officer page</td>
<td>Page Duty Officer directly</td>
</tr>
<tr>
<td>State Dept Of Health Services</td>
<td>916-323-3675</td>
<td>916-323-9869</td>
<td>916-262-1621 OES Warning Center</td>
<td>Daytime Fax # Call OES Warning Center; Request Duty Officer</td>
<td>916-328-9025 Page Dave Abbott</td>
<td>916-328-3605 Duty Officer Pager</td>
</tr>
<tr>
<td>REGION II OES (Oakland)</td>
<td>510-286-0895</td>
<td>510-286-0853</td>
<td>916-262-1621 OES Warning Center</td>
<td>Daytime Fax # Call OES Warning Center; Request Duty Officer</td>
<td>916-262-1677 Warning Center Fax</td>
<td></td>
</tr>
</tbody>
</table>
Region II RDMHC Phone Book.
Exhibit 1
REOC Organization

REOC Director
(Regional Administrator)

Liaison
- Operational Area Representatives
- Agency Representatives

Public Information Officer*

Safety Officer

Security Officer

Operations
- Fire & Rescue
- Hazardous Materials
- Law Enforcement & Coroners
- Medical & Health
- Care & Shelter
- Construction & Engineering
- Utilities

Planning/Intelligence
- Units:
  - Situation Status & Analysis
  - Documentation
  - Demobilization
  - Advance Planning
  - Mitigation Planning
  - Technical Services

Logistics
- Resource Tracking
  - Information Systems
    - Communications
    - Computer Systems
  - Transportation
  - Personnel
  - Procurement
- Facilities Coordination
  - REOC Support
  - External Facilities

Finance/Administration
- Units:
  - Time
  - Purchasing
  - Compensation & Claims
  - Cost Accounting
  - DSR Record-Keeping

OES Representatives

OES Representatives will be deployed to operational areas. They will report situation information to the REOC Planning Section and interact with other elements as needed to facilitate coordination and information exchange.

*May be organized as a section or branch.
### Emergency Plan

**Region 2 RDMHC - Jan 1996**

<table>
<thead>
<tr>
<th>Operational Area (County):</th>
<th>Operational Area (County):</th>
<th>Page 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASUALTY EVACUATION REQUESTED</td>
<td>CASUALTY EVACUATION REQUESTED</td>
<td></td>
</tr>
</tbody>
</table>

| RESOURCES REQUESTED | RESOURCES REQUESTED | |
|---------------------|---------------------| |
| Physicians | Physicians | |
| (15) ER & Surgery | (18) ER & Surgery | |
| (16) Other Medical | (19) Other Medical | |
| (17) Public Health | (20) Public Health | |
| EMT's | EMT's | |
| [22] EMT-II & Paramedic | [22] EMT-II & Paramedic | |
| Other Personnel | Other Personnel | |
| [23] GISD Teams | [23] GISD Teams | |
| [24] Other Medical Personnel (Specify) | [24] Other Medical Personnel (Specify) | |
| [25] | [25] | |
| [26] Other Public/Environmental Personnel | [26] Other Public/Environmental Personnel | |
| [27] (Specify) | [27] (Specify) | |
| [28] | [28] | |
| Ambulances | Ambulances | |
| [29] BLS | [29] BLS | |
| [31] Air Ambulance | [31] Air Ambulance | |
| [32] Other Type Transport Vehicle (Specify) | [32] Other Type Transport Vehicle (Specify) | |
| [33] | [33] | |
| Medical Equipment/Supply Items | Medical Equipment/Supply Items | |
| [34] Disaster Medical Supply Kit I | [34] Disaster Medical Supply Kit I | |
| [35] Disaster Medical Supply Kit II (Includes all items in Kit I) | [35] Disaster Medical Supply Kit II (Includes all items in Kit I) | |
| [36] Disaster Medical Supply Kit III (Includes all items in Kits I & II) | [36] Disaster Medical Supply Kit III (Includes all items in Kits I & II) | |
| [37] Other items (Specify) | [37] Other items (Specify) | |
| [38] | [38] | |
| Blood and Blood Components | Blood and Blood Components | |
| [39] Blood (Type) | [39] Blood (Type) | |
| [40] Plasma (Type) | [40] Plasma (Type) | |
| [41] Other items (Specify) | [41] Other items (Specify) | |
| [42] | [42] | |
| Other | Other | |
| [43] Other resources not described above (Specify) | [43] Other resources not described above (Specify) | |
| [44] | [44] | |

| LOCATION TO PICK-UP CASUALTIES OR DESTINATION TO DELIVER RESOURCES TO (Include Address, Map Reference & Contact Person) | LOCATION TO PICK-UP CASUALTIES OR DESTINATION TO DELIVER RESOURCES TO (Include Address, Map Reference & Contact Person) | |
|---------------------------------------------------------------|---------------------------------------------------------------| |
| STAGING AREA 1 | STAGING AREA 1 | |
| [45] | [45] | |
| [46] | [46] | |
| [47] | [47] | |
| [48] | [48] | |
| STAGING AREA 2 | STAGING AREA 2 | |
| [49] | [49] | |
| [50] | [50] | |
| [51] | [51] | |
| [52] | [52] | |

RDMHC APPENDIX B PG 56a
<table>
<thead>
<tr>
<th>Field (Inpatient Sites)</th>
<th>Number of Patients Hospitalized</th>
<th>Number of Outpatients Hospitalized</th>
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<tr>
<td>Emergency Department</td>
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<td>(56)</td>
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<tr>
<td>Inpatient Department</td>
<td>(66)</td>
<td></td>
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<tr>
<td>Outpatient Department</td>
<td>(69)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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</tbody>
</table>

**Number of Outpatient Visits:**
- Emergency Department: (64)
- Inpatient Department: (66)
- Outpatient Department: (69)
- Total: 139

**Number of Inpatient Days:**
- Inpatient Department: (36)
- Total: 36

**Number of Outpatient Days:**
- Outpatient Department: (39)
- Total: 39

**Number of Outpatient Visits:**
- Outpatient Department: (42)
- Total: 42

**Number of Outpatient Patients:**
- Outpatient Department: (43)
- Total: 43

**Number of Outpatient Days:**
- Outpatient Department: (41)
- Total: 41
### CASUALTY EVACUATION REQUEST

<table>
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<tr>
<th>Evacuation Request (Choose from #13 or #14 on page 2)</th>
<th>Quantity</th>
<th>Location to Pick-up Casualties (Choose from #45, 49, 53, 57, 61, 65, 69, 73, 77, or 81 on page 2)</th>
<th>Date/Time (24 Hr Clock) to Pick-up Casualties</th>
</tr>
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<tbody>
<tr>
<td>A2</td>
<td>(A3)</td>
<td>(A4)</td>
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<td>(C3)</td>
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<tr>
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<td>(E3)</td>
<td>(E4)</td>
<td>(E5)</td>
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### RESOURCE ORDER

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<th>Resource Order (Choose from #15 - #44 on page 2)</th>
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<th>Location to Deliver Resources (Choose from #45, 49, 53, 57, 61, 65, 69, 73, 77, or 81 on page 2)</th>
<th>Date/Time (24 Hr Clock) to Deliver Resources</th>
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<tr>
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<tr>
<td>O2</td>
<td>(O3)</td>
<td>(O4)</td>
<td>(O5)</td>
</tr>
</tbody>
</table>
Emergency Plan
Region 2 RDMHC - Jan 1996

Operational Area (County):

Date:
Time (24 Hr Clock):

Person Sending Report:
Title:

Preferred Contact Method and Number/Frequency:
Telephone: ___________________________
FAX: ___________________________
Radio (CARES Freq): ___________________________
Other Radio Freq: ___________________________
PROFS Net ID: ___________________________
EMSANET ID: ___________________________
Other: ___________________________

PERSONNEL CATEGORIES

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<thead>
<tr>
<th>Personnel Available</th>
<th>Number Available Within 8 Hours</th>
<th>Additional Number Available in 24 Hours</th>
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<tbody>
<tr>
<td>Physicians, ER &amp; Surgery</td>
<td>(13)</td>
<td>(11)</td>
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<tr>
<td>Physicians, Other Medical</td>
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<td>Physicians, Public Health</td>
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<td>(18)</td>
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<tr>
<td>Nurses, ER &amp; Surgery</td>
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<td>(20)</td>
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<td>Nurses, Public Health</td>
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<td>EMT-II &amp; Paramedic</td>
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<td>Critical Incident Stress Debriefing Teams</td>
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HOSPITAL BED CATEGORIZATION

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<th>Patient Category</th>
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<th>Additional Beds Available Within 24 Hours</th>
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<td>(32)</td>
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<td>Psychiatry</td>
<td>(33)</td>
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<td>Surgery</td>
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<td>(36)</td>
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<td>(37)</td>
<td>(38)</td>
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<tr>
<td>Spinal Cord Injury</td>
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<td>(40)</td>
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<tr>
<td>Burns</td>
<td>(41)</td>
<td>(42)</td>
</tr>
<tr>
<td>CON/GYN</td>
<td>(43)</td>
<td>(44)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>(45)</td>
<td>(46)</td>
</tr>
</tbody>
</table>
TO: ALL REGION II OPERATIONAL AREA DISASTER MEDICAL/HEALTH COORDINATORS

DATE: 1 Mar 96 (Mon) 1451 hrs (2:51pm)

SUBJ: TEST MESSAGE

This is a test message being faxed to each Region II Operational Area Disaster Medical/Health Coordinator using the telephone number on file for your OADMHC to receive emergency faxes during regular business hours. Please acknowledge receipt of this fax by completing the items below and faxing this sheet back to the RDMHC at the above listed number.

Thank you.

RESPONSE:

Operational Area (County):
Name of staff receiving this fax:
Position Agency:
Agency telephone:
Date/time this fax received by staff: _______ _______
  date    time
Date/time OADMHC contacted: _______ _______
  date    time
Name of OADMHC contacted (and acknowledged receipt of this test message):
TO: ALL REGION II OPERATIONAL AREA MEDICAL/HEALTH COORDINATORS

DATE: 29 Jan 96 (Mon) 1537hrs (3:37pm)

SUBJ: Notification

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