

California Mutual Aid Region 2 Medical/Health Multi-Agency Coordination Group Handbook

Interim

December 31, 2015

PREFACE

This Handbook provides the framework for Mutual Aid Region 2 Medical/Health (M/H) Multi-Agency Coordination (MAC) Group activities during an emergency with medical and health implications.

This Handbook is based on FIRESCOPE concepts described in the MACS Group Procedures Guide, MACS 410, July 2009 and adapted by California Governor's Office of Emergency Services (Cal OES) for the California Statewide Multi-Agency Coordination System Guide, February 2013. This Handbook applies the concepts in those two documents to the M/H community. Because of the characteristics unique to incidents with substantial impacts to the M/H system the process for allocating scarce M/H resources has been modified significantly in this handbook.

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PURPOSE

This Handbook provides the framework for Multi-Agency Coordination (MAC) Group activities during an emergency with medical/health (M/H) implications affecting some or all of California Mutual Aid Region 2 (see Appendix 1). This Handbook is intended to provide guidelines and procedures for use by a coordination organization

MISSION

The R2 M/H MAC Group will provide agency representation and participation for making policy recommendations and allocating scarce resources.

SCOPE

Day-to-day M/H policy decisions and resource allocations are made by local health officials at the jurisdictional level. During an emergency activation, when multiple Operational Areas (OAs) are affected, a R2 M/H MAC Group may be tasked to make policy recommendations, allocate scarce resources, or make scarce resource allocation recommendations from a regional perspective (see Appendix 2). This requires that multiple health officials agree to a decision making process different from day-to-day and/or individual OA operations (see Appendix 3).

In instances requiring scarce resource allocation FIRESCOPE and Cal OES processes prioritize *incidents*. In FIRESCOPE “ultimately high priority *incidents* will receive at least some of the critical resources they’ve requested.” Due to the structure of the M/H mutual aid system the concept of *incident* has been shifted to the OA level in this document. In some circumstances Region 2 OAs may be considered to be at equal risk for a threat such as a bioterrorism incident, large-scale infectious disease outbreak, or catastrophic earthquake. In these cases it may not be necessary to allocate scarce resources based on prioritized OAs. Consequently the process for allocating scarce M/H resources described in this handbook may or may not involve the prioritization of OAs (MACS 429 and 430 forms).

AUTHORITIES

The MAC System is a component of the California Standardized Emergency Management System (SEMS) as well as the National Incident Management System (NIMS). The California Emergency Services Act (ESA) requires the utilization of the SEMS for managing multi-agency and multi-jurisdictional responses to emergencies in California. The four components of SEMS are Incident Command System (ICS), MAC System, California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA) and Operational Area (OA) concept. The following authorities and references recognize use of multi-agency coordination in emergency management:

- *California Government Code Section 8607 (a) (2)*
- *Standardized Emergency Management System*
- *California Code of Regulations, Title 19, Division 2, Chapter 1: §2407 (d), §2409 (e) (3), §2411 (e), and §2413 (d)*
- *State of California Emergency Plan*
- *National Incident Management System*¹
- *California Public Health and Medical Emergency Operations Manual*

INTRODUCTION

Multi-agency coordination is a process that allows multiple agencies and jurisdictions to work together more efficiently and effectively. Multi-agency coordination occurs on a regular basis whenever personnel from different agencies interact for preparedness, mitigation, response and recovery activities. Multi-agency

¹ Italicized section directly adapted from California Statewide Multi-Agency Coordination System Guide. February 2013. Section III, page 3

coordination may be pre-planned with established protocols or occur on an informal basis, depending on the nature and scope of the emergency. Cooperating agencies that pre-establish operational procedures and protocols in advance can enhance coordination during emergencies.²

The Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and Incident Command System (ICS), refer to a Multi-Agency Coordination System (MAC System), as the combination of facilities, personnel, equipment, and procedures that support effective information management, incident prioritization, and resource allocation. The primary function of a MAC System is to coordinate activities and prioritize incident demands for scarce resources. MAC Systems provide support, coordination and assistance with policy-level decisions. Emergency Operations Centers (EOC) and MAC Groups are two examples of MAC System elements.³

The primary functions supported by a MAC System include:

- Situation Assessment. This includes the collection, processing and display of relevant information to create a common operating picture. It includes the receipt and verification of Situation Reports and may include the consolidation of multiple Situation Reports.*

- Information Sharing. Multi-agency coordination supports information sharing between emergency response organizations and assists with keeping elected and appointed officials informed.*

- Incident Prioritization and Resource Allocation. It is sometimes necessary to establish incident priorities for the allocation of scarce resources. MAC Groups (see below) are commonly used for this purpose. Primary considerations include:*
 - Life threatening situations;*
 - Threat to property'*
 - Environmental impact;*
 - High damage potential;*
 - Incident complexity;*
 - Economic impact; and,*
 - Other criteria established by the MAC System*

- Support Interagency Activities. A primary function of the MAC System is to coordinate, support and assist with policy-level decisions and interagency activities relevant to emergency management activities, policies, and strategies.⁴*

² Italicized section from California Public Health and Medical Emergency Operations Manual, 2011 Page 57

³ Italicized section adapted from Ibid. 57

⁴ Italicized section adapted from Ibid 58

Multi-Agency Coordination (MAC) Group

A MAC Group may be established within any discipline or at any SEMS level to provide strategic guidance and direction to support incident management activities, establish priorities, allocate scarce resources, and coordinate among involved agencies.

MAC Groups include agency administrators/executives or their designees who are authorized to represent and commit agency resources and funds. Pre-established MAC Group processes will facilitate the effectiveness of the MAC Group during an emergency with respect to the following functions:⁵

- Provide coordinated decision making;*
- Establish priorities;*
- Commit agency resources and funds;*
- Allocate resources among cooperating agencies or jurisdictions; and*
- Provide strategic guidance to support incident management activities.*

Operational Area

An incident within an Operational Area (OA) having medical and health implications is likely to involve many entities, including the local health department (LHD), local environmental health department (EHD), local emergency medical services agency (LEMSA), and others. During emergency system activations, the OA MAC Group typically meets once per operational period and establishes priorities and disseminates this information to the Operational Area Emergency Operations Center (OA EOC) for implementation through OA EOC Action Plans. MAC Group intelligence gathering and information exchange activities are usually accomplished through the information systems established by the OA EOC.

Regional

When an emergency has regional implications, multi-agency coordination is achieved by bringing together responsible executives from various political levels such as county governments, local health jurisdictions, and/or State agencies to coordinate through a MAC Group.

State

During large-scale emergencies that require statewide response and coordination, a statewide MAC Group may be formed that includes affected jurisdictions and State response agencies. The statewide MAC Group evaluates statewide situational information, establishes incident priorities, prioritizes and allocates scarce resources, and maintains effective communication regarding MAC Group activities.⁶

MAC Group Composition

A R2 M/H MAC Group is comprised of Medical/Health Agency Administrators/Executives (AAs) who have the authority to make decisions and commit agency resources, or their designees who have been authorized to represent the agency in accordance with their letter of delegation. An individual assigned to a R2 M/H MAC Group is called an Agency Representative (AREP).^{7 8 9}

R2 M/H MAC Group AREPs who are appointed by their AA should receive a letter of delegation of authority (see Appendix 4). This letter should specify authority to the representative, along with any specific limitations. AAs should designate at least two alternate AREPs who will stand in for the primary member when they are not available. The alternates will have the same scope and authority as the primary AREP.

The R2 M/H MAC Group membership should be based upon the statutory responsibility of a jurisdiction or agency to abate the emergency. Each emergency situation will dictate who should be mobilized to serve on a R2 M/H MAC Group. R2 M/H MAC Group members may represent:

⁵ Italicized section adapted from Ibid 58

⁶ Italicized section adapted from Ibid 58

⁷ Italicized section from California Statewide Multi-Agency Coordination System Guide page 17

⁸ Italicized section from California Government Code 8607

⁹ Italicized section from FIRESCOPE 410-1, page 5

- Local government*
 - Local Health Departments
 - Local Health Officers
 - Local Environmental Health Departments
 - Local Emergency Medical Services Agencies
 - County Departments of Behavioral/Mental Health
 - Medical Health Operational Area Coordinators (MHOACs)

**(a local health jurisdiction may choose to include a Public Information Officer (PIO) in the process).*

- State government
- Federal government
- Tribal Health Entities
- Other Government Agencies involved in Public Health and Medical Emergency Response.

Each agency retains its jurisdictional authority and responsibility.

Assisting and cooperating agencies without medical/health statutory or regulatory authority may be requested by the R2 M/H MAC Group to provide subject matter expertise, intelligence or information regarding incidents such as:

- Regional Disaster Medical and Health Coordination (RDMHC) Program
- Emergency Medical Services Providers
- Health Care Facilities, including but not limited to hospitals, community clinics and skilled nursing facilities
- Local Emergency Management Agencies
- Non-Governmental, Community-Based and Faith-Based Organizations involved in Public Health and Medical Emergency Response
- Other jurisdictions which are or may be impacted or affected by the incident

Assisting and cooperating agencies without medical/health statutory or regulatory authority may be requested by the R2 M/H MAC Group to provide subject matter expertise, intelligence or information but will not participate in the decision-making process.

R2 M/H MAC GROUP ORGANIZATION

During emergencies, the State of California utilizes Regional Emergency Operation Centers (REOCs) to manage and coordinate information and resources among the Operational Areas (OAs) within the mutual aid region and also between the OA and the state level. The REOC coordinates emergency response functions, including Medical/Health regional situational awareness and Medical/Health resource ordering.

The R2 M/H MAC Group may be hosted at an EOC. Ideally, the host EOC provides the R2 M/H MAC Group with some of the needed support as the situation warrants. If the host EOC is unable to fill the support positions, the R2 M/H MAC Group Coordinator will submit resource requests for staff through the host EOC and perform those functions until the positions are staffed.

ACTIVATION

Triggers for activation:

When two or more R2 M/H AAs, Health Officers, and/or MHOACs from different OAs, or the RDMHC/S identifies a need to:

- Recommend allocation of scarce resources at a regional level (federal, state, or privately owned)
- Allocate scarce resources at a regional level (locally owned)
- Propose new or amended medical/health policies, and/or, resolve common medical/health issues among multiple OAs.

ROLES & RESPONSIBILITIES

Operational Area Medical/Health AAs

- With at least one other AA, approve the activation of a R2 M/H MAC Group.
- Approve agency participation in an activated R2 M/H MAC Group.
- Serve as or appoint R2 M/H MAC Group AREP(s) through a written delegation of authority.
- Recommend issues needing R2 M/H MAC Group action.
- Provide approval of R2 M/H MAC Group new or amended policies.
- Implement R2 M/H MAC Group decisions and/or recommendations within the jurisdiction in coordination with the EOC.

R2 M/H MAC Group AREP Authority

R2 M/H MAC Group AREP's must, by the nature of their designation as AA or through a written delegation of authority from their AA, have full authority to represent their agency to:

- Recommend new or amended policy to AAs for approval.
- Commit to expenditures of their organization's funds and utilization of resources on behalf of the AA.
- Determine criteria for, and make recommendations about allocation of federal, state, and/or privately owned scarce resources at a regional level
- Determine criteria for, and make decisions about, allocation of locally owned scarce resources at a regional level.

R2 M/H MAC Group AREP Tasks:

- Obtain situational information and any other report needed for R2 M/H MAC Group prioritization and allocation from their EOC, Health DOC, and/or AA.
- Communicate and disseminate information to AAs including R2 M/H MAC Group decisions, recommendations and media information.
- Maintain communications and information sharing with REOC, OA EOCs, Health DOCs, and other Medical and Health Stakeholders.
- Orient R2 M/H MAC Group AREP Alternate(s) and keep them current on decisions, recommendations, issues, and new business.
- Discuss with their alternates the R2 M/H MAC Group Handbook and Working Guidelines.
- Identify scarce resource needs among Region 2 OAs (Appendices 5 and 6).
- Prioritize OAs if applicable (see Forms 429 and 430, Appendices 7)
- Allocate locally owned scarce resources (see Form ICS 215G, Appendix 7)
- Make recommendations for allocation of federal, state, and/or privately owned scarce resources.

R2 M/H MAC Group Coordinator

The R2 M/H MAC Group Coordinator serves as the R2 M/H MAC Group business facilitator and helps to direct the R2 M/H MAC Group toward accomplishing its mission. The R2 M/H MAC Group Coordinator is not an AREP and does not participate in the R2 M/H MAC Group decision making process. The R2 M/H MAC Group Coordinator may be staffed by someone from the RDMHC Program. The R2 M/H MAC Group Coordinator must be knowledgeable of the Incident Command System (ICS) and MAC System within SEMS. It is critical that the R2 M/H MAC Group Coordinator have excellent facilitation skills and establish credibility with the R2 M/H MAC Group AREPs. The R2 M/H MAC Group Coordinator requests staff from the host EOC to support the R2 M/H MAC Group.

The R2 M/H MAC Group Coordinator ensures the completion of the following:

- Conducts initial screening of issues to evaluate if they are appropriate for R2 M/H MAC Group consideration (see Appendix 8).
- Assigns and supervises assigned personnel.
- Manages the facility and ensures necessary equipment is available.
- Facilitates the R2 M/H MAC Group decision making process including display of information and providing a regional situation report for prioritization of resource needs of OAs and scarce resource allocation or recommendations.
- Establishes a daily schedule for meetings and conference calls and provides schedule and agenda information to all R2 M/H MAC Group participants (see Appendices 9, 10, 11 and 12).
- Documents R2 M/H MAC Group activities including conference calls or in-person meetings and distributes information to R2 M/H MAC Group AREPs and others as needed.
- Requests technical specialist(s) to assist the R2 M/H MAC Group.
- Ensures the final documentation package of R2 M/H MAC Group activities is completed.
- Facilitates all conference calls and R2 M/H MAC Group meetings.
- Orients new members to the R2 M/H MAC Group.

R2 M/H MAC Group Support

The following ICS positions may be established to support the R2 M/H MAC Group. These positions may be integrated into the host EOC or assigned as separate positions to support only the R2 M/H MAC Group.

Logistics Section Chief

- Reserves conference call times and disseminates access information to all participants.
- Provides general supply and equipment logistical support.

Communications Unit Leader

- Prepares and implements communications plans and install, test, and maintain communications equipment

Facilities Unit Leader

- Arranges work area, equipment, and supplies for R2 M/H MAC Group activities (see Appendix 12).

Planning Section Chief

- Provides short term, strategic and contingency planning to meet R2 M/H MAC Group needs.

Situation Unit Leader

- Collects the Situation Status Reports from AREPs and any additional information needed by the R2 M/H MAC Group for prioritization and scarce resource allocation and recommendation..
- As needed, contacts REOC for clarification and updates on incident status reports and scarce resource needs.
- Develops and displays all needed schedules, tables, data sheets or other information.

Resource Status Unit Leader

- Provides information regarding the allocation and release of scarce resources.
- Tracks scarce resource requests through the REOC Logistics Section and visually displays the allocation of scarce resources for the next operational period.

Documentation Unit Leader

- Creates documentation packages for all R2 M/H MAC Group decisions and recommendations.
- Keeps accurate email distribution lists and other contact information for distribution of decisions, recommendations, and documents.
- Records meeting minutes.

Technical Specialists

- Are supervised by the R2 M/H MAC Group Coordinator.
- Are not R2 M/H MAC Group members.
- Provide technical information/expertise related to a specific issue brought before the R2 M/H MAC Group, e.g., neonatal and pediatric subject matter expert.
- Assist the R2 M/H MAC Group in making informed decisions and recommendations.

Public Information Officer

- Communicates R2 M/H MAC Group decisions to the Joint Information Centers (JIC) at the host EOC and/or REOC.
- Maintains appropriate dissemination of information to the public about the R2 M/H MAC Group activities.
- In coordination with the host EOC PIO develops a plan for release of information to the media.

Appendix 13 offers additional information for training that is strongly encouraged for all R2 M/H MAC Group AREPs and R2 M/H MAC Group Coordinators. Appendix 14 diagrams the flow of resource requests and assistance during emergencies and Appendix 15 displays the information exchange of organizations associated with the R2 M/H MAC Group.

OPERATIONAL GUIDELINES

R2 M/H MAC Group Meeting Objectives

- Provide an informational update on the regional situation status.
- Prioritize resource needs of OAs for the allocation of scarce resources.
- Proactively identify, clarify and resolve regional medical/health issues.
- Recommend new or adjusted policy to AAs for approval.
- Allocate scarce resources or make recommendations about scarce resource allocation at a regional level.
- Make and document all decisions and recommendations.
- Determine the need for contingency plans as appropriate.
- Provide guidance for upcoming media releases, VIP visits and AA briefings involving the R2 M/H MAC Group.

Meeting Forum

Ideally, R2 M/H MAC Group AREPs, R2 M/H MAC Group Coordinator and other personnel requested by the R2 M/H MAC Group should attend R2 M/H MAC Group meetings in person. If unable to attend in person a teleconference option should be made available.

Meeting Procedures

- The R2 M/H MAC Group Coordinator will facilitate all meetings.
- All routine meetings will begin at predetermined times.
- Meetings should last no longer than 3 hours.
- Coordination/information sharing between the R2 M/H MAC Group Coordinator and the R2 M/H MAC Group AREPs should happen prior to the R2 M/H MAC Group meetings to ensure issue(s) are clearly and concisely described and managed.
- Recommended issues for discussion during R2 M/H MAC Group meetings will be summarized and provided by R2 M/H MAC Group Coordinator or provided by AREPs who have identified the issue in writing in advance of all meetings.
- New issues will be conveyed from the R2 M/H MAC Group Coordinator to the group in one of the following ways: conference calls before a meeting, in writing before a meeting, or at the beginning of a meeting for last-minute issues.
- All briefing materials will be included in the permanent R2 M/H MAC Group record.

Meeting Format

To facilitate the R2 M/H MAC Group process, each meeting should be organized in the following manner:

- 1) Introduction/Ground Rules:
 - R2 M/H MAC Group Coordinator facilitates the meeting
 - Roll call
 - Review working guidelines including behavior expectations and business/decision making protocol (see Appendix 15).
 - Optional well-being check-in with AREPs.
- 2) Briefing:
 - Current situation update, probable future situation (e.g. assessment of the current healthcare system for event and non-event related illness and injuries, projected demand surge from the incident, related illness and related resource needs, projected reduction of available space, staff and other response capabilities);
 - Describe current issues and answer questions for clarification.
- 3) Discussion/Decision/Recommendations:
 - Identify alternatives and solutions for current issues and/or policy recommendations;
 - Review MHOAC and OA Situation Status Reports and unfilled scarce resource requests;
 - Review or develop criteria to prioritize scarce resource needs of OAs using the MACS 429 form (Appendix 7);
 - Consider the need for contingency and strategic planning.
- 4) Outcomes:
 - Determine policy recommendations, allocate locally owned scarce resources or recommend allocation of federal, state, or privately owned scarce resources, and communicate to affected parties;
 - Identify and document decisions and recommendations;
 - Draft new policy or revised policy (communicate with AAs for approval, as necessary);
 - In coordination with the host EOC PIO develop a plan for release of information to the media.

Ethical Guidelines for Scarce Resource Allocation

The following ethical guidelines for scarce resource allocation were taken from the California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies – Foundational Knowledge, Section 8.4.3¹⁰.

The criteria described below must be seen as guidelines, not standards. "More important than the specifics of any tool (which will require modification based on the emergency) is the establishment of a process for making decisions to limit care so that, in a time of crisis, a mechanism is in place to apply as much science as possible to these decisions and the persons involved are prepared for their roles."

Duty to Care

The ethical rationing system for allocation of ventilators must support the fundamental obligation of healthcare professionals to care for patients. While ventilator allocation decisions may involve the choice between life and

¹⁰ Italicized sections from the California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies – Foundational Knowledge.

<http://www.bepreparedcalifornia.ca.gov/cdphprograms/publichealthprograms/emergencypreparednessoffice/epoprogramsandservices/surge/surgestandardsandguidelines/>

death, to the fullest extent possible, physicians must strive to ensure the survival of each individual patient. Guidelines must stress the provision of care that is possible when ventilation is not. Patients who do not receive mechanical ventilation must not be disregarded entirely. These patients must receive the next best care under the circumstances, whether it is other forms of curative treatment or palliative care.

Duty to Steward Resources

During a healthcare surge, clinicians will need to balance the obligation to save the greatest possible number of lives against their longstanding responsibilities to care for each single patient. Government and healthcare providers must embrace this obligation to devise a rationing system and be prepared for the ethical tension that will result.

Duty to Plan

Planning is not a recommendation but an obligation. The absence of guidelines would leave important allocation decisions to be made by exhausted providers, which would result in a failure of responsibility toward both patients and providers.

Distributive Justice

The same allocation guidelines should be used across the State. These allocation guidelines must not vary from private to public sector. They need to remain consistent throughout the community at hand. Also, the allocation of ventilators from State and federal stockpiles must take into account the ratio of local populations to available resources, designating appropriate resources for the most vulnerable who are most likely to suffer the greatest impact in any disaster.

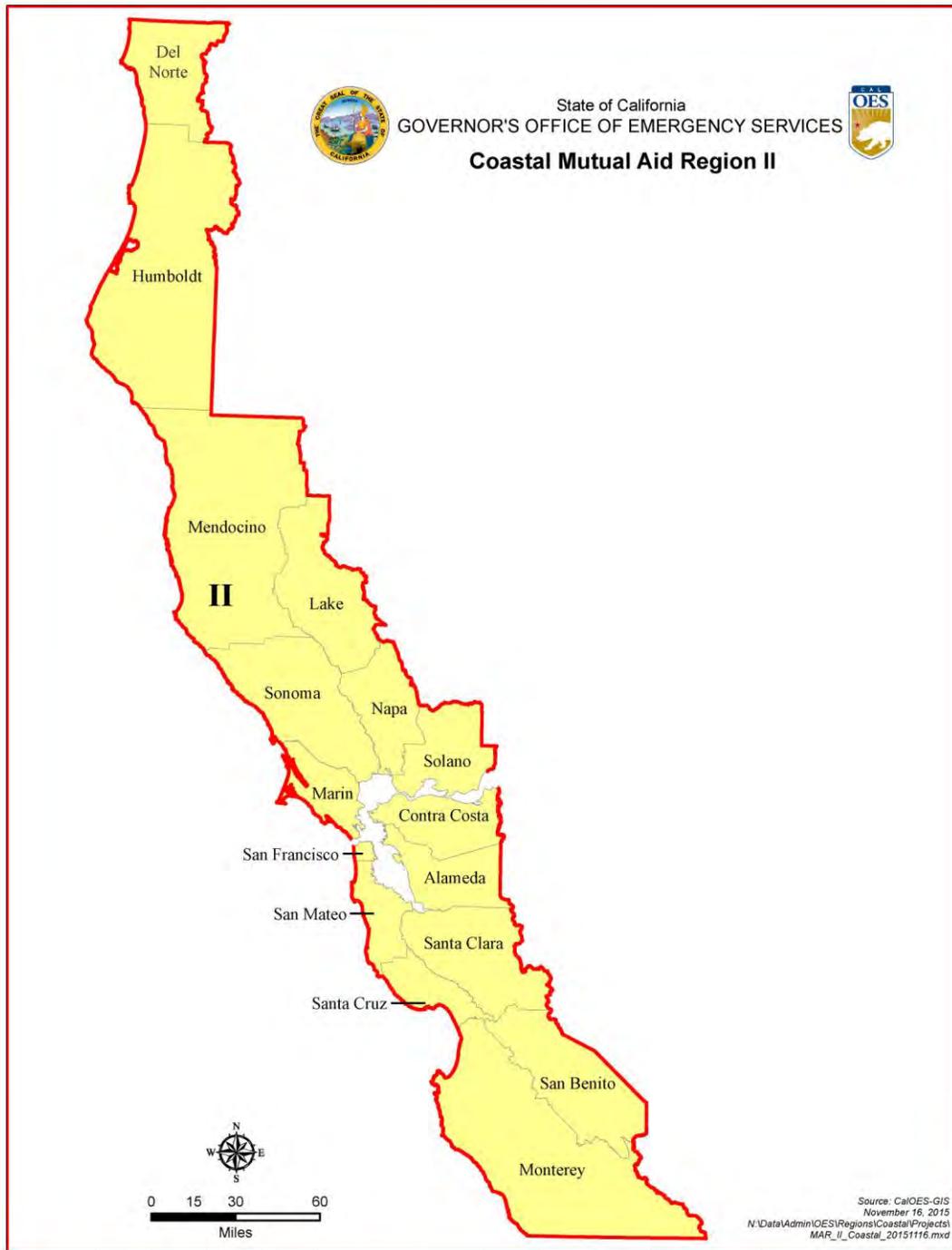
Transparency

Any just system of allocating ventilators will require robust efforts to promote transparency. Proposed guidelines should be publicized and translated into different languages as necessary.

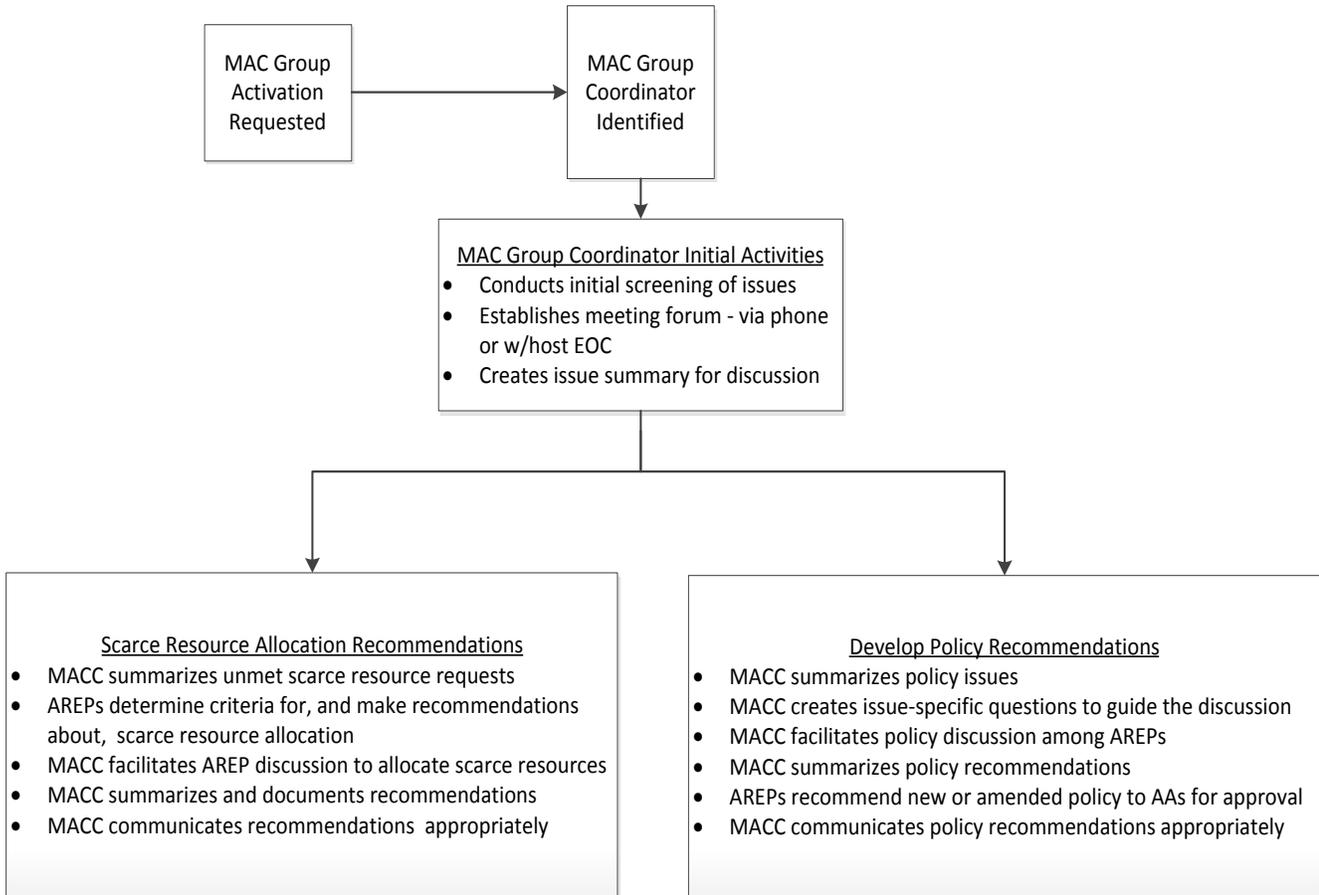
APPENDICES

APPENDIX 1

Map of California Medical Mutual Aid Region II



APPENDIX 2 R2 M/H MAC Group Flow Chart



APPENDIX 3

R2 M/H MAC Group Decision Making Framework

Decision-Making by Consensus

Consensus decision making is the ideal process for a R2 M/H MAC Group. Reaching consensus does not necessarily imply that the agreed upon decision is a group member's first choice; it represents the best decision that a member can support or implement at the time. When a R2 M/H MAC Group decision is made, AREPs should anticipate, identify, and document circumstances that could necessitate modifying the decision in the future.

Chances for Consensus can be strengthened by:

- Recognition of complex issues that may present difficulty in achieving consensus.
- Advance notice to AREPs of issue-related information.
- Thorough analysis and presentation of issues and related information to the R2 M/H MAC Group.

Decision-Making Without Consensus

Consensus decision making may not always be achieved. Options when consensus is not reached:

1. AREPs who can support or implement the decision can do so. AREPs who cannot support or implement the decision can decide not to implement and choose to act independently from the R2 M/H MAC Group.
 - Not a desirable situation but may be most practical to resolve the issue when there is agreement among most represented agencies/organizations.
 - Requires documentation clearly explaining the lack of consensus.
2. Defer the decision for consideration at a later date.
 - Facilitate collaboration between AAs to resolve the issue and bring back to the R2 M/H MAC Group.
 - Assign responsibility to a AREP for developing more information about the issue and bring back to the R2 M/H MAC Group at a specific time and date.
 - Wait for further development of the situation that created the issue and bring back to the R2 M/H MAC Group at that time.

Modifying Decisions

If circumstances relative to the decision change over time and one or more AAs can no longer support the original decision, the R2 M/H MAC Group will review and modify the decision if necessary.

Documentation & Record Keeping

The following documentation package will be developed by the Document Unit Leader and will be retained by the host EOC:

- Attendance at all R2 M/H MAC Group meetings.
- All information presented at R2 M/H MAC Group meetings.
- R2 M/H MAC Group decisions and supporting documentation.
- All scarce resource allocation documents, signed by the R2 M/H MAC Group Coordinator.
- All decision criteria used by the R2 M/H MAC Group to prioritize incidents and allocate scarce resources.

- All notes taken during R2 M/H MAC Group meetings and conference calls (these discoverable materials are subject to external requests).

Communicating R2 M/H MAC Group Decisions

All decisions will be documented and signed by the R2 M/H MAC Group Coordinator and/or AREPs.

- The R2 M/H MAC Group Coordinator will promptly disseminate all R2 M/H MAC Group decisions to the host EOC, the REOC, other OA EOCs, and other agencies and organization's leadership.
- R2 M/H MAC Group AREPs will promptly disseminate all R2 M/H MAC Group decisions and other requested information to their AA.

The R2 M/H MAC Group PIO will promptly disseminate R2 M/H MAC Group decisions to the public through the REOC PIO or through coordination with the JIC.

APPENDIX 4
Sample Letter of Delegation of Authority
(On Agency or Organization Letterhead)

Date: [Current Date]

Subject: Region 2 Medical/Health Multi-Agency Coordination (R2 M/H MAC) Group Agency Representative (AREP) Appointment

To: [Name of R2 M/H MAC Group AREP]

You are hereby delegated to act on my behalf as a MAC Group AREP on the Region 2 Medical/Health MAC Group. In that capacity, you are authorized to represent [name of your agency/organization]'s interests in R2 M/H MAC Group deliberations to do, as necessary, any or all of the following:*

1. Prioritize resource needs of Operational Areas.
2. Allocate scarce resources.
3. Commit agency funds and resources.
4. Provide new or amended Medical/Health policies for my approval.
5. Resolve common Medical/Health issues among multiple Operational Areas.

This delegation is effective the date of this document and will remain effective until the R2 M/H MAC Group completes its work, or until relieved of your assignment, whichever comes first.

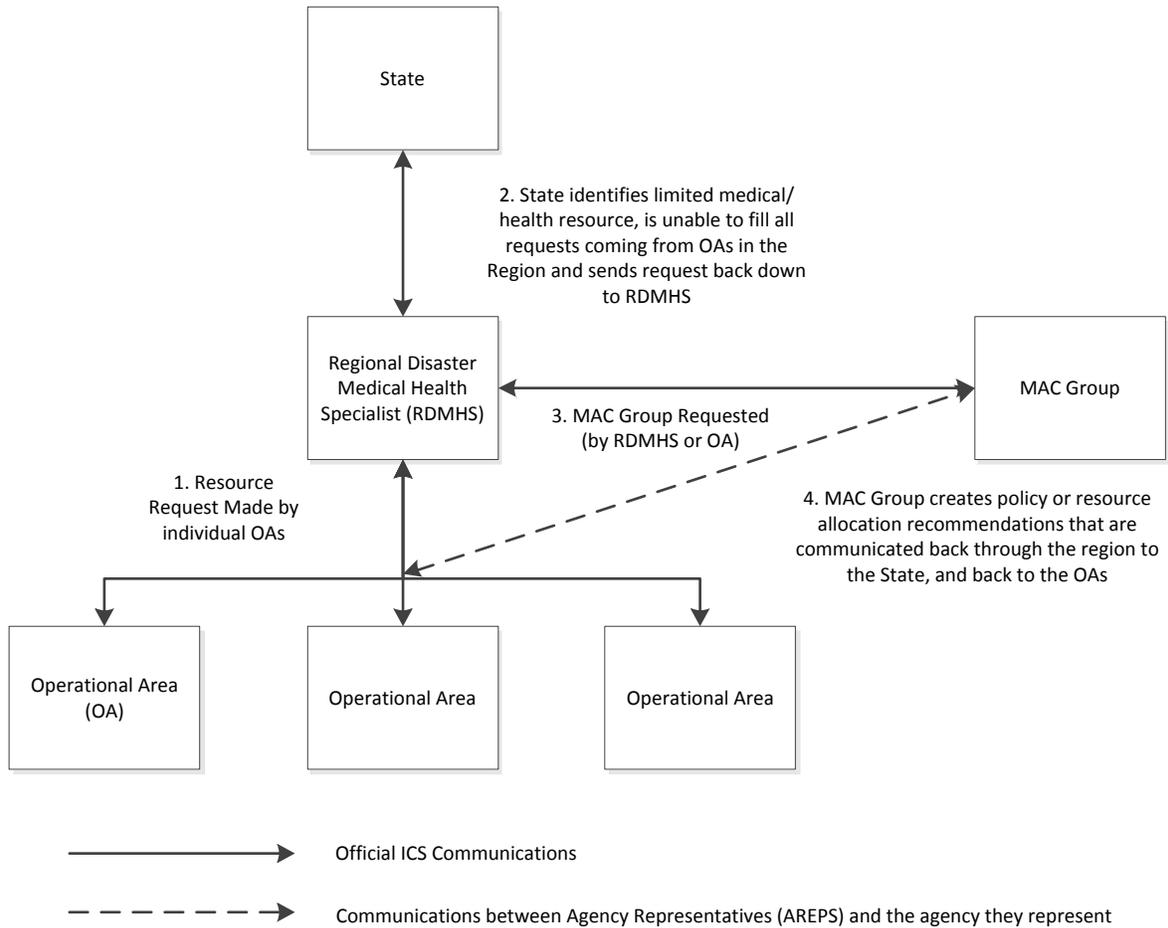
I ask that you brief me or my designee daily on the current situation, scarce resource allocation decisions or recommendations, and policy recommendations that have been agreed upon or any major changes of events.

Print name: _____
Agency Administrator

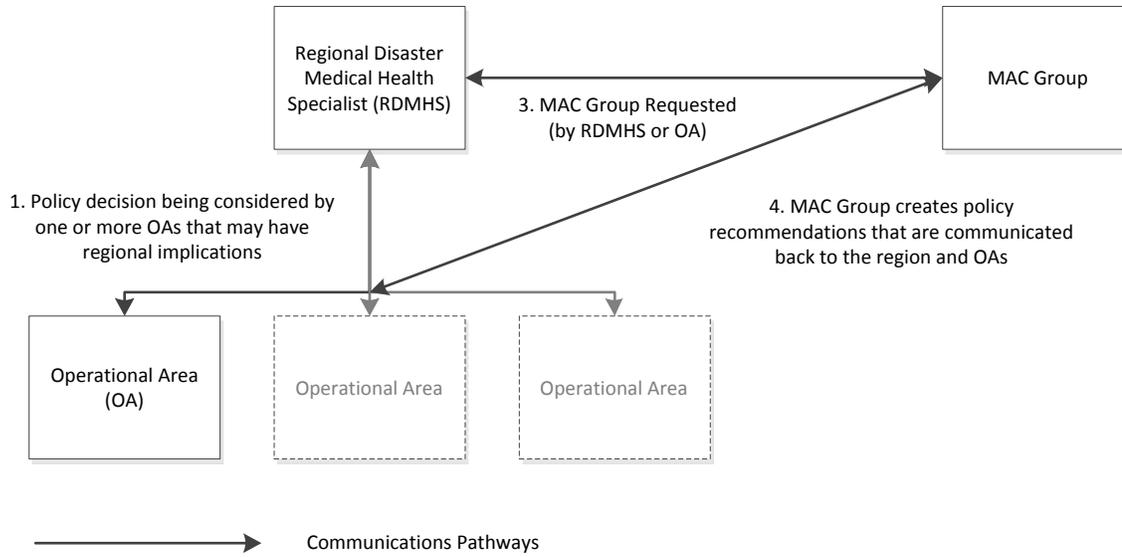
Signature: _____
Agency Administrator

*Limitations on authority can be included as necessary by local health jurisdiction

APPENDIX 5 Scarce Resource Allocation Flow Chart



APPENDIX 6 Policy Recommendation Flow Chart



APPENDIX 7 ICS/MACS Forms

Scarce Resource Allocations (ICS 215G)

Purpose:

Allocate scarce resources based on:

- Operational Area Prioritization score
- Probability of effective use of a resource to help abate the emergency
- Facilitative resources available (i.e. power, water, road access, etc.)
- Best professional judgment

Preparation:

The R2 M/H MAC Group Coordinator lists the Region 2 OAs for which scarce resources are being allocated and resource(s) being considered. The R2 M/H MAC Group then fills out this form with the assistance of the R2 M/H MAC Group Coordinator and based on the agreed upon decision making process.

Distribution:

Once finalized the information is shared with all R2 M/H MAC Group Members and Agency Administrators ONLY. It is not recommended this information be shared with media as routine matter. Release to media should always be approved through the R2 M/H MAC Group.

R2 M/H MAC GROUP Name:					Operational Period: Date/Time From: Date/Time To:																
Operational Area:	Name of Scarce Resource																			Additional Evaluation Criteria needed to allocate Scarce Resources	
	Have Ordered # Allocated																				
	Have Ordered # Allocated																				
	Have Ordered # Allocated																				
	Have Ordered # Allocated																				
	Have Ordered # Allocated																				
M/H MAC Group Scarce Resource Allocation Form (ICS 215G)																		Prepared by: Name: _____ Signature: _____ Date/Time: _____			

M/H Resource Status Report (MACS 405)

I. PURPOSE

- Provides a method to track the M/H resource needs of OAs.
- Used in conjunction with the M/H MACS 429 and M/H MACS 430 forms to establish incident priorities and allocate scarce resources.

II. BACKGROUND

The AREP reviews MHOAC SitReps, HAvBED data, and OA Resource Request Forms to gather information and intelligence that can be included in the MACS 405. Information includes the type/kind of resource IF resource typing is used.

III. DISTRIBUTION

Once finalized the information is shared with all R2 M/H MAC Group Members and Agency Administrators ONLY. It is not recommended this information be shared with media as routine matter. Release to media should always be approved through the R2 M/H MAC Group.

IV. INSTRUCTIONS FOR COMPLETING THE MACS 405 FORM

This form is a modification of the FIRESCOPE and Cal OES 405 forms to take into account specifics of M/H resource requests

Box/Title	Instructions
Event Name	Insert the assigned Cal EMA event name from the information management system.
Operational Period	Enter the date (MM/DD/YYYY) and time of the Operational Period when the form was prepared.
Requested Resource Description	The R2 M/H MAC Group Coordinator consults with AREPS to create a list of the identified scarce resources within Region 2.
OA Resource Requests	List the number of individual resources being requested by each OA.
Unable to Fill	Calculate the difference between the resources requested and the resources allocated to determine the number of M/H resources that were unable to be filled.
Prepared By	Enter the name and position of the person preparing the form.
Date/Time	Note when form is completed for revision purposes.

**Sample MAC Group Meeting Agenda
(MACS 423)**

1. Daily Briefing	Update on situation and scarce resources
2. Prioritizing OAs	Prioritize OAs based on MAC Group criteria
3. Scarce Resource Allocation or Recommendations	Allocate or recommend allocation of scarce resources based on MAC Group criteria
4. Policy Issues	Resolve common M/H issues among multiple OAs. Provide new or amended M/H policies to AA for approval.
5. Strategic Planning	1. Update on potential situation changes 2. Identify possible future alternatives 3. Consider other organizational involvement or needed Technical Specialists
6. VIP and Media	Address upcoming media and VIP needs
7. Issue Resolution	Address any unresolved issues affecting multiple Operational Areas and determine actions to resolve the issues

Operational Areas Rating Matrix (MACS 429)

Modified from Cal OES MACS Handbook

This form has been developed by leveraging existing regional management tools, but is not yet an evidence based tool.

I. PURPOSE

- A. Allows R2 M/H MAC Group members to identify the categories of medical and health impacts across OAs in Region 2
- B. Assists in prioritizing Operational Areas (OAs) in Region 2 using agreed upon medical and health criteria.
- C. Provides consistency with the operational priorities in the State of California Emergency Plan:
 - 1. Save Lives
 - 2. Protect Health and Safety
 - 3. Protect Property
 - 4. Preserve the Environment

II. SCOPE

- A. Rating Categories:
 - Category A: Life and Safety Threats
 - Category B: Healthcare Delivery Facilities Infrastructure Damage or Threat
 - Category C: Medical and Health Systems Infrastructure Damage or Threat
 - Category D: Incident Complexity and Duration
 - Category E: Total Hospital Bed Capacity
- B. Rating System:
 - 1. Each of the OA Rating Categories is divided into sub-categories. All sub-categories are given a rating score based on the indicated criteria. (Note: these criteria were derived primarily from the MHOAC Situation Report).
 - 2. If a sub-category is not applicable it receives a zero.
 - 3. The rating scores for each sub-category are added together and the subtotals are entered for each category.
 - 4. The rating scores for the categories are then summed up to provide a Total Rating Score for each OA which can be compared to the highest (worst) possible score for each category.
- C. Definition of terms
 - In progress/Encountered or imminent: Happening currently
 - High potential: Potential for greater than 50% probability of occurrence
 - Low potential: Potential for less than 50% probability of occurrence
 - Not applicable: Normal Operations or Not Affected

 - Impaired services: Major assistance required
 - Limited services: Some assistance required

Modified services: Assistance from within OA
Under Control: No assistance required
Not applicable: Normal Operations or Not Affected

Open: Resource is operating
Planned: Staff and resources are being mobilized
Assessing: The need for this resource is currently being evaluated
Not applicable: Normal Operations or Not Affected

Not Functional: Not able to operate
Partially Functional: Lacking some resources/functionality but still able to operate at a reduced capacity
Fully Functional: All critical resources/functions are operating a normal
Not applicable: Normal Operations or Not Affected

Confirmed: Verified to be occurring or to have already occurred
Expected/Suspected: Awaiting confirmation
Unknown: Additional information is being collected for further assessment
Unlikely: Not expected to occur
Not applicable: Normal Operations or Not Affected

III. DISTRIBUTION

Once finalized the information is shared with all R2 M/H MAC Group Members and Agency Administrators ONLY. It is not recommended this information be shared with media as routine matter. Release to media should always be approved through the R2 M/H MAC Group.

IV. INSTRUCTIONS FOR COMPLETING THE MACS 429 FORM

This form will be completed by the host EOC documentation leader, the situation status leader, the MAC Group Coordinator, or the RDMHC/S as warranted by the situation for use by the MAC Group Members for prioritization of OAs.

This form includes criteria from the California Public Health and Medical Emergency Operations Manual, MHOAC Situation Status Report form, and the HAvBED database. This form is not an inclusive list of considerations for all emergency types and scarce resource requests. The MAC Group Coordinator should use the resource categories on the left side of the form as a guide to determine or prioritize which category(ies) are applicable and present this information to the MAC Group for approval or modification.

Box/Title	Instructions
Incident Name	Enter the incident name as identified in the information management system (Web/CalEOC).
Operational Period	Enter the date (MM/DD/YYYY) and time of the Operational Period when the form was prepared.

Public Health and Medical Demographics	Confirm/update population and facility counts based on locally available information and the MHOAC SitRep.
Resource Category	The R2 M/H MAC Group Coordinator should use the scarce resource category (ie: Personnel, MCM/Meds, Supplies/Equip , Transportation/Apparatus, Other) as a guide to determine or prioritize which category(ies) are applicable and present this information to the R2 M/H MAC Group for approval or modification.
Incident Type	Document the incident type (ie: flood, earthquake, pan flu, etc.)
Rating	Complete Categories A, B, C, D, and E according to the steps below: <ol style="list-style-type: none"> 1. <u>Acquire information</u> regarding the OA situation and resource needs. Priorities should be directly related to resource needs and meet operational objectives (MHOAC SitRep should be used to establish situational awareness). 2. <u>Acquire special information</u> – anything that is of interest to the R2 M/H MAC Group and would influence decision making. 3. <u>Standard evaluation criteria used to determine OA priorities and their ratings are defined below.</u> If an item is not applicable for an OA it carries a value of zero.

Resource Category	Incident Type	
(P) Personnel (M) MCM/Meds (S) Supplies/Equip (T) Transportation/Apparatus (O) Other	Incident Type: <hr/> Place an "X" in the boxes below for those criteria that are relevant for the specific incident	Prioritizing resource needs of Operational Areas (OAs) for the allocation of scarce resources Category A. General Life and Safety Considerations All public health and medical related issues relate back to life and safety. Items in this category fall under a general consideration of life and safety concerns and/or threats.
		A.1 Loss of Life or Potential for Loss of Life <i>Loss of life encountered or imminent</i> <i>High potential for loss of life within next 12 hours</i> <i>High potential for loss of life within next 12 to 24 hours</i> <i>High potential for loss of life beyond next 24 hours</i> <i>Low potential or loss of life</i> <i>Not applicable</i>
		A.2 General Acute Care Hospitals Evacuation Status <i>Facility evacuation in progress</i> <i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i> <i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i> <i>Low Potential for evacuation beyond next 24 hours</i> <i>Not applicable</i>

Resource Category	Incident Type	
		<p style="text-align: right;">A.3 LTCF/SNF Evacuation Status</p> <p style="text-align: right;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: right;"><i>Not applicable</i></p>
		<p style="text-align: right;">A.4 Acute Psychiatric Hospital Evacuation Status</p> <p style="text-align: right;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: right;"><i>Not applicable</i></p>
		<p style="text-align: right;">A.5 State Hospitals (Corr. DD, MH) Evacuation Status</p> <p style="text-align: right;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: right;"><i>Not applicable</i></p>
		<p style="text-align: right;">A.6 Trauma Center Evacuation Status</p> <p style="text-align: right;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: right;"><i>Not applicable</i></p>
		<p style="text-align: right;">A.7 NICU, PICU, Pediatric Beds Evacuation Status</p> <p style="text-align: right;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: right;"><i>Not applicable</i></p>

Resource Category	Incident Type	
		<p style="text-align: center;">A.8 Congregate Living Facilities - Congregate Care Health Facilities Evacuation Status</p> <p style="text-align: center;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: center;"><i>Not applicable</i></p>
		<p style="text-align: center;">A.9 Dialysis Centers Evacuation Status</p> <p style="text-align: center;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: center;"><i>Not applicable</i></p>
		<p style="text-align: center;">A.10 Community (Out-patient) Clinics Evacuation Status</p> <p style="text-align: center;"><i>Facility evacuation in progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation(s) beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low Potential for evacuation beyond next 24 hours</i></p> <p style="text-align: center;"><i>Not applicable</i></p>
		<p style="text-align: center;">A.11 Emotional Injury</p> <p style="text-align: center;"><i>Emotional Injury encountered or imminent</i></p> <p style="text-align: center;"><i>High potential for emotional injury within next 12 hours</i></p> <p style="text-align: center;"><i>High potential for emotional injury within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>High potential for emotional injury beyond next 24 hours</i></p> <p style="text-align: center;"><i>Low potential for emotional injury</i></p> <p style="text-align: center;"><i>Not applicable</i></p>
		<p style="text-align: center;">A.12 Population Evacuations</p> <p style="text-align: center;"><i>Evacuation in Progress</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuation within the next 12 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuations within next 12 to 24 hours</i></p> <p style="text-align: center;"><i>Evacuation Warning in place, high potential for evacuations beyond next 24 hours</i></p>

Resource Category	Incident Type	
		<i>Low Potential for evacuation</i>
		<i>Not applicable</i>
		A.13 Multiple MCIs
		<i>Confirmed</i>
		<i>Expected</i>
		<i>Unknown</i>
		<i>Unlikely</i>
		<i>Not Applicable</i>
		A.14 Mass Patient Surge
		<i>Confirmed</i>
		<i>Expected</i>
		<i>Unknown</i>
		<i>Unlikely</i>
		<i>Not Applicable</i>
		A.15 Communicable Disease Outbreak (High Morbidity/Mortality)
		<i>Confirmed</i>
		<i>Suspected</i>
		<i>Unlikely</i>
		<i>Unknown</i>
		<i>Not Applicable</i>
		A.16 Bioterrorism
		<i>Confirmed</i>
		<i>Suspected</i>
		<i>Unlikely</i>
		<i>Unknown</i>
		<i>Not Applicable</i>
		A.17 Terrorism Incident
		<i>Confirmed</i>
		<i>Suspected</i>
		<i>Unlikely</i>
		<i>Unknown</i>
		<i>Not Applicable</i>
		A.18 Number of Patients Triage as: Immediate (Red)
		<i>50+ patients</i>
		<i>26 – 50 patients</i>
		<i>11 – 25 patients</i>
		<i>1-10 patients</i>
		<i>Low potential for injury</i>
		<i>Not applicable</i>

Resource Category	Incident Type	
		A.19 Number of Patients Triage as: Delayed (yellow)
		<i>50+ patients</i>
		<i>26 – 50 patients</i>
		<i>11 – 25 patients</i>
		<i>1-10 patients</i>
		<i>Low potential for injury</i>
		<i>Not applicable</i>
		A.20 Other Life Safety Factors (if applicable; describe below) **identify the added factor to be rated**
		<i>This factor is currently encountered or is imminent</i>
		<i>High potential for impact within next 12 hours</i>
		<i>High potential for impact within 12 to 24 hours</i>
		<i>High potential for impact beyond next 24 hours</i>
		<i>Low potential for impact</i>
		<i>Not applicable</i>
		Maximum Possible Score - Category A
		Category B. Healthcare Delivery Facilities Infrastructure Damage or Threat This category includes the function status of medical and health facilities.
		B.1 General Acute Care Hospitals Function Status
		<i>Not Functional</i>
		<i>Partially Functional</i>
		<i>Fully Functional</i>
		<i>Not applicable</i>
		B.2 LTCF/SNF Function Status
		<i>Not Functional</i>
		<i>Partially Functional</i>
		<i>Fully Functional</i>
		<i>Not applicable</i>
		B.3 Acute Psychiatric Hospital Function Status
		<i>Not Functional</i>
		<i>Partially Functional</i>
		<i>Fully Functional</i>
		<i>Not applicable</i>
		B.4 State Hospitals (Corr. DD, MH) Function Status
		<i>Not Functional</i>
		<i>Partially Functional</i>
		<i>Fully Functional</i>
		<i>Not applicable</i>

Resource Category	Incident Type	
		B.5 Trauma Center Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		B.6 NICU, PICU, Pediatric Beds Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		B.7 Congregate Living Facilities - Congregate Care Health Facilities Function Status
		<i>Not Functional</i>
		<i>Partially Functional</i>
		<i>Fully Functional</i>
		<i>Not applicable</i>
		B.8 Dialysis Centers Function Status
		<i>Not Functional</i>
		<i>Partially Functional</i>
		<i>Fully Functional</i>
		<i>Not applicable</i>
		B.9 Community (Out-patient) Clinics Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		B.10 Medical Needs Shelter
		<i>Open</i>
		<i>Planned</i>
		<i>Assessing</i>
		<i>Not applicable</i>
		B.11 Medical Needs Shelters Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>

Resource Category	Incident Type	
		<i>Not applicable</i>
		B.12 Mobile Field Hospital
		<i>Open</i>
		<i>Planned</i>
		<i>Assessing</i>
		<i>Not applicable</i>
		B.13 Mobile Field Hospital Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		B.14 Gov Auth Alt Care Site(s)
		<i>Open</i>
		<i>Planned</i>
		<i>Assessing</i>
		<i>Not applicable</i>
		B.15 Gov Auth Alt Care Site(s) Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		B.16 Field Treatment Sites
		<i>Open</i>
		<i>Planned</i>
		<i>Assessing</i>
		<i>Not applicable</i>
		B.17 Field Treatment Site(s) Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		B.18 Other Healthcare Delivery Facilities Infrastructure Damage or Threat Factors (if applicable; describe below) **identify the added factor to be rated**
		<i>_____</i> <i>This factor is currently encountered or is imminent</i>

Resource Category	Incident Type	
		<i>High potential for impact within next 12 hours</i>
		<i>High potential for impact within 12 to 24 hours</i>
		<i>Low potential for impact within 24 to 48 hours</i>
		<i>Not applicable</i>
		Maximum Score - Category B
		<p>Category C. Medical and Health Systems Infrastructure Damage or Threat This category includes the function status related to medical and health systems. Resource issues can vary widely depending on place and type of resource considered. Consider timeframes and proximity and their relationships to local/regional or national significance and economic impacts.</p>
		C.1 Health HazMat Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.2 Drinking Water Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.3 EPI/Disease Control Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.4 Food Safety Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.5 Public Health Lab Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>

Resource Category	Incident Type	
		<i>Not applicable</i>
		C.7 Care and Shelter Function Status
		<i>Additional sheltering needs imminent</i>
		<i>High potential for additional sheltering needs within next 12 to 24 hours</i>
		<i>High potential for additional sheltering needs greater than 24 hours</i>
		<i>Low potential for sheltering greater than 24 hours</i>
		<i>Not applicable</i>
		C.8 ACS/Medical Supply Cache Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.9 Medical Countermeasure (MCM) Cache Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.10 Medical Transport Systems (911/non-911 providers) Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.11 Emergency Management Personnel Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.12 Health Care Facility Staffing Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>

Resource Category	Incident Type	
		<i>Not applicable</i>
		General Infrastructure Damage as it relates to the Medical Health System
		C. 13 Roads Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.14 Medical Health Communications Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.15 Power Function Status
		<i>Impaired services: major assistance required</i>
		<i>Limited services: some assistance required</i>
		<i>Modified services: assistance from within OA</i>
		<i>Under Control, no assistance required</i>
		<i>Not applicable</i>
		C.16 Other Medical and Health System Infrastructure Damage or Threat Factors (if applicable; describe below) **identify the added factor to be rated**
		<i>This factor is currently encountered or is imminent</i>
		<i>High potential for impact within next 12 hours</i>
		<i>High potential for impact within 12 to 24 hours</i>
		<i>Low potential for impact within 24 to 48 hours</i>
		<i>Not applicable</i>
		Maximum Score - Category C
		Category D. Incident Complexity and Duration
		D.1 Incident Complexity and Duration Factor (if applicable; describe below) **identify the added factor to be rated**
		<i>Confirmed</i>
		<i>Suspected</i>
		<i>Unlikely</i>

Resource Category	Incident Type	
		<i>Unknown</i>
		<i>Not Applicable</i>
		Maximum Score - Category D
		Category E. Total Hospital Bed Capacity (Divide #available by #staffed)
		E.1 Med-Surge Beds
		Med-Surge Beds Staffed
		Med-Surge Beds Available
		<i>0-24% Capability</i>
		<i>25-49% Capability</i>
		<i>50-74% Capability</i>
		<i>75-100% Capability</i>
		<i>Not Applicable</i>
		E.2 Emergency Department Status
		<i>Closed</i>
		<i>Partially Open</i>
		<i>Open</i>
		<i>Not Applicable</i>
		E.3 Decontamination Available
		Total # of Decon Lanes
		<i>0-24% Capability</i>
		<i>25-49% Capability</i>
		<i>50-74% Capability</i>
		<i>75-100% Capability</i>
		<i>Not Applicable</i>
		E.4 Ventilators
		Total # of Ventilators
		<i>0-24% Capability</i>
		<i>25-49% Capability</i>
		<i>50-74% Capability</i>
		<i>75-100% Capability</i>
		<i>Not Applicable</i>
		Maximum Score - Category E
		Total Score
		Ranking

Operational Area Priority List (MACS 430)

Purpose:

This document is used to share prioritized Operational Areas as determined by the R2 M/H MAC Group.

Preparation:

The R2 M/H MAC Group Coordinator ensures OA ranking is summarized on this form.

Distribution:

Once finalized the information is shared with all R2 M/H MAC Group Members and Agency Administrators ONLY. It is not recommended this information be shared with media as routine matter. Release to media should always be approved through the R2 M/H MAC Group.

APPENDIX 8

R2 M/H MAC Group Issue Prioritization Process

How are issues identified?

Issues can come before the R2 M/H MAC Group from the following sources:

1. R2 M/H MAC Group Coordinator identifies the issues.
2. R2 M/H MAC Group Coordinator works with M/H AAs, to identify issues.
3. R2 M/H MAC Group Agency Representatives (AREPs) recommend issues.
 - i. R2 M/H MAC Group AREPs identify issues for future meeting at end of each R2 M/H MAC Group meeting.
 - ii. R2 M/H MAC Group AREPs presenting issues for R2 M/H MAC Group resolution will prepare a written summary with supporting information for presentation to R2 M/H MAC Group.
4. M/H AAs recommend issues.

In all cases, issues should be analyzed and the presenter should prepare a written summary describing the issue. These guidelines on prioritizing and choosing issues should be interpreted based on the incident; prioritization is incident-driven.

Who prioritizes issues?

The R2 M/H MAC Group Coordinator with R2 M/H MAC Group input:

- R2 M/H MAC Group Coordinator provides all issues and rationalizes decisions and recommendations on which issues to prioritize and which issues not to consider. Prioritizes the issues when obvious; allows whole group to view issues accepted and rejected.
- For more complex issues, the R2 M/H MAC Group Coordinator may choose to facilitate a meeting or conference call to solicit R2 M/H MAC Group input.

How are issues prioritized?

- Initial prioritization shall be conducted by the R2 M/H MAC Group Coordinator and include issues accepted and prioritized and issues not considered.
- Focus on broad Medical/Health issues; redirect others to appropriate organizations or agencies
- Issues, with few exceptions, should be multi-jurisdictional/multi-agency
- R2 M/H MAC Group Coordinator develops questions for issue prioritization:
 - * Does this issue involve a threat to life or safety?
 - * Does this issue involve a threat to M/H system infrastructure?
 - * How many OA are affected?
 - * Is this a long term or short term issue?
 - * To what degree will the community be affected? * What is the perception of agencies about this issue?
 - * What is the perception of the public about this issue?
 - * How urgent is this issue?
- Screening of R2 M/H MAC Group Coordinator's decision shall be reviewed by the R2 M/H MAC Group.

Issue Prioritization Worksheet

Purpose of this template: To be used by the R2 M/H MAC Group Coordinator to help determine issues to be presented to the R2 M/H MAC Group. This template may also be used by individual R2 M/H MAC Group AREPs to help them decide whether or not to present an issue for consideration by the R2 M/H MAC Group Coordinator or the R2 M/H MAC Group.

Issue 1: _____

Issue 2: _____

Issue 3: _____

Issue 4: _____

Issue 5: _____

Issue →	Issue 1	Issue 2	Issue 3	Issue 4	Issue 5
↓ Prioritization Criteria					
Does this involve a threat to life or safety?					
Does this involve a threat to M/H system infrastructure?					
How many OA are affected?					
Is this a long-term or short-term issue?					
To what degree is the community affected?					
What is the perception of agencies about this issue?					
What is the perception of the public about this issue?					
How urgent is this issue?					
Conclusions/ Priority (1 st , 2 nd , 3 rd , 4 th , 5 th)					

APPENDIX 9

R2 M/H MAC Group Meeting Agenda Checklist

- 1) R2 M/H MAC Group AREPs notified.
- 2) Time and location determined and communicated.
- 3) Meeting agenda and R2 M/H MAC Group issues prepared by R2 M/H MAC Group Coordinator.

Introduction

- Review and affirm working guidelines
- Welcome new members
- Optional well-being check-in with members

Briefing Portion

- Current situation update, probable future situation (e.g. assessment of the current healthcare system for event and non-event related illness, projected demand surge from incident, related illness and related resource needs, projected reduction of available space, staff and other response capability [e.g. equipment/supplies]);
- Current issues described;
- New issues introduced;
- Questions/clarification.

Discussion/Decision/Recommendation Portion

- Review MHOAC and RDMHC Program Situation Status reports and unfilled Scarce Resource Request forms for background information to allocate or recommend allocation of scarce resources;
- Review identified and new issues and complete the MACS 405 and Issue Prioritization form;
- Review criteria for establishing operational area priorities and prioritize operational areas if needed for scarce resource allocation (MACS 429) and summarize prioritization (MACS 430). This includes the maintaining of essential services and unique capabilities of the total healthcare system;
- Discussions, decisions, and/or recommendations on issues;
- Allocate or recommend allocation of scarce resources (Appendix 9);
- Discuss how to resolve media and VIP interface issues;
- Consider needs for contingency and strategic specific plans.

R2 M/H MAC Group Meeting Outcomes

- Decisions/recommendations/priorities/allocations determined and communicated to affected parties;
- Decision or recommended action is identified and documented;
- Draft new policy or revised policy; communicate with Agency Administrators for approval, as necessary;
- Plan in place for media interfacing.

APPENDIX 10
R2 M/H MAC Group Conference Call Template

Roll call [MAC Group AREPs at the host EOC]

Roll call [MAC Group AREPs present via phone]

National/Regional Update _____ **MAC Group Coordinator**

MAC Group Update _____ **MAC Group Coordinator**

- [Short bullet statements with key points or information items (e.g. incident updates, VIP visits, new or ongoing key initiatives, etc.)].

Report on Scarce Resources _____ **MAC Group Coordinator**

- [Short bullet statement(s) related to the flow/availability of resources].

Outlook _____ **MAC Group Coordinator**

- Projections for the next X hours or X days.

Report on Incidents _____ **MAC Group Coordinator**

- Current incident information presented in priority order.
- New activity(s).

Decisions/Recommendations for Allocation of Scarce Resources _____ **MAC Group Coordinator**

- Discussion of proposed allocations by Medical/Health MAC Group Agency Representatives.

Issue Identification/Resolution _____ **All**

- **Issue:** Name of individual presenting the issue followed by a short issue statement.
- **Decision/Recommendation:** Document the decision/recommendation.

Necessary Actions/Follow up _____ **MAC Group Coordinator**

Schedule Next Conference Call

Conference Call Number: _____

Conference Call Passcode: _____

Date: _____ Time: _____

APPENDIX 11

Sample Schedule for a MAC Group

TIME	ACTIONS	WHO
0800-0830	<ul style="list-style-type: none"> • Updates from AREPs. • Review new SITREPS and information. 	AREPs, MAC Group Coordinator
0830-0900	<ul style="list-style-type: none"> • Briefing to AREPs on the situational update, VIP and Media, unresolved issues and policies that have not been resolved left over from the day before. 	Situation Unit Leader, Resource Unit Leader, PIO and MAC Group Coordinator
0900-1300	<ul style="list-style-type: none"> • Select issues and policy recommendations that will be addressed before the MAC Group afternoon meeting. • Develop recommended policy for AA approval. Develop issue resolutions. • Update the need for Technical Specialists/Subject Matter Experts or outside information needed and give to the MAC Group Coordinator and Planning Section Chief. • Develop Scarce Resource Allocation criteria or update from day before. Continue to do networking with host agencies and organizations. 	AREPs or sub groups of MAC Group, MAC Group Coordinator
1300-1400	<ul style="list-style-type: none"> • Convene AREPs to present drafts of policy recommendations, common issue resolution • Assign how and with who these items will be shared with. 	AREPs, MAC Group Coordinator, PIO, Planning Section Chief
1400-1430	<ul style="list-style-type: none"> • Prepare for MAC Group afternoon meeting. • Read any updates from the Resource Unit Leader on resources and items from the Situation Unit Leader and PIO. 	AREPs, MAC Group Coordinator
1430-1630	<ul style="list-style-type: none"> • See standard items and agenda for the MAC Group Meeting: <p>NOTE – This is when the OA is validated and scarce resource allocation is completed by the AREPs with the help of the Resource Unit Leader, Planning Section Chief and MAC Group Coordinator.</p>	AREPs, MAC Group Coordinator, Planning Section Chief, Resource Unit Leader, Situation Unit Leader, PIO
1630-TBD	<ul style="list-style-type: none"> • Complete any needed unfinished action items before ending. • Communications with networks • Set draft agenda for the next day. • Hold any needed small group work or informational meetings. 	AREPs, MAC Group Coordinator

A daily schedule will differ each time a MAC Group is deployed depending on the type and severity of the incident(s). The amount of time needed and the schedule arrangement of all the items is determined by the work volume, how time sensitive items are, and needs of the OA and AAs.

APPENDIX 12

R2 M/H MAC Group Logistical Needs Within the Host EOC

The following should be available or assembled to support a R2 M/H MAC Group operation:

Telephones:

- Access to a phone for the R2 M/H MAC Group Agency Representatives and R2 M/H MAC Group Coordinator
- 2 conference phones

Connectivity:

- Computers and/or laptops
- Emergency back-up power
- Internet connectivity for the R2 M/H MAC Group and Support Staff.
- Ability to network R2 M/H MAC Group AREPs laptops to EOC printers

Work Areas:

- Tables and/or desks for each R2 M/H MAC Group AREPs and R2 M/H MAC Group Coordinator
- Closed meeting room with table and chairs for size of R2 M/H MAC Group (Includes white boards, room for easel boards, space to post information on walls)

Electronic Display

- 1 electronic display for projection and/or monitoring news stations

Printers and Copy Machines:

- Access to printers and copy machines

FAX Machine:

- Access to a FAX machine that doesn't interfere with EOC activities

TV Monitor and VCR/DVD:

- Access to VCR/DVD with monitor

Office Supplies:

- Paper, pencils, pens, paper clips, masking tape, file folders, markers, file boxes, local telephone directory, easel boards, dry markers easel pads

Miscellaneous:

- R2 M/H MAC Group Incident Status Summary and Prioritization Forms (wall display size) R2 M/H MAC Group Handbook

APPENDIX 13

R2 M/H MAC Group Training Recommendations

Training is recommended for R2 M/H MAC Group Coordinators and R2 M/H MAC Group AREPs. It is suggested that no more than three trainees be assigned to a R2 M/H MAC Group at one time.

Following is a prioritized list of courses that R2 M/H MAC Group Coordinators and AREPS should attend:

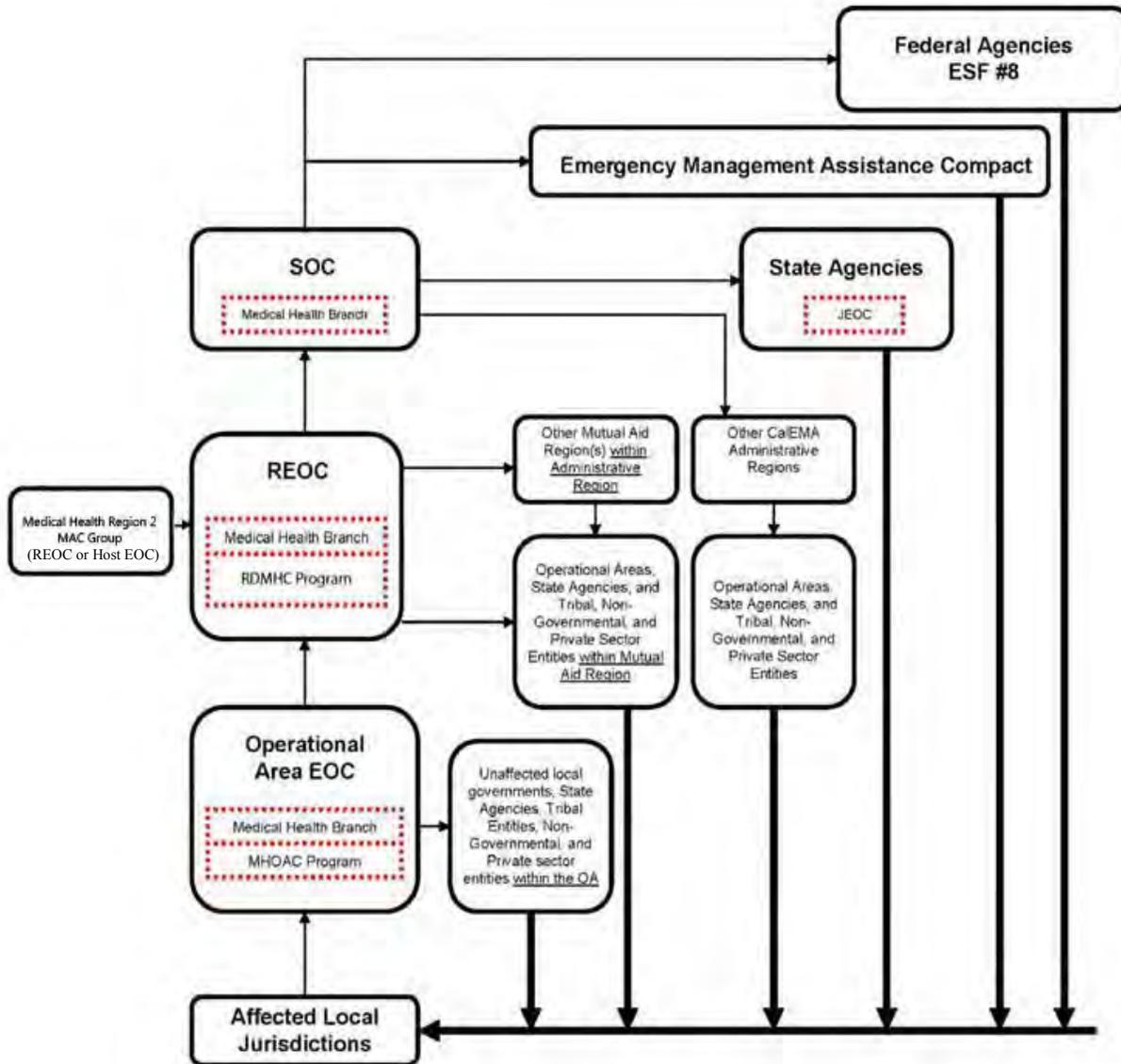
Highly Recommended

1. I-100 Introduction to ICS
2. I-200 ICS for Single Resources and Initial Action Incidents
3. I-700 Introduction to NIMS
4. M-480 MAC Group
5. California Public Health and Medical Emergency Operations Manual Training
5. Facilitator Training

Recommended

6. I-300 Intermediate ICS for Expanding Incidents
7. I-400 Advanced ICS for Command and General Staff – Complex Incidents
8. IS-701.a Multi-Agency Coordination Systems
9. Planning Section Chief

APPENDIX 14 Flow of Resource Requests and Assistance during Emergencies



Adapted from California Public Health and Medical Emergency Operations Manual, Page 50

APPENDIX 15

Example of R2 M/H MAC Group Working Guidelines

Behavior Expectations

- Let each person fully express an idea - don't interrupt
- Everyone has an equal voice
- Listen to understand, not just to respond
- No side conversations
- Friendly disagreement is okay
- Start & end on time
- Keep your sense of humor
- Be frank and honest - make constructive criticism
- Everyone has the responsibility to contribute and share ideas
- Cell phones on vibrate/No texting
- Step out of the room for taking phone calls and texting
- Schedule call/text breaks
- Inform the group at the beginning of the meeting if you have to leave early

Business/Decision Making

- Be organized – plan action steps
- Follow the group's decision making process
- Come prepared to meetings
- Follow through on commitments for work assigned
- Try for consensus
- Obligation to bring up differing opinions
- Make informed decisions
- Have a standing parking lot
- Silence is consensus

APPENDIX 16

Target Group Prioritization Worksheet

MAC Group decision:

Mission:

Target Groups:

Categories:

Tiers:

Tier 1 Categories							
Target Groups	Category 1	Family Yes / No	Category 2	Family Yes / No	Category 3	Family Yes / No	
			Tier 1A Categories				
Tier 2 Categories							
Target Groups				Family Yes / No			

APPENDIX 17

Glossary of Terms

Agency: A division of government with a specific function. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance).

Agency Administrator: Person(s) in charge of the agency/agencies or jurisdiction(s) that has responsibility to respond to an incident and for administering policy for an agency or jurisdiction. An Agency Administrator (or other public official with jurisdictional responsibility for the incident) usually makes the decision to establish an Area Command and MAC Groups.

Agency Representative – An individual assigned to a MAC Group with delegated authority to represent their agency in carrying out the roles and responsibilities of the group.

Area Command: An organization to oversee the management of multiple incidents that are being managed by a separate ICS organization or to oversee the management of a very large incident that has multiple Incident Management Teams engaged.

Assisting Agency: An agency directly contributing operational, support or service resources to another agency.

Cooperating Agency: An agency supplying assistance other than direct operational or service functions to the incident (e.g., utility companies, hotels, etc.)

Delegation of Authority – A statement provided to the Agency Representative on a Multi-Agency Coordination (MAC) Group by the Agency Administrator delegating authority and assigning responsibility. This can include objectives, priorities, expectations, constraints and other considerations or guidelines as needed.

Emergency Operations Center: The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. Under SEMS, EOCs are organized by the five functions (Management, Operations, Planning / Intelligence, Logistics and Finance / Administration).

Hospital Available Beds for Emergencies and Disasters (HA_vBED): A federally funded web-based system for bed capacity reporting. This system allows states to collect and report hospital bed availability. This data is then used to inform decision-makers at the state, regional, and federal levels for situational awareness for planning and emergency response activities relating to deployment of federal mobile assets.

Incident: An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command System: A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of

emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Incident Management Team: The Incident Commander and appropriate Command and General Staff personnel assigned to manage an incident. Incident Management Teams consist of Type 1, 2, 3 and 4 designations; Type 1 Teams are assigned to the most complex incidents, while Type 4 Teams are assigned to the least complex incidents.

Joint Information Center: A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.

Joint Information System: Integrates incident information and public affairs into a cohesive organization to provide consistent, coordinated, accurate, accessible, timely and complete information during incident operations. Provides a structure and system for developing and delivery of coordinated interagency messages.

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

Local Emergency Medical Services Agency: The agency, department, or office having primary responsibility for administration of emergency medical services in a county or multiple counties, including disaster medical preparedness and response.

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

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

Medical Health Operational Area Coordination Program: A comprehensive program under the direction of the MHOAC that supports the 17 functions outlined in Health and Safety Code §1797.153.

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

Multi-Agency Coordination Systems – Provides the structure to support coordination for incident prioritization, scarce resource allocation, communications systems integration and information coordination. The elements of Multi-Agency coordination systems include facilities, equipment, personnel, procedures and communications. The two most commonly used elements are EOCs and MAC Groups.

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

Operational Area: Under SEMS, the operational area means and intermediate level of the state's emergency management organization which encompasses the county and all political subdivisions located within the county including special districts. The operational area manages and / or coordinates information, resources, and priorities among local governments within the operational area, and serves as the coordination and communication link between the local government level and regional level.

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

Prioritization: The prioritization of incidents based on their established rating score. The MACS 429 Form is used to prioritize incidents from highest to lowest score as listed the MACS 430 Form. Where multiple incidents receive the highest rating score, the Medical/Health MAC Group weighs each category to establish the final prioritization. Life safety scores are paramount in the prioritization process.

Regional: Because of its size and geography, the state has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities. In SEMS, the regional level manages and coordinates information and resources among operational areas within the mutual aid region, and also between the operational areas and the state level. The regional level also coordinates overall state agency support for emergency response activities within the region.

Regional Disaster Medical and Health Coordination Program: A comprehensive program under the direction of the Regional Disaster Medical and Health Coordinator that supports information flow and resource management during unusual events and emergencies. This program includes the Regional Disaster Medical and Health Specialist.

Region Emergency Operations Center: Regional facilities representing each of Cal OES's three Administrative Regions (Inland, Coastal and Southern). REOCs provide centralized coordination of resources among Operational Areas within their respective regions, and between the Operational Areas and State level.

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

Scarce Resource – Resources requested by more than one Operational Area and the request for all Operational Areas cannot be filled to meet the requested deployment time.

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

Standardized Emergency Management System: The Standardized Emergency Management System (SEMS) is the cornerstone of California's emergency response system and the fundamental structure for the response phase of emergency management. SEMS is required by the California Emergency Services Act (ESA) for managing multiagency and multijurisdictional responses to emergencies in California. The system unifies all elements of California's emergency management community into a single integrated system and standardizes key elements. SEMS incorporates the use of the Incident Command System (ICS),

California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA), the Operational (OA) Area concept and multiagency or inter-agency coordination. State agencies are required to use SEMS and local government entities must use SEMS in order to be eligible for any reimbursement of response-related costs under the state's disaster assistance programs.

State: The state level of SEMS tasks and coordinates state resources in response to the requests from the REOCs and coordinates mutual aid among the mutual aid regions and between the regional level and state level. The state level also serves as the coordination and communication link between the state and the federal disaster response system.

State Operations Center: The SOC is the Emergency Operations Center at the State level. This center coordinates with the National Operations center and coordinates and supports activities at individual state-level agency-specific Department Operations Centers.

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

Unified Command: An application of ICS used when more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

APPENDIX 18 Acronyms

AA: Agency Administrator

ACS: Alternate Care Site

AREP: Agency Representative

Cal OES: California Governor's Office of Emergency Services

EOC: Emergency Operations Center

ESA: California Emergency Services Act

ICS: Incident Command System

ICU: Intensive Care Unit

JIC: Joint Information Center

LEMSA: Local Emergency Medical Services Agency

LHD: Local Health Department

MAC Group Coordinator: Multi-Agency Coordination Group Coordinator

MAC Group: Multi-Agency Coordination Group

MAC System: Multi-Agency Coordination System

M/H: Medical/Health

MHOAC: Medical Health Operational Area Coordination

NICU: Neonatal Intensive Care Unit

NIMS: National Incident Management System

OA: Operational Area

PICU: Pediatric Intensive Care Unit

PIO: Public Information Officer

RDMHC: Regional Disaster Medical and Health Coordinator

RDMHS: Regional Disaster Medical and Health Specialist

REOC: Regional Emergency Operations Center

SEMS: Standardized Emergency Management System