San Joaquin Operational Area



Emergency Operations Center MEDICAL HEALTH BRANCH PLAN

December 23, 2014

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I. INTRODUCTION

The Medical Health Branch Plan provides guidance on the organizational structure, activation criteria, operation, and key functions of the Medical Health (MH) Branch of the San Joaquin Operational Area Emergency Operations Center (OA EOC). OA Medical Health Branch is intended to support medical health incident operations, to maintain and share a common operating picture of medical health incidents, coordinate medical health mutual aid requests, and to provide a mechanism for San Joaquin County to fulfill its statutory responsibilities cited in the California Health and Safety Code, Section 1797.153, during disasters.

The Medical Health Branch does not manage incident tactics, nor does it replace or supersede the emergency response, jurisdictional or statutory roles or responsibilities of individual county agencies, departments or their Departmental Operations Centers (DOC). The County Health Officer and the EMS Administrator will designate the Medical Health Branch Director and Deputy Branch Director.

County Departments and Divisions represented in the Medical Health Branch include Emergency Medical Services, Public Health Services, Behavioral Health Services, and the Environmental Health Department.

The MH Branch Plan is designed to be flexible and scalable. Activation of the Medical Health Branch will be dependent upon the nature of the emergency or disaster and the level of response required from the healthcare delivery, public or environmental health systems.

II. PURPOSE AND AUTHORITY

The purpose of this plan is to guide the activation and operation of the Medical Health Branch in response to a disaster that severely impacts the healthcare delivery system, public and/or environmental health.

This plan is issued under the joint authority of the San Joaquin County Emergency Medical Services Agency Administrator and the San Joaquin County Health Officer, in accordance with California Health and Safety Code, Division 2.5, Article 4, Sections 1797.153, requiring the development of medical and health disaster plans for the Operational Area.

CH&SC §1797.153 (c) The medical and health disaster plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code, and, at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:

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

These responsibilities are carried out by individual agencies and departments that are represented in the Medical Health Branch. The Medical Health Branch serves to facilitate communication and coordination between the member agencies and departments, as needed.

III. PLANNING ASSUMPTIONS

A. A medical, public or environmental health emergency and its impacts may develop slowly over days and weeks, or could occur suddenly and without warning.

- B. The San Joaquin OA Emergency Operations Center (EOC) may be partially activated or staffed during the early stages of an evolving medical, public health or environmental health event. Initial emergency response actions by public health, medical, emergency medical, behavioral health, and environmental health divisions, departments and agencies are likely to begin before OA EOC activation.
- C. Any large scale community disaster with medical, public or environmental health implications will likely overwhelm baseline medical and health resources.
- D. In a pandemic, up to 40% of the workforce may not be able to report to work¹.
- E. State and federal resources/support may be available, but only after a delay of at least 48-96 hours to activate, mobilize and distribute. The Strategic National Stockpile (SNS) of pharmaceuticals and equipment will be available through the OA EOC to the Governor's office that submits the request for federal SNS activation.
- F. Biological agents and toxins may contaminate/infect staff, equipment, and facilities. Natural and human-caused disasters may also affect facilities. This will impair response by public health, medical and emergency management staff.

IV. CONCEPT OF OPERATIONS

In response to a disaster that severely impacts the healthcare delivery system or that poses a threat to public health, the County Health Officer and/or the EMS Administrator will make the decision to activate the Medical Health Branch.

The County Health Officer and the EMS Administrator will jointly appoint the Medical Health Branch Director and Deputy MH Branch Director. However, during an afterhours or weekend activation the Medical Health Operational Area Coordinator (MHOAC) or MHOAC designee will initially respond and serve as the MH Branch Director.

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¹ http://www.fema.gov/media-library-data/1410875581685-0729ba3e23e9b0016bbf18efcd6daa59/COOP%20Pandemic%20Influenza.pdf

The OA EOC and the Medical Health Branch will typically operate on a 24 hours basis, with 12 hour Operational Periods. Thus, the MH Branch Director and MH Deputy Branch Director will need to work up to 14 hour shifts in order to properly participate in EOC shift change briefings. Normally, the MH Branch Director will work the daytime operational periods and the MH Deputy Branch Director will work the nighttime operational periods.

The MH Branch agencies will use the OA WebEOC to share information and maintain a common operational picture of the medical and health system.

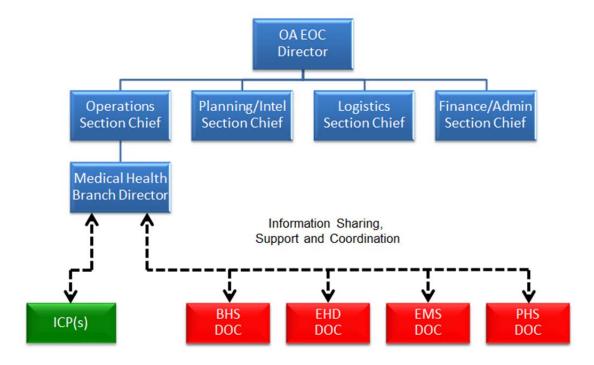
V. ROLES AND RESPONSIBLITIES

A. Medical Health Branch Director:

The Medical Health Branch Director reports to the OA EOC Operations Section Chief and is responsible for three main duties:

- Supports medical and health tactics by coordinating medical and health mutual aid requests and advocating on behalf of medical and health operations for resources and assistance from other Operational Area agencies, departments and organizations.
- 2. Represents the interests of the agencies and departments represented by the MH Branch, by participating in the development of operational area plans and keeping medical and health policy makers informed of incident and EOC activities that may impact the medical or health systems.
- 3. Coordinates with the OA EOC Situation Unit to maintain a common operating picture of the medical health emergency event(s) by gathering, collating, consolidating, and disseminating incident information to all appropriate parties. Achieving a common operating picture allows the onscene and off-scene personnel, such as those at an Incident Command Post, Emergency Operations Center (EOC), Department Operations Centers (DOC) or within a Multi-Agency Coordination (MAC) Group to have the same information about the incident, including the availability and location of resources and the status of assistance requests. It helps to ensure consistency for all policy makers, emergency management, and response personnel engaged in an incident.

Medical Health Branch Information Sharing, Support and Coordination Diagram



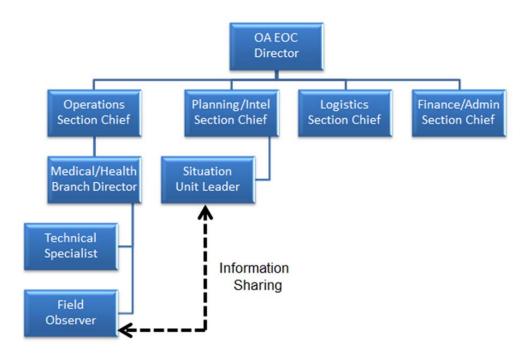
B. Technical Specialist:

Technical specialist(s) will be assigned to the Medical Health Branch, as needed, to provide specialized knowledge and expertise on specific matters relevant to the incident response, mitigation and/or recovery. Technical Specialist normally performs the same duties during an incident that they perform in their everyday jobs, and they are typically certified in their fields or professions.

C. Field Observer:

Field Observer(s) will be assigned to the Medical Health Branch, as needed, to collect situational information from direct observations at the incident(s) or DOC(s) and to provide this information to the Medical Health Branch Director. Field Observers will also provide information to the OA EOC Situation Unit Leader.

Medical Health Branch Organization Chart



VI. ACTIVATION

In response to an incident or OA-wide emergency event that severely impacts the healthcare delivery system and/or that poses a threat to public health, the County Health Officer and/or the EMS Administrator will make the decision to activate the Medical Health Branch.

A. Reasons for activation include but are not limited to:

- 1. Request from EOC Director to activate the MH Branch in support of non-medical incident, e.g. flood.
- 2. Request from a government medical/health agency or department operation center to support on-going operations, e.g. disease surveillance, mass vaccinations, patient distribution.
- 3. Request from a medical or health provider/partner to support continuity of operations e.g. power failure, labor strike.

B. Activation Process:

The activation of the MH Branch begins with the notification of the EMS Administrator and/or the County Health Officer.

1. Normal Business Hours:

A. EMS Administrator: (209) 468-6818B. Public Health Officer: (209) 468-3411

2. After Hours and Holidays:

A. Contact the EMS Agency Duty Officer (MHOAC Designee) 24/7

i. Pager: (209) 234-5032ii. Dispatch: (209) 236-8339

Once the decision to activate the MH Branch has been made, the EMS Administrator, County Health Officer or their designee will contact the OA Ordering Manager or Logistics Section Chief to obtain the order and request numbers for the applicable MH Branch positions. The MH Branch personnel will be selected and assigned, and then requested to report to the OA EOC for their assigned operational period.

C. Activation Triggers:

MH Branch may activate when any of the following conditions exist:

- The San Joaquin Operational Area Medical/Health Multi-Agency Coordination (Med MAC) Group meets and agrees that the MH Branch needs to be activated to support medical or health emergency operations.
- 2. A local government within the operational area has activated its EOC and requested activation of the Operational Area EOC MH Branch to support their medical or health emergency operations.
- 3. The County Health Officer has declared a local health emergency.
- Two or more cities within the Operational Area have proclaimed a local emergency that has been determined to have significant medical or health consequences.
- 5. The county and one or more cities, within the Operational Area, have proclaimed a local emergency that has been determined to have significant medical or health consequences.

- A city, city and county, or county has requested a governor's proclamation of a state of emergency, as defined in Government Code §8558(b), that has been determined to have significant medical or health consequences.
- 7. A state of emergency is proclaimed by the governor for the county or two or more cities within the Operational Area, for an event that has been determined to have significant medical or health consequences.
- 8. The Operational Area is requesting medical or health resources from outside its boundaries, except those resources used in normal day-today operations that are obtained through existing agreements providing for the exchange or furnishing of certain types of facilities and services on a reimbursable, exchange, or other basis as provided for under the Master Mutual Aid Agreement.
- 9. The Operational Area has received medical or health resource requests from outside its boundaries, except those resources used in normal day-to-day operations that are obtained through existing agreements providing for the exchange or furnishing of certain types of facilities and services on a reimbursable, exchange, or other basis as provided for under the Master Mutual Aid Agreement.

VII. Position Check Lists

MEDICAL HEALTH BRANCH DIRECTOR POSITION CHECK LIST

Receive assignment, including:										
Resource order and request numbers										
2. Reporting location										
3. Reporting and/or check-in time										
Check-in at the OA EOC										
eceive a briefing from the OA EOC Operations Section Chief										
Locate your work space in the OA EOC										
Acquire work materials, including:										
1. Communications equipment (radio, telephone, etc.)										
2. Internet access, computer, office supplies, reference materials, forms, etc.										
Obtain appropriate transportation (for travel to ICPs, DOCs or other EOCs)										
Conduct all tasks in a manner that ensures the safety and welfare of you and your co-workers										
Supervise Branch operations										
Obtain copy of current Incident Action Plans (IAPs) from:										
1. OA EOC										
Activated medical and health DOCs										
 Activated medical and health DOCs Incident Command Post(s) / Incident Management Team(s) 										
3. Incident Command Post(s) / Incident Management Team(s) Review Division/Group Assignment Lists (ICS-204) for Division/Groups within										
3. Incident Command Post(s) / Incident Management Team(s) Review Division/Group Assignment Lists (ICS-204) for Division/Groups within medical health DOCs and the field ICPs Know the assigned frequency(ies) for your area of responsibility and ensure that communications equipment is operating properly										
3. Incident Command Post(s) / Incident Management Team(s) Review Division/Group Assignment Lists (ICS-204) for Division/Groups within medical health DOCs and the field ICPs Know the assigned frequency(ies) for your area of responsibility and ensure that communications equipment is operating properly										
3. Incident Command Post(s) / Incident Management Team(s) Review Division/Group Assignment Lists (ICS-204) for Division/Groups within medical health DOCs and the field ICPs Know the assigned frequency(ies) for your area of responsibility and ensure that communications equipment is operating properly Use clear text and ICS terminology (no codes) in all radio communications										

3. County Environmental Health DOC, if activated

- 4. County Emergency Medical Services DOC, if activated
- 5. County Public Health Services DOC, if activated
- 6. Incident Command Post(s) / Incident Management Team(s), with medical/health incident objectives

Ensure that activated medical and health DOCs have current copies of each other's IAPs and the OA EOC IAP									
Participate in incident planning meetings and briefings, as needed									
Coordinate mutual aid requests with the Medical Health Operational Area Coordinator (MHOAC)									
Coordinate the collection of data for the California Medical and Health Situation Report (SITREP) ² with the Medical Health Operational Area Coordinator (MHOAC)									
Report to the OA EOC Operations Section Chief when the OA EOC IAP needs to be modified, or additional resources are needed, or surplus resources are available, or when hazardous situations or significant events occur									
Notify the OA EOC Situation Unit Leader when the medical/health situation changes									
Notify the OA EOC Resource Unit Leader when the status of medical/health resources change									
Notify the OA EOC Facilities Unit Leader when status of OA EOC supported medical/health facilities (e.g. Government Authorized Alternate Care Site, Point of Dispensing Sites, Field Treatment Site, etc.) change									
Maintain branch records, including Unit/Activity Log (ICS-214)									
Provide copies of all documentation to the OA EOC Operations Section Chief at the end of the Operational Period									

² California Public Health and Medical Emergency Operations Manual (July 2011), Appendix C

TECHNICAL SPECIALIST POSITION CHECK LIST

Receive assignment, including:									
Resource order and request numbers									
2. Reporting location									
3. Reporting and/or check-in time									
Check-in at the OA EOC									
Receive a briefing from the OA EOC Medical Health Branch Director									
Establish a work area and acquire work materials									
Conduct all tasks in a manner that ensures the safety and welfare of you and your co-workers									
Obtain appropriate communications and transportation									
Know the assigned frequency(ies) for your area of responsibility and ensure that communications equipment is operating properly									
Use clear text and ICS terminology (no codes) in all radio communications									
Determine coordination procedures with other sections, units, and local agencies									
Participate in the development of OA EOC Incident Action Plan									
Keep the OA EOC Medical Health Branch Director informed									
Maintain Unit/Activity Log (ICS-214)									
Provide copies of all documentation to the OA EOC Medical Health Branch Director at the end of each operational period									

FIELD OBSERVER POSITION CHECK LIST

Receive assignment, including:										
Resource order and request numbers										
2. Reporting location										
3. Reporting and/or check-in time										
Check-in at the OA EOC										
Receive a briefing from the OA EOC Medical Health Branch Director										
btain a copy of the Incident Action Plan for the Operational Period										
Obtain appropriate communications and transportation										
Obtain necessary equipment and supplies										
Conduct all tasks in a manner that ensures the safety and welfare of you and your co-workers										
Identify all facility locations (e.g., ICP, DOC, Division and Branch boundaries)										
Know the assigned frequency(ies) for your area of responsibility and ensure tha communications equipment is operating properly										
Check-in with the Liaison Officer at the applicable ICP or DOC, to let them know you are on scene and what your assignment is.										
Use clear text and ICS terminology (no codes) in all radio communications										
Keep the OA EOC Medical Health Branch Director informed and share information with the OA EOC Situation Unit by established procedures										
Report immediately any condition observed that may cause danger and safety hazard to personnel										
Maintain Unit/Activity Log (ICS-214)										
Provide copies of all documentation to the OA EOC Medical Health Branch Director at the end of the Operational Period										

Appendix A – Resource Order and Request Numbers

Resource Order Number:

Resource order numbers are assigned to a specific incident. The order number will begin with the San Joaquin County three letter designator XSJ followed by four digits, e.g. XSJ-0001.

Request Number:

Request numbers are used to track resources assigned to an incident and are broken down into five categories:

- 1. Aircraft (A)
- 2. Crews (**C**)
- 3. Equipment (E)
- 4. Overhead (**O**) including: incident management personnel
- 5. Supplies (S)

Example:

A request for 1 Medical Branch Director, 1 Deputy Medical Branch Director, 1 Technical Specialist, and 2 Field Observers, the request numbers would be:

- O-1 Medical Health Branch Director
- O-2 Deputy Medical Health Branch Director
- O-3 Technical Specialist
- O-4 Field Observer
- O-5 Field Observer

Ordering Manager:

The Ordering Manager is responsible for placing all orders for resources for the incident. The Ordering Manager reports to the Supply Unit Leader, in the Logistics Section. The Ordering Manager will provide the order and request numbers.

Check-In at OA EOC:

When Medical Health Branch personnel arrive at the OA EOC they will check-in with the Check-In Recorder, located in the main foyer of the San Joaquin County Ag Center, by providing their name, order and request numbers. This information is documented on an ICS-211 Form. MH Branch personnel need to be familiar with how to complete an ICS-211 Form, see Appendix B for a sample.

Appendix B – Sample Incident Check-In List (ICS 211)

	1. Incident Name: 2. Incident Number: XSJ-12-2-2014		3. Check-In Location (complete all that apply) Base Staging Area ICP				lelibase											
L								C	A EOC									
Check-In Information (use reverse of form for remarks or comments)																		
5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:			91	Name	mber of	t Contact	Jnit or	Departure Point, e and Time	Method of Travel	14. Incident Assignment	Other Qualifications	Data Provided to sources Unit						
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF	6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure F Date and Time	13. Method	14. Incident	15. Other Q	16. Data Provide Resources Unit	
CA	XS J		0		P. Cook EMS 5	S	XSJ-0001 O-1	12/2 0650	Phil Cook	1	209-555-XXXX	XSJ EMS	French Camp 12/2 @ 0630	POV	MHBD	PSC, RESL, SITL, LSC, DIVS		
CA	XS J		0		K. Conley	S	XSJ-0001 O-2	12/2 0855	Kathleen Conley	1	209-555-XXXX	XSJ PHS	Stockton 12/2 @ 0630	POV	THSP	PUSP		
CA	XS J		0		K. Foley	s	XSJ-0001 O-3	12/2 0855	Kasey Foley	1	209-555-XXXX	XSJ EHD	Stockton 12/2 @ 0625	AOV	THSP	ENSP		
CA	XS J		0		C. Miller	s	XSJ-0001 O-4	12/2 0657	Chris Miller	1	209-555-XXXX	XSJ PHS	Stockton 12/2 @ 0630	POV	FOBS	DIVS		
O = Overhead S = Single Resource Overhead Position Mnemonics:																		
									POV = Privately Owned Vehicle AOV = Agency Owned Vehicle					THSP =	HBD = Med Health Branch Dir. SP = Technical Specialist BS = Field Observer			
IC	S 21	1	17.	. Pre	epared I	by:	Name: Ar	t Bently	Position	n/Title: S	CKN	Signate	ure:		Date/Time:	12/2/14		

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