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San Diego County Access and Functional
Needs Work Group

ANNEX D

Mass-Casualty Incident Operations



Unified San Diego
County Emergency
Services Organization
And
County Of San Diego

Operational Area
Emergency Operations Plan

September 2014

GENERAL

Introduction

The Mass-Casualty Incident (MCI) Operations Annex to the San Diego County Operational Area Emergency Operations Plan (OA EOP) describes the basic concepts, policies and procedures for providing a coordinated medical care response to any mass-casualty incident. This annex serves as the unifying document for the emergency plans of local hospitals, jurisdictions and public safety agencies. The Emergency Services Agreement, between and among the County of San Diego and the jurisdictions in the OA, provides for a county wide emergency services program.

Purpose

The purpose of this annex is to establish a disaster medical system and prescribe responsibilities and actions required for the effective operation of the medical response to disasters.

Scope

This annex describes the policies, concepts of operations, roles and responsibilities and capabilities associated with responding to Mass-Casualty Incidents (MCI) within the geographic boundaries of San Diego County, California. This annex serves as the unifying document for the emergency plans of local hospitals, jurisdictions and public safety agencies. It identifies who will be in charge of the incident and provides guidelines for coordinating county government emergency response resources during a multiple casualty incident. It also describes how the on-scene incident command agency will coordinate with county, state, and federal agencies, local jurisdictions and volunteer organizations.

Under the National Response Framework (NRF) - Public Health & Medical Services fall under

EXECUTIVE SUMMARY

Annex D identifies the system of Base hospitals, trauma facilities and satellite hospitals in the San Diego County Operational Area. It also defines the role of paramedics, EMTs, hospital personnel, law enforcement, fire and hazardous materials specialists, among others. It defines communications links between the field and the hospitals and identifies Station M and its role. It also describes the National Disaster Medical System (NDMS) which can be activated in the event of a major emergency where the number of injured exceeds local capabilities.

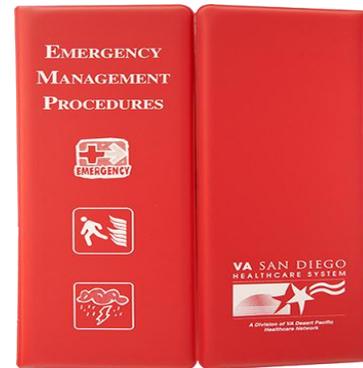
This annex is routinely used in traffic accidents with more than five or ten injuries and is used in exercises throughout the year by all of the hospitals to meet accreditation requirements.

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Emergency Support Function-8 (ESF-8), the State of California Emergency Function-8 (EF-8) Emergency Medical Services applies to all individuals and organizations that may be involved in emergency medical response activities in the County.

This annex builds upon and incorporates the use of the California Public Health and Medical Emergency Operations Manual (EOM), and incorporates the use of the California Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS), the Incident Command System (ICS) and the role of key participants in the Public Health and Medical System during emergencies. It supports the development of California EF-8 and the Federal ESF-8 Public Health and Medical Services plans.



The overall scope of ESF- 8 involves the supplemental assistance to local governments in identifying and meeting the public health and medical services needs to victims of a major emergency or disaster. This support is categorized in the following functional areas, including but not limited to:

1. Provision of Medical Command and Control.
2. Assessment of emergency medical services needs.
3. Assessment of pre-hospital healthcare personnel.
4. Assessment of emergency medical services equipment and supplies.
5. Assessment of patient evacuation by emergency medical services.
6. Assessment of in-hospital care resources.
7. Assessment of medications and medical device safety.
8. Assessment of emergency medical services worker health and safety.
9. Assessment of chemical, biological, radiological, nuclear and explosive hazards to emergency medical services personnel.
10. Assessment of emergency medical services mental health accessibility (e.g., Critical Incident Stress Debriefing/Critical Incident Stress Management – CISD/CISM).
11. Assessment of public health information pertaining to emergency medical services.
12. Assessment and evaluation of health threat to emergency medical services personnel and the general public.
13. Assessment of victim identification.
14. Provides overall coordination for statewide emergency medical services response.

15. Implements the necessary controls to prioritize the allocation of resources to meet requests which temporarily exceed local and county assets.
16. Provides coordination for obtaining and distributing resources from the state and Federal level in support of local agencies.
17. Provision of emergency responder health and safety.
18. Coordination assistance for evacuation of patients.
19. Coordination assistance for transportation of personnel.
20. Manages Disaster Medical Assistance Teams (DMAT).

Definitions

1. A **Mass Casualty Incident (MCI)** is any single incident that results in enough patients that would strain or overwhelm the responding agency as determined by the Incident Command (IC). The situation is limited in scope and potential impact on the overall system.
2. An **emergency** is a situation larger in scope and more severe in terms of actual or potential effects that may involve a large area, significant population or critical facilities resulting in a sizable multi-agency response under the on-scene Incident Commander.
3. A **disaster** involves the occurrence or threat of significant mass casualties and/or widespread property damage that is beyond the capability of local government to handle.



Situation

1. A significant natural disaster or man-made event that overwhelms the local jurisdictions standard of care capability (resources) would be a defining need for a declaration of emergency. This may require that local and state medical care assistance be provided.
2. Hospitals, nursing homes, public and community health centers, rural health centers, University Health Centers, assisted living facilities, funeral homes, hospital morgues and other medical facilities may be severely structurally damaged or totally destroyed depending on the disaster. Even undamaged or slightly damaged facilities may be unusable due to lack of utilities.
3. Medical facilities that remain in operation and have the necessary utilities and staff will probably be overwhelmed with walking-wounded and seriously injured victims who are may arrive immediately after the occurrence. Medical supplies will be in

short supply. Restocking of medical supplies could be hampered by communication and transportation disruptions. Disruptions in personnel, product and physical plan could seriously impair access to healthcare in impacted areas.

4. In addition to physical injuries, the stress imposed on individuals affected by a disaster may produce a need for increased mental health outreach and crisis counseling to prevent or resolve further emotional problems.

Assumptions

1. The impact of a MCI incident on the EMS and healthcare systems is variable and requires a scaled response up to including a local, state or federal declaration of emergency or disaster.
2. Disaster is a local responsibility. The effectiveness of medical response to disasters depends on the capability, capacity, and preparedness of day-to-day public safety, EMS and health care resources and local government agencies.
3. All agencies and other entities and/or jurisdictions will operate during an incident or evacuation under SEMS, NIMS, and ICS.
4. Incident command structure will expand and contract as necessary based on the size and complexity of the incident, and maintain the span of control. Only those functions/positions that are necessary will be filled (essential services).
5. At risk and access and functional needs populations include children, elderly and medically fragile will depend on government assistance during disaster situations.
6. Medical surge response is the capability to rapidly expand the capacity of the existing healthcare system in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications or loss of life.
7. Hospitals are part of the critical infrastructure within the County.
8. A disaster may result in increased demands on the EMS system requiring supplemental and/or specialized resources.
9. A disaster may impact the county's communications and/or transportation systems, impeding emergency medical services.
10. In some situations, people attempting to go to area hospitals will not have symptoms or need for immediate treatment and can be seen elsewhere. (e.g. worried well)



11. While hospitals, nursing homes, assisted living centers and other medical facilities are required by law to have developed and maintained emergency plans and resources, some disaster situations may require local government (EMS) support and guidance.
12. Systems and resources within San Diego County or through mutual aid agreements will be sufficient to meet the emergency medical needs generated by most disasters.
13. In some occasions, it may be necessary or in the best interest of the patient to transport patients to hospitals outside of the OA.
14. During disasters the Operational Area Emergency Operations Center (OA EOC) and the Emergency Medical Services Department Operations Center (Medical Operations Center or MOC) will need scene situational awareness to appropriately plan healthcare communications and evacuation plans.
15. The county will attempt, consistent with its resources, to ensure there is an adequate response to the incident. Upon exhaustion of local EMS resources, the County will work with the state regional agencies (Cal OES, CDPH, & EMSA) to obtain additional assets.
16. The protection of life and the treatment of injured persons shall have the highest priority in emergency operations.
17. Emergency medical treatment of patients will be in accordance with guidelines established by the State of California, local Public Health Officer, and/or EMS Medical Director.
18. Transportation of medical patients to receiving hospitals will be accomplished based on priority of care and severity of patients' injuries. Initial medical destination of patients will be determined by predetermined protocol or Base Hospital.
19. Emergency response personnel may be confronted with situations which can result in emotional distress which may hamper their ability to continue functioning in their current position. Supervisors of emergency response workers are encouraged to monitor workers for symptoms.
20. Ambulance service providers will be initial providers of emergency medical resources and may be supplemented by mutual-aid agreements, private ambulance service agreements, and state and federal resources.
21. The Region VI Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) will communicate and coordinate with the San Diego Medical Health

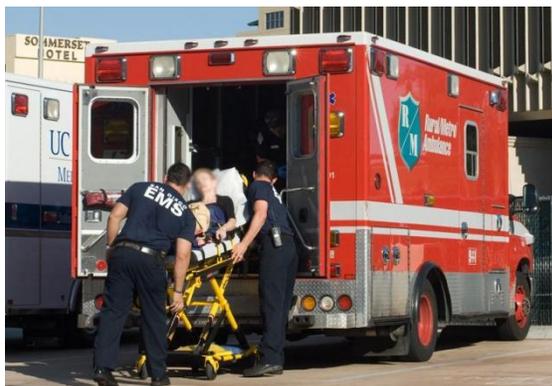


Operational Area Coordinator (MHOAC) program on communications, asset / personnel requests, coordination and providing situational awareness updates.

Goals and Objectives

The overall goals of disaster medical operations are to:

- Minimize loss of life, subsequent disability, and human suffering by ensuring, through an all-hazards approach, timely and coordinated medical assistance, to include evacuation of severely ill and injured patients.
- Coordinate the utilization of medical facilities and the procurement, allocation, and distribution of medical personnel, supplies, and accessible communications, specialized equipment to meet the needs of people with disabilities and other access and functional needs and other resources.
- Provide a system for receipt and dissemination of information required for effective response to, and recovery from, the effects of a major disaster.



The objectives of this annex are to:

- Describe the concept of operations, organization, and medical response system to implement this annex.
- Establish procedures for activating and deactivating this annex.
- Provide a system for prompt medical treatment of disaster victims.
- Provide for the management of medical services, facilities, activities, and resources.
- Provide a basis with which County departments and local agencies establish support plans and standard operating procedures.



Whole Community Approach

The whole community concept is a process by which residents, emergency management representatives, organizational and community leaders, and government officials can understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their resources, capacities, and interests. Engaging in

whole community emergency management planning builds a more effective path to societal security and resilience. This annex supports the following whole community principles:

- Understand and meet the needs of the entire community, including people with disabilities and those with other access and functional needs.
- Engage and empower all parts of the community to assist in all phases of the disaster cycle.
- Strengthen what works well in communities on a daily basis.

In keeping with the whole community approach, this plan was developed with the guidance of representatives from the OA, Cities and representatives from County departments, law enforcement, fire services, emergency management, the access and functional needs communities, and various other local stakeholders.

CONCEPT OF OPERATIONS

Overview

The Mass-Casualty Incident Operations Annex will follow basic protocols set forth in the Operational Area Emergency Operations Plan (OA EOP), California Master Mutual Aid Agreement, and California Public Health and Medical Emergency Operations Manual (EOM) that dictate who is responsible for communications and how regional resources will be requested and coordinated.



All jurisdictions, agencies and organizations within the OA will operate according to the National Incident Management System (NIMS), Standardized Emergency Management System (SEMS) and respond utilizing the Incident Command System (ICS).

Response to a Mass-Casualty Incident (MCI) is managed at the lowest level possible. Accordingly, local governments/agencies have primary responsibility for preparedness and response activities and must develop individual plans and annexes in coordination with the OA EOP.

Objective

The objective of the MCI annex is to provide resources to the MCI response that will support life, safety, incident stabilization, and incident mitigation while doing the greatest amount of good for the greatest number of people. In general, the system response is as follows:

- The first local emergency responder to arrive at the scene of the emergency situation may serve as the Incident Commander (IC) or until relieved by a more senior or more qualified individual. The on-scene IC assesses and identifies the size and complexity of the event, identifies response resources required and directs the on-scene response. Coordination for patient triage, medical communication and transportation is managed by the on-scene IC or their designee through the medical branch.
- The Facilitating Base Hospital identifies the number of immediately available beds at receiving hospitals and provides patient destination based on situation, acuity and availability of beds. During a MCI event, the IC or Medical Communications Coordinator (MEDCOM) will declare the size and nature of the event.

Normally, the IC will declare the existence of an MCI event (Annex-D), and notify the agency’s dispatch center who will notify the EMS Duty Officer via designated County contact (See Appendix G). The Base Hospital may also notify the Emergency Medical Services (EMS) Duty Officer of a MCI incident and declared “Annex-D”, based on information from the scene or multiple scenes.



- During a surge event the Facilitating Base Hospital will determine the number of patients being assigned to the 9-1-1 receiving hospital based on the surge plans/protocols. Surge plans may require assignment “surge” patients to the 9-1-1 receiving hospital without regard to “available beds”.
- During a surge event, hospital emergency rooms will initiate internal surge plans, to include relocating or discharging ED patients to accommodate patients assigned by the Base Hospital.
- The EMS Duty Officer will receive notification of the MCI incident and “Annex-D” activation, and will monitor the communications for existence of adequate resources and efficiency.

- During a disaster or MCI event impacting multiple agencies, either or both of the EMS Department Operations Center (“Medical Operations Center” (MOC)) and the Operational Area Emergency Operations Center (OA EOC) may be activated to support field activities.



- Coordination of general population needs is the primary responsibility of the OA EOC, while coordination of medical

and health services is primarily through the EMS DOC (MOC). The EMS DOC (MOC) reports to the OA EOC through the Medical Health Branch Coordinator of the OA EOC Operations Section.

- Emergency Support Function (ESF)-8 and the Medical Health Operational Area Coordination (MHOAC) program provide definitions of the Public and Medical Health functions coordinated by the OA EOC, County Human & Health Services Agency (HHS) DOC, and EMS DOC (MOC). The primary County contact for the program is the Medical Health Operational Coordinator (MHOAC).
- HHS DOC is involved in the mitigation, coordination and recovery from an MCI incident and is primarily responsible for Continuity of Operations (COOP) response for County of San Diego services and public health mitigations and recovery.
- Mutual aid agreements between jurisdictions within San Diego County and with neighboring jurisdictions are in place.
- Medical resource requests are usually coordinated by the EMS DOC (MOC), working with the San Diego Medical Health Operational Area Coordinator (MHOAC) and the OA EOC Medical Health Branch.



Functions

Pre-Hospital Incident Command

ICS is used to provide a management structure and system for conducting on-scene multi-disciplinary / multi-jurisdictional operations (in this case, a mass-casualty incident that involves concurrent tactical field interactions between fire, law enforcement, and medical personnel).

ICS, because of its standardized organizational structure and common organizational and operational terminology, provides a useful and flexible management system that is particularly adaptable to incidents involving multi-disciplinary / multi-jurisdictional response, such as MCIs.

California Firescope Field Operations Guide (ICS 420-1) and any future revisions shall be utilized.

The ICS organizational structure develops in a modular fashion based upon the nature and size of an incident. The organization's structure is built under the authority of the IC or Unified Command (UC) structure, consisting of the most qualified/appropriate fire, law and/or medical officers on scene. The specific organization structure established for any mass-casualty incident is based upon the management of the incident and personnel available to fill functional positions.

- **Unified Command/Incident Commander** – coordinates incident activities including the development and implementation of strategic decisions and approves the ordering and releasing of resources.
- **Operations Chief** – activates and supervises the organization elements and is responsible for the management of operations at the scene.

Mass-Casualty Branch Pre-Hospital Positions

- **First arriving medical personnel** - makes the preliminary medical assessment of the overall incident.
- **Mass-Casualty Branch Director** - establishes command and controls the activities within the Mass-Casualty Branch in direct liaison with the Incident Commander under the Operations Section Chief.
- **Medical Group Supervisor** - controls triage management, treatment, and coordination of all casualties.
- **Medical Supply Coordinator** - identifies, collects, and distributes supplies available at the scene and is responsible for obtaining additional supplies (from hospitals or other sources).
- **Triage Unit Leader** - ensures triage on-scene and designates casualties accordingly.
- **Treatment Unit Leader** - ensures assessment of patients and treatment of casualties and directs movement of patients to loading locations.
- **Patient Transportation Unit Supervisor** - communicates with the Mass-Casualty Branch Director and closely coordinates with the Medical Group Supervisor; may be responsible for communicating with helicopters, ambulances from a variety of different agencies, and the staging area. As personnel become available, the Patient Transportation Group Supervisor fills and supervises the following positions: Medical Communications Coordinator and the Ambulance Staging Managers.
- **Medical Communications Coordinator** - maintains communications and coordinates information with Facilitating Base Hospital(s) to ensure patient transportation and destinations.
- **Ambulance Staging Managers** - manage air and ground ambulance/emergency vehicle staging areas.



Mass-Casualty Branch Implementation

- Incident Command (IC) is determined
- Scene Medical Group – is formulated based on situational assessment (medical-size up) and can include:
 - Scene safety and hazards assessment.
 - Estimated number of victims and type and severity of injuries.
 - Estimated medical resources needed.
 - Determines access routes, and scene set up for triage, treatment, ambulance/bus loading and staging areas.
 - Notifies agencies dispatch of situation and if the MCI incident (Annex-D) is being activated after coordinating with IC.



On Scene Operations

- Incident Command establishes triage, treatment, loading, and staging areas as the incident dictates.
- Victims are collected into a single triage area to maximize care and sorted into treatment areas based on Simple Triage and Rapid Treatment (START) protocols.
- Treatment area co-locates immediate and delayed victims.
- Victims with minor injuries can be directed to a separate location.
- IC and the Medical Branch may determine whether other agencies such as the American Red Cross (ARC), if available, may be needed to help establish First Aid Stations for individuals with “minor” type injuries.
- The Medical Group Supervisor has overall responsibility for coordinating triage management, treatment and transportation of victims on scene.

Triage / Treatment

Triage

Triage and medical care will be initiated under protocols approved by the County of San Diego EMS Medical Director. Key tasks for Triage are:



- The Triage Coordinator is responsible for the Triage Area operations.
- Initial color banding or tagging of victims is completed as part of the initial (Primary) victim assessment.
- The Primary Triage of victims is based on the Simple Triage and Rapid Treatment (START) criteria without moving them. The categories include:
 - Immediate (Red) – Immediate (within 1 hr.) medical intervention and transport required to prevent or minimize loss of limb or life.
 - Delayed (Yellow) – Serious and potentially life-threatening injuries, but not expected to deteriorate significantly over several hours and transport can be delayed.
 - Minor (Green) – Relatively minor injuries and victim is unlikely to deteriorate over one or more days and victim is able to assist in own care known as “walking wounded”.
 - Expectant or Comfort Care (Black) – are victims who are unlikely to survive given the severity of injuries, level of available care or both. Palliative care and pain relief should be provided.
- Triage phase includes life or limb saving treatments usually, and ends with movement to treatment areas.
- After primary triage patients are moved to the appropriate color coded treatment area.



Treatment

Each START category of patients gathered together in one location that is clearly marked (e.g. colored tarp) and stabilizing treatments are given as the incident dictates. Key tasks for Triage are:

- Secondary triage is the second phase of sorting victims and is done in the triage/treatment area. Based on further assessment, the triage category may be changed after the secondary triage.

- Treatments are limited to stabilization, treatment of shock and periodic reassessment of condition until patient is loaded for transport.



- Patient tracking begins in the treatment area and records each victim's injury summary, START category, transport vehicle identification and destination. The last four (4) digits are used for identification (e.g. radio reports).
- Transport should not be delayed for purposes of treatment.
- In large emergencies or disasters, Advanced Treatment Teams consisting of a licensed physician, nurse and a recorder can be assigned to Field Treatment Sites (FTS). There two types of treatment teams:
 - Primary Treatment Team – includes licensed physician, nurse(s) and a recorder(s).
 - Secondary Treatment Team – includes a physician and two nurses.
 - Advance Treatment Teams are deployed by EMS and report to IC upon arrival and are assigned to the Mass-Casualty Branch or Group Coordinator when on scene.
 - Team members may come from hospitals, local community clinics, and medical society, Clinical Disaster Service Workers (CDWS) or Public Health Nurses.

- A FTS may be established by EMS Medical Director upon request from the scene IC. At a FTS the physician assumes medical control if available. The team coordinates with other support personnel and practices austere medical treatment to assist in facilitating transport/evacuation.



- Contaminated patients (designated by triage tag) are to be considered as potentially exposed to chemical, radiological or biological agents or

toxins. These patients, per procedure, are decontaminated at the scene. The tag indicates initial exposure.

Transportation

Transportation of MCI victims is based on hospital bed availability, disaster response plans, policies, procedures and protocols established by the EMS Medical Director, EMS and agencies protocols and situation at the scene. There currently exist two systems of ambulance transportation in the OA; (1) local jurisdiction's medical response (9-1-1) system and, (2) in a MCI situation, supplemental private ambulance resources which may be requested through the EMS Duty Officer, MHOAC or EMS DOC, by the Incident Commander (IC).



Advanced Life Support (ALS) and Basic Life Support (BLS) ambulance transportation includes basic equipment, monitoring capability and trained personnel. The on-scene IC has overall responsibility for the operations. Smooth coordination of loading of victims, victim destinations at the appropriate level of care is the responsibility of the Transportation Unit Supervisor or Group Supervisor. The following apply:

- Upon arrival at the scene, units report to the ambulance staging area unless otherwise directed by the Staging Area Manager.
- Ambulances are systematically sent into the patient loading area to avoid congestion of the scene. Ambulances are assigned patients and destination as directed by the Patient Transportation Group Supervisor as determined by the Medical Communications Coordinator.
- With the initiation of the mass-casualty plan one immediate and one minor patient may be immediately transported to area hospitals.
- Under the MCI plan (Annex-D):
 - Immediate category victims will have priority for ground or air transportation in most cases. Other patients may be transported by other transportation (e.g. buses, trucks, and automobiles for minor patients).
 - Patients who have received ALS care in the field (e.g. IV, hemorrhage control, advanced airway or medication) may be transported without being accompanied by ALS personnel. BLS personnel may accompany to the hospital.



- Upon notification, transport units ascertain the exact location of incident staging areas and access routes. Special hazards or road closures may necessitate specific routing instructions.
- Hospital communication is not required from transporting units, as the Medical Communications Coordinator at the scene is responsible for this function. When patient turnover to the hospital is completed, and the unit has been requested (by the Patient Transportation Group Supervisor) to return to the scene, requested personnel or supplies may be transported back to the scene by that unit.
- To mitigate the impact of a large volume of burn or pediatric patients in San Diego, Facilitating Base Hospital will direct pre-hospital personnel to distribute specialty (burn and pediatric) patients to pre-designated hospitals based on volume of patients and patient condition. Pre-hospital transport will coordinate the distribution of patients to the designated hospitals (See Appendix I, Specialty Surge).

Hospital Evacuations

The MCI plan (Annex-D) may be activated for evacuation of a medical facility. The County Ambulance Coordinator, in coordination with the EMS Duty Officer, the Medical Health Operational Area Coordinator (MHOAC) and/or EMS DOC (MOC), Fire Department Officials and other Public Safety Agencies, assumes direction of pre-hospital transportation resources for the purposes of evacuation of medical facilities.



Jurisdictions

Each jurisdiction has a varied amount and type of medical units. In most jurisdictions, the direction and administration of medical units is under the Fire Department. However, in some regions of the OA, County Service Areas (CSA) and San Diego County, EMS-contracted transporting agencies have response capability.

Private Ambulance Resources

Private industry ambulance response is coordinated by the EMS DOC (MOC), and the County Ambulance Coordinator. Upon notification the County Ambulance Coordinator:

- Establishes contact with IC dispatch center.
- Communicate & Coordinate with the EMS Duty Officer and the Medical Health Operational Area Coordinator (MHOAC).

- Coordinates pre-arrival activation and demobilization of Ambulance Strike Teams (AST) at the request of the EMS DOC (MOC).
- Notifies participating ambulance companies.
- Polls agencies' available resources to include:
 - Number and type of units available.
 - Units already responding to the incident.
 - Number and type of units that could be activated.
 - Number of available staff that could be used to activate backup units from around the OA.
 - Number and type of units for back-fill of depleted areas as requested from OA assets.

Field Treatment Sites/First Aid Stations

Field Treatment Sites (FTS)

FTS are designated sites for the congregation, triage, prophylaxis/immunization, austere medical treatment, and stabilization for evacuation of casualties during a major disaster or large-scale public health emergency. FTS are an extension of the disaster medical response operations when the evacuation of casualties is substantially delayed by issues such as, but not limited to the depletion of resources, road closures, damage to hospitals, or when sites are needed to provide community based mass prophylaxis/immunization operations.



Medical FTS are utilized to provide only the most austere medical treatment, directed primarily to the moderately/severely injured or ill, who will require later definitive care and who have a substantial probability of surviving until they are evacuated to other medical facilities. FTS should not be viewed as first aid stations for the minimally injured, although provisions may be made to refer them to a nearby site for first aid. Nor should FTS be viewed as only short-term staging areas because evacuation of casualties from the FTS may be delayed due to limited availability of transportation. Given the uncertainty of the flow of casualties, the availability of supplies and personnel, and the timeliness and rate of casualty evacuation, managers of FTS must be cautious in the allocation of resources (especially during the first 24 hours of operation).

Designation of FTS

The designation, establishment, organization, and operation of FTS are the responsibility of County government. Regional and State resources will become available to resupply and augment FTS operations, but are generally unavailable to activate a FTS during the initial response phase.

In selecting FTS locations, consideration is given to: proximity to areas which are most likely to have large numbers of casualties; distribution of locations in potential high-risk areas throughout the affected area; ease of access for staff, supplies and casualties; ease of evacuation by air or land; and the ability to secure the area. In collaboration with EOC, the County of San Diego Emergency Medical Services (EMS) based on the availability of appropriate structures, facilities, and supplies will designate FTS sites at the time of activation.

FTS Functions

FTS should be designed to perform the following tasks; not necessarily in the order indicated below.

- Congregation and registration of casualties for efficient treatment and evacuation.
- Triage of casualties to ensure scarce treatment and transportation resources are given to those for whom they will do the most good. Triage operations will include use of pre-hospital triage tags for tracking purposes.
- Austere medical care to ensure that the maximum number of casualties who require lifesaving medical care receive it.
- Mass Immunization/Prophylaxis.
- Casualty holding to maintain the stability of casualties awaiting evacuation.
- Support functions needed for FTS to meet medical care requirements include:
 - Communications.
 - Security and crowd control.
 - Sanitary facilities for casualties and staff.
 - Food and water for casualties and staff.
 - Logistics (equipment, supplies, inventory maintenance).
 - Administration and record keeping.
- The ability of a particular FTS to implement these functions depends on:

- The number and type of staff available.
- Availability of equipment and supplies.
- The number and severity of casualties.
- The rapidity with which casualties arrive.
- The speed with which casualties are evacuated.

Medical resources at FTS should be directed toward stabilization for transport and relief of pain and suffering. Supplies, personnel, and conditions will not usually allow definitive care of even minor or moderate injuries. Care is ordinarily limited to:

- Controlling/managing airway, breathing and circulation (ABCs).
- Splinting of fractures.
- Maintenance or improvement of hemodynamic conditions by intravenous solutions.
- Pain relief.

FTS Operations

The flow of casualties into a FTS is unpredictable depending on its distance from casualties, the success of public information efforts, its accessibility, and the pace of search and rescue operations. The following assumptions exist:

- If delay is lengthy, reconsideration of triage of the seriously injured and a higher level of pre-hospital care at FTS may be needed.
- Supplies from outside the disaster area to the FTS may be delayed.
- Water, power, and other resources may be scarce, limiting the type of medical treatment feasible at a FTS.
- Inclement weather and other atmospheric conditions can hinder helicopter delivery of personnel and supplies and evacuation of casualties.
- Mass prophylaxis/immunization operations follow the Mass Prophylaxis Plan under the direction and discretion of Public Health Officer (PHO).
- Operational Area officials with knowledge of the location of functioning FTS may notify the public, fire, and police agencies.
- Spontaneous volunteers will not be accepted at these locations but will be directed via the OA Spontaneous Volunteer Management Plan.
- Status reports are made by each FTS to the EMS Duty Officer, EMS DOC (MOC) or MHOAC, describing: numbers and triage category of

casualties; medical supply needs; personnel status and needs; and accessibility by helicopter and ground transportation.

First Aid Stations

The County of San Diego Public Health Services (PHS) has the primary responsibility for the activation, organization and staffing of First Aid Stations. These stations are primarily set up for casualties requiring minimal medical care. If requested, and if available, the American Red Cross (ARC) will support these First Aid Stations. Both stationary and mobile ARC First Aid Stations may be established in coordination with the Medical and Health Operational Area Coordinator (MHOAC), the County Health and Human Services Agency (HHSA) and the ARC.



- First Aid Station(s) will be supervised by a Registered Nurse and an EMT under the direction of a non-ARC physician, and staffed.
- Additionally, and if available the ARC may provide family services, psychological counseling, and spiritual support.
- County Behavioral Health Services may also provide assessment/coordinate referral for counseling.

Hospital System

Facilitating Base Hospitals (Appendix C Figure - 3)

The Facilitating Base Hospital shall have the secondary responsibility of notifying the County of an Alert or Activation of the MCI plan, if the Facilitating Base Hospital feels that the incident the medical coordinating unit is reporting meets the criteria for an Alert or Activation, or if the receiving hospitals within the OA are/or may soon be overwhelmed with incoming patients.



Plan Activation

Once notified by the field to "activate" this plan, the Facilitating Base Hospitals are responsible for notifying the satellite receiving hospitals in their area and trauma system hospitals to obtain the following information: (Appendix D Table - 1)

- Hospital status, including essential services such as utilities, laboratory, x-ray, surgery, and bed counts.
- Treatment Team availability for hospitals with pre-designated teams if requested by Medical Branch Director or IC. (Appendix E Table - 2)
- Number of Emergency Department beds available and, if requested:
 - Number of total beds available.
 - Number of beds that could be made available through early discharges.
 - Blood inventory.
 - Number of functional Operating Rooms.
 - Number of available ventilators.
 - Availability of decontamination operations.
 - Critical resource needs both personnel and supplies.

Once the responding Treatment Teams are determined, requests for transport to the scene are made by coordination/communication with the EMS Duty Officer, MHOAC program, the EMS DOC (MOC) or OA EOC. Transportation arrangements may be coordinated with California Highway Patrol (CHP), San Diego County Sheriff (ASTREA), or other air/ground assets.

Additional areas of consideration in coordinating the area response include:

- Adequate ambulance support en-route.
- Assistance from other EMS planning areas for response.
- Alternate means of transportation.
- Additional supplies and equipment.



Additional resource information is available from the resource list included in this document.

After the initial response is made and if the EMS DOC (MOC) is operating, the Facilitating Base Hospitals are also responsible for providing area updates to the EMS DOC (MOC).

State Medical Mutual Aid

Mutual Aid Region

The State of California is divided into six mutual aid regions. The San Diego OA is in Region VI which also includes the Inyo, Mono, San Bernardino, Riverside and Imperial Counties and their respective OAs.



In the event local medical resources are unable to meet the medical needs of disaster victims, the OA may request assistance from neighboring jurisdictions through the Region VI - Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), and/or the California Governor's Office of Emergency Services (Cal OES) regional office. The Region VI Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) coordinates the provision of medical resources to the OA and the distribution of casualties to unaffected areas as conditions permit.

Mutual Aid Implementation

The following information is required for disaster medical mutual aid requests:

- The number, by triage category, and location of casualties.
- The location and helicopter accessibility of FTS.
- Land route information to determine which FTS may be evacuated by ground transportation.
- The resource needs of affected areas.
- Location, capabilities, and patient evacuation needs of operational medical facilities in and around the affected area.

Information is consolidated at the OA EOC and provided to the San Diego Medical Health Operational Area Coordinator (MHOAC) who transmits it to the Emergency Medical Services Authority (EMSA) and California Department of Public Health staff at the Regional Emergency Operations Center (REOC), the Medical Health Coordination Center (MHCC) or State Operations Center (SOC) (See Appendix A Figure - 1).

The San Diego Medical Health Operational Area Coordinator (MHOAC) will:

- Coordinate the acquisition and allocation of critical public and private medical and other resources required to support disaster medical care operations.

- Coordinate medical resources in unaffected counties in the region for acceptance of casualties.
- Request assistance from the Emergency Medical Services Authority (EMSA) and/or California Department of Public Health (CDPH), as needed.

Federal Medical Mutual Aid

Federal aid is normally available only upon declaration of a national disaster requested by the governor when local, regional and state assets are inadequate to cope with a situation. Upon such a declaration, the Federal Emergency Management Agency (FEMA) would set up a Disaster Field Office (DFO) with a Federal Coordinating Officer (FCO) in charge. The DFO staff would have access to resources in all 15 Emergency Support Functional areas including medical. Through California state officials, local requests for federal assistance would be submitted to the DFO.

Part of the federal medical support under Emergency Support Function (ESF-8) is the National Disaster Medical System (NDMS). As a federal resource, NDMS has established and maintains a network of hospital beds across the Country. NDMS assistance consists of the Disaster Medical Assistance Teams (DMAT) and Disaster Mortuary Operational Response Team (DMORT), the Medical Support Unit, the Mental Health and Stress Management Teams and the Veterinary Medical Assistance Teams (VMAT).

Disaster Medical Assistance Teams (DMAT) consists of medical and support personnel with organic equipment to set up field treatment stations or to augment medical infrastructure as needed. If a DMAT team were activated to assist, it would most probably be one from another area of the country as opposed to the San Diego team. Casualty evacuation for definitive medical care (hospitals) in other areas of the country is another NDMS function. Should NDMS assistance be required, it would be requested through the DFO, normally via state officials.



Naval Medical Center San Diego (NMCS D) is the Federal Coordinating Center (FCC) for the San Diego County area. The FCC coordinates incoming regulated patients, and continues to track them within accepting facilities until discharge or repatriation.

The only defined role for FCC is to liaison with Global Patient Movement Requirements Center (GPMRC) primarily through TRAC2ES web-based patient regulating system. GPMRC is the US Air Force command that would arrange/schedule transportation (primarily USAF aircraft) for evacuees. Should the OA become a receiving site, this annex could be activated to move patients to local hospitals. As NDMS Federal Coordinating Center, NMCS D would be in charge of patient reception operations.

In the event that a disaster occurs in this area, The National Disaster Medical System (NDMS) may be activated to evacuate victims from San Diego. Stabilized patients would be taken from the FTS to the Disaster Support Area (DSA) for transport to other counties or states.

Medical Evacuation/Disaster Support Area (DSA)

Medical Evacuation - Medical evacuation of casualties is necessary when one or more of the following conditions exist:

- Hospitals are damaged.
- Hospitals are threatened by an imminent disaster.
- The total Operational Area hospital bed capacity is overwhelmed.

Damaged or threatened hospitals evacuate patients to other medical facilities identified in their areas, as coordinated by the EMS Duty Officer, Medical Health Operational Area Coordinator (MHOAC) and the EMS DOC (MOC) if it is activated. FTS or First Aid Stations can be activated as the numbers and extent of injuries warrant.



In the event a major disaster severely affects the ability of the Operational Area to provide medical care, large numbers of casualties may be evacuated to medical facilities in the Region. The coordination of the medical care, triage, and distribution of these evacuated casualties is a function of the Regional FCC Coordinator and the EMS Chief or designee.

Disaster Support Area (DSA)

The designated Disaster Support Area (DSA) for OA will be determined after assessment of damage to suitable receiving sites. The most appropriate "Site of Opportunity" will be identified for use of the DSA.

The DSA is a pre-designated facility established on the periphery of a disaster area where disaster relief resources (personnel and material) are received, stockpiled, allocated and dispatched into the disaster area. A segregated portion of the facility serves as a medical staging area where casualties requiring hospitalization are transported to medical facilities in the region. A "leap frog" concept is used in evacuating casualties and providing mutual aid resources. Under this concept, casualties are evacuated from Field Treatment Sites (FTS) to the DSA and then to a distant medical facility. Mutual aid resources, both personnel and supplies, are then transported to the DSA on the return trip.

Medical function responsibilities at the DSA include:

- Planning the organization and layout of the medical section of the DSA.

- Establishing procedures for patient flow.
- Directing the establishment of the medical site and implementation of patient care procedures.
- Providing orientation for personnel staffing the DSA medical function.

The DSA also serves as the site for the receipt, storage, and disbursement of medical resources. Satellite medical operations (medical DSA) may be created by the EMSA near large pockets of casualties depending on the amount of resources available.

Organization and Support of Personnel

Physicians and other licensed medical personnel arriving at the DSA sign a log sheet listing their names, specialties, and license numbers. Medical personnel need to carry some proof of licensure with them. This information is used by the Medical Health Operational Area Coordinator (MHOAC) to organize medical assistance teams with appropriate skills. Each team triages and provides austere treatment to an average of 200 casualties per eight-hour shift at FTS (if needed) or at the DSA. Each team may consist of:

- Two (2) physicians with specialties in emergency medicine, surgery, orthopedics, family practice, or internal medicine.
- Four (4) registered nurses (RNs).
- Two (2) physician assistants or nurse practitioners. (May substitute RNs or paramedical personnel, if necessary.)
- One (1) medical assistance personnel (dentist, veterinarian, etc.).
- Four (4) Licensed Vocational Nurses (LVN) or nurse aides
- Two (2) clerks.

As soon as medical personnel arrive at the DSA, they are provided with orientation material (e.g., disaster tags, triage and austere medical care guidelines, and DSA/FTS organization and operations material).

Resources

San Diego County Emergency Medical Services (EMS) develops and maintains a capability for identifying medical resources, transportation and communication services within the OA. Additionally, EMS coordinates the procurement, allocation and delivery of these resources, as required to support disaster medical operations.

Medical Resources

Sources of Personnel:

- Local emergency medical services personnel.
- Clinical Disaster Service Workers (CDSW)/Medical Reserve Corp (MRC)
- State employed physicians and nurses.
- Local volunteer physicians, nurses, dentists, pharmacists, veterinarians, etc.
- Law enforcement and fire EMT personnel, if available.
- Medical school residents and teaching staff from throughout the state.
- Volunteers through professional societies (California Medical Association (CMA), California Nurses Association (CNA), California Ambulance Association (CAA), etc.
- Nursing School students.
- Other volunteer medical personnel from throughout the state.
- California National Guard (CNG).
- U.S. Armed Forces.
- Veterans Administration (VA) personnel.
- Volunteer medical personnel from other states.



Supplies and Equipment

Medical supplies and equipment are needed for:

- Initial supply and resupply of FTS.
- Initial supply and resupply of DSA.
- Resupply of functioning hospitals in the affected areas.
- Resupply of hospitals outside the disaster area receiving casualties.

Sources of medical supplies and equipment include:

U.S. Department of Homeland Security (DHS), Department of Defense (DoD), U.S. Department of Health and Human Services (HHS), Veterans Administration (VA) (through the Federal Emergency Management Agency [FEMA]), the California Department of Public Health (CDPH), State of California Emergency Medical Services Authority (EMSA) and the California Office of Emergency Services (Cal-OES).

Blood and blood derivatives:

Red blood cell products, platelets, plasma and other blood products are supplied to the DSA coordinated by the San Diego Blood Bank as the Regional Area Emergency Operation Center as designated by the California Blood Bank Society disaster plan.



Supplies are transported to the DSA by suitable available transportation. The State Disaster Medical Coordinator may request the provision of refrigeration trucks to act as storage facilities for the blood and blood products.

- Personnel are requested from the California Blood Bank Society to operate a blood bank at the DSA in coordination with the National Guard Medical Brigade.
- Since the DSA will not have resources for the storage of large quantities of blood, only a 24-hour supply is stored there.
- Blood and blood products are used primarily at the DSA and at hospitals in the affected and reception areas. Blood should be sent to FTS only under extraordinary circumstances.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

General

Staff and material resources that currently exist within the primary and support agencies, private industry, and community volunteer organizations will be employed to meet the response and public health needs. All agencies/organizations (See Appendix B Figure - 2) assigned to provide health and medical services are responsible for following:

1. Designating and training representatives of their agency, to include Standardized Emergency Management System (SEMS)/National Incident Management System (NIMS) and Incident Command System (ICS) training.
2. Each agency and organization involved in Mass-Casualty Incident (MCI) responses are responsible for developing and maintaining plans, policies, protocols and procedures of their Emergency Operations Plan (EOP).
3. Maintaining current notification procedures to insure trained personnel are available for extended emergency deployment in the emergency operations center (EOC) and in the field.

Support Functions

The operations described in this annex address levels of disaster management from the scene to medical receiving facilities, Field Treatment Sites (FTS's), First Aid Stations (FAS), and the Operational Area (OA) EOC. The plan enables agencies involved in the medical response and their respective roles to provide for an effective disaster medical system.

At the Scene

- The authority for the management of the scene of an emergency shall rest in the appropriate public safety agency having primary authority.
- When primary investigative responsibility is with a law enforcement agency, that agency assumes the scene manager role. This role entails overall function and management of the scene but does not imply internal direction or manipulation of other responding agencies. This role includes management of scene safety.
- Based on the incident, fire or law will assume the role of Incident Commander and/or partner with other disciplines as a Unified Command under the SEMS and the NIMS criteria and manages medical operations within the statewide fire management system known as ICS.



The Mass-Casualty Branch operates as part of the ICS under the IC. As mass-casualty incidents overwhelm the initial responding resources, the IC delineates and expands operational procedures. This system assures that emergency pre-hospital care is provided to victims and aims to prevent further injury to victims, the public and public safety personnel.

The expansion and contraction of this operation is done in accordance with California Firescope, Field Operations Guide (ICS 420-1).

- The medical organizational structure is designed to utilize all aspects of emergency medical service response resources, including on-scene physician medical direction.

Emergency Operations Centers (EOC)

City EOCs

Each City has a central facility designated as an EOC from which disaster operations are coordinated. City plans may call for a medical liaison representative to be present when their



EOC is activated. In each city, the City Manager is designated as Director of Emergency Services, by ordinance, and manages emergency operations from the EOC.

County/Operational Area EOC

- **The County/Operational Area EOC** serves the same function for the County as the City EOCs for their cities with the County of San Diego Chief Administrative Officer (CAO) serving as Coordinator of Emergency Services. The OA EOC is also used as the central point for resource acquisition and allocation as well as coordination.
- **The Medical Health Branch of the EOC** (Figure 1) is normally activated when the EOC is activated based on the operational need. It is staffed by pre-designated emergency medical personnel. The section coordinates the emergency medical response for the OA. The EOC medical staff serves as medical advisor to the CAO, as well as makes decisions about resource allocation, priorities, and other medical matters.
- **Joint Information Center (JIC)** – is where public information staff representing all agencies and organizations involved in emergencies/disaster can coordinate and disseminate timely, accurate, easy-to-understand information to the public. For certain incidents the OA EOC will host the JIC.
- **Chief Administrative Officer (CAO)** – directs, or coordinates, the Emergency Services Organization and the emergency management program. In a disaster located entirely within the County unincorporated area, the CAO directs emergency operations. In a disaster involving more than one jurisdiction, the CAO serves as coordinator of emergency operations.
- **Director, County of San Diego Health and Human Services Agency (HHSA)** – reports to the CAO and is responsible for policy decisions involving incident.
- **Public Health Officer (PHO)** – Reports to the CAO and is responsible for public health related decisions to protect the health and safety of the community.
- **Emergency Medical Services (EMS) Chief** – reports to the PHO or designee, and in consultation with the EMS Medical Director or designee, is primarily responsible for directing the medical response and EMS system operations for the OA. The EMS Chief or designee assesses the EMS system problems, identifies and anticipates the resources needed, and allocates the resources accordingly. If medical mutual aid is needed, the EMS Chief or designee makes requests to the Regional Disaster Medical/Health Specialist/Coordinator (RDHMS/C) or designee via the Medical and Health Operational Area Coordinator (MHOAC) or designee in accordance with the state guidelines, and advises the EMS Medical Director or designee of medical mutual aid status.

In public health events, the EMS Chief or designee is responsible for implementing the directives of the PHO or designee. Other duties include coordinating and providing support to medical activities at the disaster scene(s), FTS, and FAS. These activities include the coordination of requests for Triage/Treatment Teams, transportation coordination and liaison with American Red Cross (ARC), Hospital Association, Ambulance Association, rescue teams, and the San Diego Blood Bank.

- **EMS Medical Director** – The EMS Medical Director or designee provides medical direction and management of the EMS System, approving standards, polices protocols, procedures and waivers. The EMS Medical Director integrates with other components of the medical health system and serves as the medical liaison between EMS and the County OA Ops section/division, and may act as the incident medical director.

The EMS Medical Director may serve as an alternate to the PHO in the OA EOC Policy Group. The EMS Medical Director may issue situational guidance (e.g. responder safety). Pre-hospital personnel work under the EMS Medical Director's license.

- **Medical & Health Operational Area Coordinator (MHOAC)** or designee - reports to the EMS Public Health Nurse Manager, coordinates with EMS Chief or designee and EMS Medical Director or designee, and is the contact for the disaster medical operational functions (MHOAC Program) within the Operational Area. The MHOAC responsibilities, include but are not limited to:
 - Coordinating the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas.
 - Communicating requests for out-of-county assistance to and responding to requests from the Regional Disaster Medical Health Coordinator (RDMHC/S) or Regional Disaster Medical Health Specialist (RDMHS).
 - Developing a capability for identifying medical and health resources, medical transportation, and communication resources within the Operational Area.
 - Maintaining liaison with the Operational Area Coordinators of other relevant emergency functions, e.g., communications, fire and rescue, law, transportation, care and shelter, etc.
 - Ensuring that the existing OA medical and health system for day-to-day emergencies is augmented in the event of a disaster requiring utilization of out-of-area medical and health resources.

Emergency Medical Services Departmental Operations Center (DOC)

The Emergency Medical Services (EMS) Department Operation Center (DOC) is commonly known as the “Medical Operations Center” (MOC). The EMS DOC (MOC) is responsible for communications and coordination for pre-hospital EMS services and healthcare provider operations.

The EMS DOC (MOC) reports through OA EOC Medical Health Branch and serves an extension of those functions. EMS DOC (MOC) includes community liaisons based on situational need (e.g. Ambulance Coordinator, Base Hospital Coordinator, Skilled Nursing Facility Coordinator, Clinic Coordinator, Public Health Nursing, Hospital Public Information Officer, ARC, etc.). The EMS DOC (MOC):

- Coordinates disaster medical operations within the OA.
- Coordinates the procurement and allocation of the medical resources required to support disaster medical operations.
- Coordinates the transporting of casualties and medical resources to health care facilities, including FTS’s, within the area and to other areas, as requested.
- Monitors the healthcare system functional capability and capacity.
- Develops and organizes a system for staffing and operation of FTS’s and Disaster Support Areas which may include Clinical Disaster Service Workers (CDSW) or Medical Reserve Corps (MRC) volunteers.
- Develops and maintains a capability for identifying medical resources, transportation, and communication services within the OA.
- Coordinates and provides support to medical activities at the scene.
- Assists with contacting and coordinating critical incident stress management providers through County Behavioral Health Services.
- Coordinates Specialty Surge clinical expert support from the specialty hospitals for impacted hospitals and works with specialty centers to coordinate transfers to appropriate levels of care within or outside of the County of San Diego.
- Coordinates activation and demobilization activities.

Support Agencies / Organizations

Local

Support Agencies/Organizations provide essential services by:

- Preparing Standard Operating Procedures (SOP’s) and functional checklists for response to a mass-casualty incident, including a system for automatic reporting of pre-designated personnel to assigned disaster posts. Participating agencies must comply with State and Federal training requirements for the effective use of the SEMS, NIMS, while utilizing ICS.

- Training personnel and alternates.
- Maintaining an active liaison with the San Diego Healthcare Disaster Council, the Unified Disaster Council (UDC), San Diego County Fire Chiefs Association (SDCFCA) and other Operational Area planning committees.
- Maintaining an active liaison with EMS DOC (MOC).



Local Support Agencies support functions include, but are not limited to:

- Fire Agencies – acts as IC or as part of the UC.
- First Responders –provide scene situational awareness, communications, triage, treatment and transport.
- Law Enforcement – If a UC structure is appropriate, law enforcement may have a role in the Command component. Law provides security, perimeter control, crowd and traffic control and evacuation routes.
- County of San Diego Departments include:
 - Disaster Service Workers (DSWs) – County employees who may be reassigned to disaster response and recovery activities in support of clinical and general population needs. Some of the DSW are licensed clinical personnel.
 - Behavioral Health Services (BHS) – provides a network of behavioral health disaster responders and recovery services for critical incident support, de-briefings and assessment.
 - San Diego County Sheriff's Communications Center (Station-M) & Sheriff Wireless Division – The San Diego & Imperial County Regional Communication System (RCS) is the primary Operational Area radio system (800 MHz radio) for coordinating the emergency response to an emergency/disaster. The local Government Communications System is overseen by the San Diego Sheriff's Department Wireless Communications Services.
 - Department of Environmental Health (DEH) / Hazardous Materials – provide subject matter experts, and Hazardous Materials Incident Response Team (HIRT) or HAZMAT and work a member of the Metropolitan Medical Strike Team (MMST).



- Emergency Medical Services (EMS) is the Local Emergency Medical Services Agency (LEMSA) – Updates the Mass Casualty Incident (MCI) plan (Annex-D), develops medical emergency response plans, procedures and protocols. EMS Coordinates disaster medical and health operations within the Operational Area.
- Office of Emergency Services (OES) – is the lead agency for disaster preparedness and coordination, alert notifications, and activation and management of the OA EOC.
- Public Health Services (PHS) – provides human and public health services to minimize loss of life and human suffering by providing epidemiological surveillance, immunizations, prevention, optimizing health, and supporting shelter needs within the operational area. PHS provides shelter personnel and surveillance.
- Office of Education – assists school districts in furnishing and maintaining services and coordination of local schools with OES and the local ARC.



- Metropolitan Medical Strike Team (MMST) - is an operational team which integrates medical tactical medics, fire service, law enforcement, hazardous materials specialists (DEH) and EMS during field operations responding to incidents that involve chemical, biological, radiological, and nuclear or explosive (CBRNE) agents. (Additional information can be found in Annex B and Annex P).
- Public School Districts – Coordinate with OES, EMS and ARC with designation of schools for mass care and medical sheltering.
- Urban Search & Rescue (USAR) - California Task Force 8 (CA-TF8) is one of 28 Federal Urban Search & Rescue Teams (US&R) ready to respond to a multitude of natural and manmade disasters. CA-TF8 is 1 of 8, Type 1 US&R teams in the State of California. CA-TF8 is coordinated by the San Diego Fire-Rescue Department (SDFD).



Local Support Organizations and support functions include but are not limited to:

- Ambulance Agencies – provide victim triage, treatment and transportation.
- Ambulance Association (Private) – Coordinates private ambulance resources through the County Ambulance Coordinator who, during activation, is stationed in the EMS DOC (MOC).

- ARC San Diego & Imperial Counties Chapter – Coordinates and staffs general population shelter operations and First Aid Stations (FAS). ARC assists with locating missing family and exchanging family messages.
- Clinical Disaster Service Workers (CDSW) & Medical Reserve Corps (MRC) - are variety of medical, veterinary and associated health provider volunteers registered through State Disaster Health Volunteer (DHV) network and members of the local Medical Reserve Corps (MRC) managed by EMS.
- Facilitating Base Hospital - coordinates medical communications between field and hospitals for medical control, and with EMS for hospital operational status, bed counts and bed availability.
- Hospital Association of San Diego & Imperial Counties – assists in coordination between hospitals.
- Hospitals – provide definitive medical care, subject matter expertise, and field treatment teams for catastrophic events.
- Amateur Radio Emergency Support (ARES) - are amateur radio (HAM) back-up/redundant communications support for the healthcare system EMS DOC (MOC), hospitals and the scene.
- Regional Armature Civil Radio Service (RACES) - mission is to operate the EOC and maintain amateur, Public Safety, and other communications systems, and to perform unique, accurate, and efficient communication services to assist government officials in the protection of life and property.
- San Diego Blood Bank – mobiles resources to meet blood product demands within the County.
- San Diego County Medical Society – assists in notification of and recruitment volunteer physicians.
- San Diego Health Care Disaster Council (SDHDC) – Provides coordination among healthcare coalition partners



San Diego Amateur Radio Emergency Service

Volunteer Disaster Radio and Digital
Communications for Public Safety

State

- Responds to requests for resources from the OA EOC.
- Coordinates medical mutual aid within the State.
- Coordinates the evacuation of injured persons to medical facilities throughout the State.
- Assists the OA in recovery efforts.

- Coordinates and maintains directory of medical personnel statewide through the Disaster Health Volunteers (DHV) Program.
- California Highway Patrol (CHP) has primary responsibility for interstate ground transport of medical teams and emergency medical supplies.
- National Guard (when assigned):
 - Provides support for field treatment of casualties.
 - Provides evacuation of casualties to medical facilities.
 - Provides communication and logistics support for the medical response.
 - Provides chemical and biological response capabilities.

Federal Government

- As shortfalls occur in State resources, Federal agencies make their resources available, coordinated by the Federal Emergency Management Agency (FEMA) or through the Department of Homeland Security (DHS).
- In a major disaster, the National Disaster Medical System (NDMS) may be activated, and patients from this OA may be sent to other counties and states for treatment.
- Disaster Medical Assistance Teams (DMAT) – may be activated through National Disaster Medical System (NDMS) and Emergency Support Function (ESF-8) via request to the State of California EMS Authority (EMSA), California Department of Public Health (CDPH) or the California Office of Emergency Services (Cal OES).
 - A DMAT can perform the following:
 - Field Treatment Site(s) (FTS).
 - Regional Evacuation Points (REP).
 - Patient Reception Points (PRP), when the hospital bed component of NDMS is activated.
 - Hospital staff relief or augmentation.
 - Shelter care.
 - Mass prophylaxis.
- Other response assistance teams available from the National Disaster Medical System (NDMS) are:



- DMORT – Disaster Mortuary Operations Response Team.
- Mental Health Specialty Teams - for large scale Critical Incident Stress Debriefing.
- Federal Military – may provide supplies, equipment, personnel and air-sea lift logistical supports and technical advisory assistance.
- FEMA Urban Search and Rescue (US&R) Response System – provides coordinated response to disasters in the urban environment with emphasis on capability to locate and extricate victims trapped in collapsed buildings.

DIRECTION, CONTROL, OR COORDINATION

Authority to Activate Mass-Causality Incident (MCI) Plan (Annex-D)

The Mass-Causality Incident (MCI) plan (Annex-D) is primarily activated by the field responders which can include but are not limited to the on-scene Incident Commander (IC), or first arriving fire/medical personnel (EMT or Paramedic) through the agencies dispatch center or facilitating hospital.



The IC or his/her designee shall notify their dispatch center to Alert or Activate the MCI plan (Annex-D). The dispatch center will notify the Base Hospital and Emergency Medical Services (EMS) Duty Officer via county contact (See Appendix H Figure - 3) of the MCI and activation of Mass-Casualty Incident (MCI) plan (Annex-D).

The County Chief Administrative Officer (CAO), Public Health Officer (PHO), EMS Chief or designee (e.g. EMS Duty Officer) and the Base Hospital MICN may activate the Mass-Casualty Incident (MCI) plan (Annex-D), if the cumulative impact of one or multiple events is assessed to need additional resources.

Implementation of the Annex

Once the Mass-Casualty Incident (MCI) plan (Annex-D) notification has been communicated the EMS Duty Officer monitors the situational via RCS 800 MHz radio communications, assessing for adequate resources and efficiency of the operations. The EMS Department Operations Center (DOC) (Medical Operations Center (MOC)) may be activated by the EMS Duty Officer at the direction of the PHO, EMS Chief or EMS Medical Director or their designee (e.g. EMS Public Health Nurse Manager, MHOAC).

Command Responsibilities

1. At the scene of a mass casualty or medical surge incident, the responsibility for on-scene management falls under the jurisdiction of the local department best qualified to conduct the rescue, recovery, evacuation, and control operations.

2. A unified or area command structure may utilize during complex operations involving law, fire, hazardous material and/or medical responses.
3. During the effective period of any declared local emergency, including a mass casualty or medical surge incident, local Emergency Operations Centers (EOCs) function as the central point of emergency management operations. The Operational Area (OA) EOC coordinated disaster response operations for the County through the Section Chiefs.
4. Various agencies and departments under the direction of the OA EOC will conduct emergency operations.
5. OA EOC, City EOCs, County agencies and agencies providing emergency medical services response utilize Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and Incident Command System (ICS) trained personnel.



INFORMATION COLLECTION AND DISSEMINATION

First emergency medical unit on-scene acts as Incident Commander (IC) until relieved and:

1. Conducts a scene safety assessment defining hazards and threaten activities.
2. Survey's scene to determine how many injured and severity of injuries, type/cause of event and location.
3. Provides dispatch with situational summary.
4. Requests additional resources, as needed.
5. Notifies Base Hospital of situational status.

Facilitating Base Hospital MICN assesses the hospital's immediate ability to accept patients and triage category, The MICN may also call for facility operational status during events impacting structures (e.g. earthquake).

Emergency Medial Services (EMS) Duty Officer monitors the Mass-Casualty Incident (MCI) (Annex-D) activations and collects information on the number and destination of patients transported.

EMS Department Operations Center (DOC) (Medical Operations Center (MOC)) and EMS Duty Officer will monitor hospital capacity, bed availability, operational status, resource demands and staffing levels at Operational Area (OA) hospitals.

County Communications Public Information Officers (PIOs) collect and communicate with public officials, other jurisdictions and agencies to maintain situational awareness. Sources of information include social media, internet, news media, OA EOC, jurisdictions, hospitals, and other key stakeholder groups. Large events may necessitate the activation of the Joint Information Center (JIC) in coordination with the OA EOC.



OA EOC establishes public and private liaisons to support information collection and dissemination. The JIC is staffed by County Communications Office personnel, agency liaisons, jurisdictional PIOs, and hospital PIOs (if necessary).

MHOAC (in OA EOC Medical Health Branch) communicates situational awareness and medical resource requests through the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) in parallel to the OA EOC resource requests to the State. RDMHC/S will assist and coordinate within the region.

COMMUNICATIONS

Inter-jurisdictional and inter-agency coordination will be conducted through the Incident Command Posts (ICPs), Operational Area Emergency Operations Center (OA EOC), San Diego County EMS DOC/Medical Operations Center (MOC), jurisdictional EOC's and department operations centers (DOCs) utilizing available communications equipment and infrastructure. Situational awareness will be supported through data-sharing systems such as WebEOC to expedite the transfer of information regarding the status of the incident and operational capacities.



Activation, coordination and use of the Joint Information Center (JIC) will be initiated as soon as possible following an incident. The OA EOC JIC will function to coordinate information to the media. All information released to the public regarding the incident will be vetted by Public Information Officers (PIOs) in the JIC and approved for release by the OA EOC Director, in coordination with the Public Health Officer (PHO) if necessary.

All communication efforts will follow the protocols established under the San Diego Urban Area Tactical Interoperable Communications Plan and Annex I, Communications of the Operational Area Emergency Operations Plan (OA EOP).

Notification

There is a two-tiered system of medical disaster notification in the OA. This system, "Alert" and/or "Activate", allows hospitals, transporting agencies, and other components of the emergency medical system to prepare for mass-casualty incidents. This system can be initiated at either of the tiers, depending on the circumstances, by the field Incident Commander, the Medical Coordinating Unit, or the Facilitating Base Hospital.

Alert

When a Mass-Casualty Incident (MCI) is suspected, but not confirmed, the affected agencies/health care providers are notified of an ALERT. At this point, designated hospitals and agencies only consider notifying their personnel and making other necessary preparations.

Activate

The IC or designee shall notify their dispatch center of the Alert or Activation of the Mass-Casualty Incident (MCI) plan (Annex-D). The dispatch center notifies the EMS Duty Officer of the Alert or Activation of MCI plan (Annex-D) (See Appendix H Figure – 3).

Medical personnel at scene will contact the Facilitating Base Hospital at earliest opportunity and advise of the MCI incident and that an (Annex-D) Alert or Activation is being declared. The following agencies will be notified of an activation/alert, and will be given pertinent information (such as the nature of the emergency, the location and the number of dead or injured). (See Appendix H Figure - 3)

- Emergency Medical Services (EMS) – Duty Officer
- Office of Emergency Services (OES) – Staff Duty Officer
- County Ambulance Coordinator

Upon notification, agencies should follow their Standard Operating Procedures (SOP) for activation, and respond if requested. After the initial Mass-Casualty Incident (MCI) (Annex-D) notification is received additional notification activities take place:

- County Ambulance Coordinator notifies other ambulance companies as needed and coordinates resources.
- Designated hospitals notify their Treatment Teams and stand-by staff if requested by IC.
- EMS notifies the EMS Medical Director, the local Medical Health Operational Area Coordinator (MOHAC), Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), if needed, and other medical/health staff as necessary.
- County OES notify the Chief Administrative Officer (CAO), California Office of Emergency Services (Cal OES), and OES staff, if needed.

Communications

- Hospitals in the OA are part of the San Diego County Regional Communications System (RCS). Please refer to Annex I, for more information regarding the Regional Communications System (RCS).
- Pre-hospital personnel responding to the mass-casualty incident (MCI) will be assigned to a common talk group. This talk group is to be used by the medical transportation coordinator to direct incident assigned resources. This talk group is assigned by the local communication center directing operations. This identified talk group should be available to responder's county-wide.
- Upon notification of a MCI incident (Annex-D) Alert or Activation, the County of San Diego Sheriff's Communications Center (Station-M) may assign a county-wide talk group to the County Ambulance Coordinator for the purpose of coordinating the provision of medical transportation resources to the incident.



Multiple Site Incidents

In the event of a multiple site mass-casualty incident, communications can be handled by the base hospital, EMS DOC (MOC) Area Command or EOC level activation. Hospitals participating in the event and the Medical Communications Coordinator at the scene can be on the same talk group as the Facilitating Base Hospital.

In the event of an Operational Area wide disaster, the EMS DOC (MOC) may operate as the Area Command for Medical Communication and the County EOC may be activated and act as a clearinghouse for incoming information and coordinates resource allocation at disaster sites. Non-affected facilities will be directed to assist in staffing at the EMS DOC (MOC),

Back-up Communications

- See the San Diego County Mutual Aid Radio Plan.
- Amateur radio operators may be called upon to act as back-up communicators at the scene, hospitals, first aid stations, blood banks, mass care centers, ARC Service Centers, OA EOC, and the EMS DOC (MOC).

ADMINISTRATION, FINANCE, AND LOGISTICS

Under SEMS, special districts are considered local governments. As such, they are included in the emergency planning efforts throughout the OA. The OA Emergency Organization, in accordance with SEMS, supports and is supported by:

- Cities within the Operational Area
- The County of San Diego
- Special districts
- Other counties
- The State of California
- The Federal Government

NIMS provides a consistent nationwide template to enable Federal, State, local, and tribal governments and private-sector and nongovernmental organizations to work together effectively. NIMS also enables these entities to efficiently prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terrorism.

Mutual aid, including personnel, supplies, and equipment, is provided in accordance with the California Master Mutual Aid Agreement, and other local Mutual Aid Agreements.

The private sector is an important part of the emergency organization. Business and industry own or have access to substantial response and support resources. Community Based Organizations (CBOs) or Non-Governmental Organizations (NGOs) provide valuable resources before, during, and after a disaster. These resources can be effective assets at any level. OES has established the ReadySanDiego Business Alliance. The Alliance will have a virtual connection to the OA EOC via a social networking system fed through a RSS feed from WebEOC.

There are some City and County personnel who do not have specific task assignments. They are automatically designated by State Law as Disaster Service Workers (DSWs) during a disaster, and serve in the response effort.

- "All public employees and all registered volunteers of a jurisdiction having an accredited disaster council are Disaster Service Workers", per the Government Code, Title I, Division 4, Chapter 8, and Labor Code, Part I, Division 4, Chapters 1 and 10.
- The term public employees includes all persons employed by the State, or any County, City or public district.
- Other personnel including volunteers can be quickly registered by OES as DSWs, which provides Workers Compensation and liability coverage.

OES maintains a list of pre-registered volunteers affiliated with volunteer organizations that have been signed up as DSWs.

It is imperative that local government maintain duplicate records of all information necessary for restoration of normal operations. This process of record retention involves offsite storage of vital computerized and paper-based data that can be readily accessible.

Vital records of the Unified Organization are routinely stored in records storage rooms at OES in printed hard copy form, on CD-ROM, and electronically. Computer records are routinely backed up and stored separately from the hard drives. All personnel records are stored by the County Department of Human Resources at several locations throughout the OA.

ANNEX DEVELOPMENT AND MAINTENANCE

This annex is a product of the OA Emergency Operations Plan (EOP). As such, the policies, procedures, and practices outlined in the OA EOP govern this annex. The Office of Emergency Services coordinates the maintenance and updates of this annex every three to four years, in accordance with the maintenance schedule established for the OA EOP. Record of changes, approval, and dissemination of the OA EOP will also apply to this annex.

Updates to this annex can be made before such time for multiple reasons, including but not limited to changes in policy/procedure, improvements and recommendations based on real life events or exercises, etc. Recommended changes should be submitted to the Office of Emergency Services at oes@sdcounty.ca.gov

Maintenance of this annex is the responsibility of OES and Emergency Medical Services. In addition to the maintenance scheduled established in the OA EOP, this annex will be reviewed every two years by Emergency Medical Services for operational detail with the Emergency Medical Care Committee (EMCC). The Mass-Casualty Incident (MCI) plan (Annex-D) revision is approved by the Emergency Medical Care Committee (EMCC).

AUTHORITIES AND REFERENCES

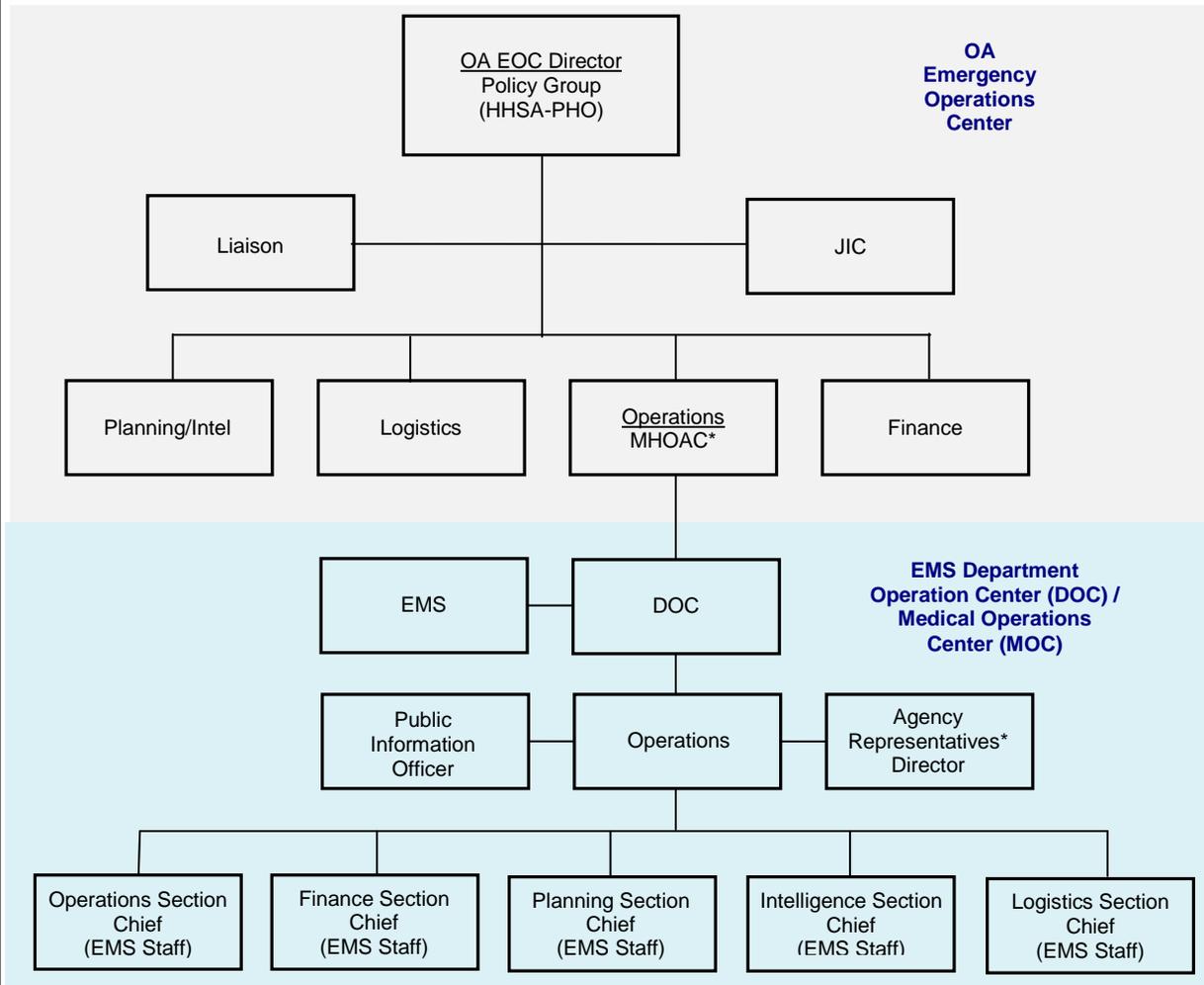
- The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authorities for the development and implementation of this annex by Office of Emergency Services and County Emergency Medical Services Agency (Sections 1797.103, 1797.204, 1797.250 and 1797.252).
- Within the Public Health and Medical System, coordinating functions exist at the level of the Operational Area, Mutual Aid Region, and State.
- Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute under the Health & Safety Code §1797.153. Within the Mutual Aid Region, the Regional Disaster Medical Health Coordinator

(RDMHC) program coordinates the functions identified in Health and Safety Code §1797.152.

- Southern California Cooperative Medical Assistance Agreement (Intra-County Cooperative Agreement) – California Office of Emergency Services (Cal-OES) Regions I and VI.
- Unified San Diego County Emergency Services Agreement (Joint Powers Agreement) 5th Amended
- County Ambulance Coordinator MOA.
- National Disaster Medical System (NDMS) MOA between hospitals and Navy.
- Southern California Cooperative Medical Assistance Agreement (Intra-County Cooperative Agreement) – California Office of Emergency Services (Cal-OES) Regions I and VI.

APPENDIX A: ORGANIZATIONAL STRUCTURE AND OVERVIEW OF MEDICAL HEALTH INCIDENT COMMAND FRAMEWORK

Figure 1: Medical Health Operations at the San Diego County EMS Departmental Center (DOC) / Medical Operations Center (MOC) and the Operational Area Emergency Operations Center.



***Medical Health Operational Area Coordinator (MHOAC):**

Is the link for situational awareness updates, resource requests of Medical & Health assets/personnel within their Operational Area (OA) and coordinates with the Mutual Aid Region VI Region Disaster Medical and Health Coordinator/Specialist (RDMHC/S) and the Southern Regional Emergency Operations Center (REOC) Medical & Health Desk for resources from other OAs, regions and the State of California EMSA & CDPH and the Medical Health Coordination Center (MHCC).

***Agency Representatives:**

- Base Hospital Nurse Coordinator (BHNC)
- Hospital Association of San Diego & Imperial Counties (HASDIC)
- Council of Communities Clinics (CCC)
- American Red Cross (ARC)
- County Ambulance Coordinator
- San Diego County Medical Society (SDCMS)
- Skilled Nursing Facilities (SNF)

APPENDIX B: MASS-CASUALTY OPERATIONAL RESPONSIBILITIES

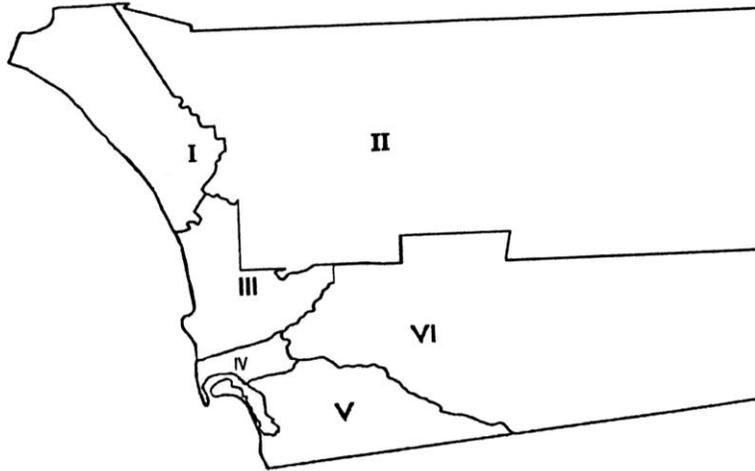
Figure 2: Mass-Casualty Agency Operations Responsibility

AGENCIES	Planning, training & exercising	Notifications	Communications	Incident Command/ Scene Management	Triage & Treatment	Transportation	Field Treatment Site	First Aid Stations	Medical Evacuation	Special Resources	OA EOC	Medical Mutual Aid
All Affected Agencies	X											
San Diego Healthcare Disaster Council (SDHDC)	X											
County of San Diego Sheriff's Communication Center		X	X									
ARES		X	X									
Local Fire Departments	X	X	X	X	X	X	X			X	X	X
Local Law Enforcement	X	X	X	X		X			X	X	X	
California Highway Patrol (CHP)				X		X			X			
Local Base Hospitals	X	X	X		X		X		X			
Local Hospitals	X	X	X		X		X		X			
Healthcare Association of San Diego & Imperial Counties			X								X	
Local Ambulance Association			X			X			X			
Aeromedical	X		X		X	X			X			
County of San Diego EMS	X	X	X	X			X		X	X	X	X
County of San Diego Public Health Services / Emergency Preparedness	X	X	X	X			X	X		X	X	
Public School Districts							X	X				
American Red Cross – San Diego & Imperial Counties Chapters	X							X	X	X	X	
San Diego Blood Bank			X							X		
County of San Diego Office of Emergency Services (OES)	X	X	X							X	X	X

California Office of Emergency Services (Cal-OES)		X	X	X		X			X	X	X	X
California Department of Public Health (CDPH)		X	X	X	X	X	X	X	X	X		X
California Emergency Medical Services Authority (EMSA)		X	X	X	X	X	X		X	X		X
Local Military / National Guard		X	X							X		X
Federal Agencies		X	X	X						X		X
Community Health Centers					X							
Local Council of Community Clinics		X	X									
San Diego County Medical Society		X	X									

APPENDIX C:BASE HOSPITALS

Figure 3: Base Hospitals by EMS Planning Area



EMS Planning Area	Base Hospital	Thomas Bros
I	Tri City Medical Center 4002 Vista Way Oceanside, CA 92054	1107-B2
II	Palomar Medical Center 2085 Citricado Parkway Escondido, CA 92029	1085- J5
III	Scripps Memorial Hospital La Jolla 9888 Genesee Ave. La Jolla, CA 92037	1167-D1
III	Sharp Memorial Hospital 7901 Frost St. San Diego, CA 92123	1249-B5
IV & V	UCSD Medical Center-Hillcrest 200 West Arbor Dr. San Diego, CA 92103	1269-A4
IV & V	Scripps Mercy Hospital San Diego 4077 Fifth Ave. San Diego, CA 92103	1269-A5
VI	Sharp Grossmont Hospital 5555 Grossmont Center Dr. La Mesa, CA 91941	1251-A7

APPENDIX D: HOSPITAL LOCATIONS

**Table 1
San Diego County Hospitals**

Hospital Name (Full)	Address	Thomas Bros	Designation*
Alvarado Hospital	6655 Alvarado Rd., San Diego, 92120	1270-D1	ED
Rady Children's Hospital San Diego	3020 Children's Way, San Diego, 92123	1249-B5	ED T
Fallbrook Hospital	624 East Elder St., Fallbrook, 92028	1027-G2	ED
San Diego Medical Center/Kaiser Foundation Hospital	4647 Zion Ave., San Diego, 92120	1249-J6	ED
Naval Hospital-Camp Pendleton	200 Mercy Circle, Camp Pendleton, CA	1085- J5	ED
Naval Medical Center-San Diego	34800 Bob Wilson Dr., San Diego, 92134	1289-C1	ED
Palomar Medical Center	2085 Citricado Pkwy, Escondido, CA	1129- D2	ED B T
Paradise Valley Hospital	2400 E. 4th St., National City, 91950	1290-B7	ED
Pomerado Hospital	15615 Pomerado Rd., Poway, 92064	1170-C5	ED
Promise Hospital of San Diego	5550 University Ave., San Diego, 92105	1270-B5	Not a Receiving ED
Scripps Green Hospital	10666 N. Torrey Pines Rd., San Diego, 92037	1207-J6	UC
Scripps Memorial Hospital-Encinitas	354 Santa Fe Dr., Encinitas, 92024	1330-J2	ED
Scripps Memorial Hospital La Jolla	9888 Genesee Ave., San Diego, 92037	1167-D1	ED B T
Scripps Mercy Hospital-Chula Vista	435 H St., Chula Vista, 91910	1228-B1	ED
Scripps Mercy Hospital San Diego	4077 Fifth Ave. San Diego, 92103	1269-A5	ED B T
Sharp Chula Vista Medical Center	751 Med. Center Ct., Chula Vista, 91911	1330-J2	ED
Sharp Coronado Hospital and Health Care Center	250 Prospect Pl., Coronado, 92118	1289-A6	ED
Sharp Grossmont Hospital	5555 Grossmont Center Dr. La Mesa, 91942	1251-A7	ED B
Sharp Mary–Birch Hospital	3003 Health Center Dr., San Diego, 92123	1249-B5	L&D
Sharp Memorial Hospital	7901 Frost St., San Diego, 92123	1249-B5	ED B T
Tri-City Medical Center	4002 Vista Way, Vista, 92056	1107-B2	ED B
UCSD Medical Center-Hillcrest	200 West Arbor Dr., San Diego, 92103	1269-A4	ED B T Burn
Thornton Hospital	9300 Campus Point Dr., La Jolla, 92037	1228-B1	ED
Veteran's Affairs San Diego Medical Center	3350 La Jolla Village Dr., San Diego 92161	1228-A2	Veterans

*(B) Designated Base Hospital (T) Designated Trauma Hospital (ED) Emergency Department (Burn) Designated Burn Center (L&D) Labor (UC) Urgent Care (L&D) Labor and Delivery (Veterans) No emergency department for persons other than veterans

APPENDIX E: HOSPITAL TREATMENT TEAMS

PRIMARY TREATMENT TEAMS

EMS AREA	HOSPITAL SOURCE
I	Tri-City Medical Center
II	Palomar Medical Center Naval Hospital-Camp Pendleton
III	Sharp Memorial Hospital Scripps Memorial Hospital -La Jolla
IV	UCSD Medical Center-Hillcrest Naval Medical Center-San Diego Scripps Mercy Hospital-San Diego
V	Scripps Mercy Hospital Chula Vista Paradise Valley Hospital
VI	Sharp-Grossmont Hospital

SECONDARY TREATMENT TEAMS

EMS AREA	HOSPITAL SOURCE
I	Scripps Memorial Hospital-Encinitas (2)
II	Pomerado Hospital (2) Fallbrook Hospital
III	Veterans Affairs San Diego Medical Center (2) Rady Children's Hospital (Pediatric Incidents) UCSD Thornton Hospital
IV	San Diego Medical Center/Kaiser Foundation Hospital (2)
V	Sharp Chula Vista Medical Center Sharp Coronado Hospital and Health Care Center
VI	Alvarado Hospital

*Two (2) treatment teams

APPENDIX F: LOCAL MEDICAL SUPPORT FUNCTIONS

San Diego Healthcare Disaster Council (SDHDC)

The San Diego Healthcare Disaster Council addresses issues that affect emergency preparedness by:

- Encouraging the development and application of effective practices, including, but not limited to planning, education, and evaluation as they relate to disaster medical and health emergency preparedness.
- Promoting quality in the delivery of disaster patient/victim care services.
- Supporting the needs of healthcare organizations/agencies.
- Reviewing and recommending changes in County policies and procedures, including, but not limited to the Mass-Casualty Incident (MCI) plan, (Annex-D).
- Promoting professional interaction and collaboration with organizations and interchange of ideas among members (e.g.; American Red Cross, law enforcement, fire, pre-hospital agency providers (EMS) and the National Disaster Medical System).

County of San Diego Sheriff's Communication Center (SCC)

Facilitates assignment of mutual aid radio frequencies and trunked radio talk groups on the 800 MHz Regional Communications System as needed and may assist with radio communications planning and coordination for agencies involved.

The San Diego & Imperial County Regional Communication System (RCS) is the primary Operational Area radio system (800 MHz radio) for coordinating the emergency response to an emergency/disaster. The local Government Communications System is overseen by the San Diego Sheriff's Department Wireless Communications Services.

Communication efforts will follow the protocols established under the San Diego Urban Area Tactical Interoperable Communications Plan, and the San Diego County Emergency Operational Plan - Communications Annex (Annex-I).

RACES/ARES

RACES/ARES will provide back-up/redundant communications support at the scene, the hospitals, the EMS Departmental Operations Center / Medical Operations Center (DOC (MOC)) and the EOC, as well as throughout the Operational Area as needed. RACES' primary communication responsibilities include Public Safety communication, whereas ARES' primary communication responsibilities include the health and welfare system.

Fire Department

- Acts as Incident Commander or as part of a Unified Command.

- Establishes the ICS positions needed to mitigate the incident.
- Provides firefighting.
- Provides extrication.
- Provides rescue.
- Provide gross decontamination operations as necessary.
- Provides for triage and treatment of patients.
- Declares MCI and activates Annex D.
- Maintains communications with appropriate DOC's/EOC's.
- Coordinates air operations at the scene.
- Coordinates patient transportation.
- Ensures Medical Communications is established with the Base Hospital.
- Determines need for treatment teams on scene.
- Determines the need for additional resources and orders as necessary.
- Ensures the OA EOC and jurisdictions are periodically informed of field situation (e.g. fire perimeters and wind direction).

Law Enforcement Agency

- If a Unified Command structure is appropriate for management of the incident, law enforcement may have a role in the Command component.
- Responsible for crowd and traffic control.
- Assists with aeromedical or aerial support, if capable.
- Establishes and coordinates ingress and egress routes for emergency vehicles.
- Responsible for perimeter control.
- Communicates road closures to OA EOC and jurisdictions
- Responsible for security at the scene.
- Assists with and coordinates evacuation notifications and evacuations as directed by the IC/UC.
- Assists with emergency transportation of blood, blood products, and other needed medical supplies, as resources are available.
- Conducts crime scene investigations.
- Responsible for obtaining alternative transportation resources.

- California Highway Patrol (CHP) has the primary responsibility for the ground transport of medical teams and emergency medical supplies when resources permit.
- The law enforcement agency with jurisdiction has responsibility for incidents occurring within their jurisdiction. If additional resources are needed, they will request and coordinate those through the Local Law Enforcement Mutual Aid Coordinator (Sheriff's Department).

Facilitating Base Hospital (APPENDIX C FIGURE - 3)

- Upon activation from the Field Medical Coordinating Unit / Medical Communication Leader, the base coordinates area hospital disaster response, including utilization of the regional trauma system.
- Coordinates medical communications with Medical Communication Leader and hospitals, and provides hospital resource information and status to the Medical Communication Leader (MEDCOMM).
- Provides medical direction of care. During an MCI event (Annex-D) activation, personnel deliver care under standing orders (SO). Base Hospital Orders and Base Hospital Physician Orders may become Standing Orders.
- Activates the Specialty Surge Plan for burns and pediatrics based on volume criteria and system conditions (See Appendix I, Specialty Surge)
- Activates and dispatches area Treatment/Triage Teams, as outlined in this document (if resources are available), when requested from the scene by the Incident Commander.
- Facilitates use of the Regional Communication System (RCS) pre-hospital/hospital 800 MHz radio communication network.
- In conjunction with the EMS Chief or their designee, assists in coordinating community medical resources for evacuation of medical facilities.

Hospital

- Provides care for victims from the incident.
- Advises Facilitating Base Hospital of bed capacity and other status information.
- Provides Field Treatment Sites (FTS)/CCP with medical staff when/if staffing permits.
- Provides Treatment/Triage Teams when/if staffing permits, if the Incident Commander (IC) requests.
- Provide care for victims from the incident as appropriate in a primary care setting.

- Activates internal Specialty Surge Plans when a specialty surge is activated.
- Advises the EMS on triage capability, non-urgent care as well as current victim numbers.
- Provides volunteer physicians, nurses and other staff when/if staffing permits.
- Maintain up to date evacuation plans).

Hospital Association of San Diego and Imperial Counties

- Assists with coordination of hospitals
- Provides current hospital resource directory.

Council of Community Clinics (CCC)

- Serves as a communication liaison between the County of San Diego and community health centers.
- Provides current emergency contact information for key leadership.
- Provides staff to EMS DOC (MOC) upon request.

Community Health Centers (Clinics)

- Maintains Continuity of Operations during a disaster event.
- Coordinates medical communications.
- Triage and treatment.

Ambulance Agencies/First Responders

- Upon request, will provide appropriate personnel to staff role or position under ICS structure.
- Coordinates medical communications at the scene.
- Triage, treatment, and transportation.

Ambulance Coordinator

- Coordinates private industry ambulance resources.
- Reports to the EMS DOC upon request.
- Provides staff to EMS DOC (MOC) upon request.

Aeromedical

- Provides aeromedical assistance, which may be in the form of treatment, Triage Teams, or transportation, as requested.

County of San Diego, Emergency Medical Services (EMS), Local Emergency Medical Services Agency

- Writes and updates the Mass-Casualty Incident (MCI) Operations (Annex-D) and any other medical emergency plans and procedures.
- Maintains an EMS Duty Officer (7/24/365) on-call program under the Medical Health Operational Area Coordinator (MHOAC) program.
- The Medical Health Operational Area Coordinator (MHOAC) point of contact is located within EMS.
- Provides staff to the San Diego County Healthcare Disaster Council (SDHDC), San Diego County Fire Chiefs Association (SDCFCA) –other planning and response committees for assistance in coordinating area exercises.
- Coordinates disaster medical operations within the Operational Area.
- Coordinates the procurement and allocation of the medical resources required to support disaster medical operations.
- Coordinates the transporting of casualties and medical resources to health care facilities, including FTS's, within the area and to other areas, as requested.
- Develops and organizes a system for staffing and operation of FTS's and Disaster Support Areas (DSA) which can include Clinical Disaster Service Workers (CDSW).
- Requests and responds to requests from the Regional Disaster Medical/Health Coordinator/Specialist (RDMHC/S) for disaster assistance.
- Develops and maintains a capability for identifying medical resources, transportation, and communication services within the Operational Area.
- Maintains liaison with the American Red Cross (ARC), volunteer service agencies, Clinical Disaster Services Workers (CDSW), and other representatives within the Operational Area.
- Maintains liaison with the coordinators of other emergency functions such as communications, fire and rescue, health, law enforcement, military and traffic control, transportation, care and shelter, etc.
- Coordinates and provides support to medical activities at the scene.
- Assists with contacting and coordinating critical incident stress management providers through County Behavioral Health Services.
- Participates in the development and planning of operational area exercises/drills.
- EMS and the San Diego Healthcare Disaster Council maintain a Hospital/Healthcare EOC contact list that is updated regularly or as needed.

- Coordinates Specialty Surge clinical expert support from the specialty hospitals for impacted hospitals and works with specialty centers to coordinate transfers to appropriate levels of care within or outside of the County of San Diego
- Activates and manages the EMS DOC (MOC).
- Provides staff to OA EOC.

Public Health

- The overall goal of Public Health disaster operations is to minimize loss of life and human suffering, prevent disease and promote optimum health for the population by controlling public health factors that affect human health, and by providing leadership and guidance in public health disaster related activities.
- The overall objectives of Public Health disaster operations are to:
 - Provide preventive health services.
 - Coordinate health-related activities among other local public and private response agencies or groups.
 - Maintains Continuity of Operations for essential services during a disaster event.
 - Advise in the rapid assessment or evaluation of disease or exposure potentially related to Bioterrorism or public health threats of uncommon origin.
 - Has primary responsibility for the activation, organization, and staffing of mass medical care in shelters. As well as providing an accurate assessment of people with disabilities and other access and functional needs in congregate care shelters.
 - Provide trained personnel to mass care shelters (see Care and Shelter Operations, Annex-G).
 - Provides staff to the Operational Area EOC Care and Shelter Branch positions and Medical and Health Public Health liaison position.

County of San Diego Department of Environmental Health (DEH) – Hazardous Materials Division

- Provides specialists to perform inspections, agent identification, and assess conditions at designated treatment/triage, first aid stations, or FTS's.
- Provides hazardous materials assistance from the Hazardous Materials Division (Haz-Mat).
- Provide technical assistance (decontamination) in conjunction with the City of San Diego's Hazardous Materials Response team to Emergency Department

staff for incidents involving self-referral victims or victims transported from an incident that may be contaminated with hazardous materials.

County Office of Education

- Assist School Districts in the development of Standard Operating Procedures to facilitate "furnishing and maintaining such services as the governing board may deem necessary to meet the needs of the community." (Reference: Section 40041.5, Education Code).

Public School Districts

- Coordinate with OES in the designation of schools that provide facility space for disaster response and recovery activities.

American Red Cross San Diego & Imperial Counties Chapter

- Upon request and if available, American Red Cross disaster operations San Diego/Imperial Counties Chapter will open First Aid Stations and staff them with HHSa personnel and trained ARC volunteers.
- HHSa may provide personnel to assist with staffing American Red Cross (ARC) Mass Care (general population) Shelters and/or First Aid Stations.
- Upon request, from DHHS or designee blood and blood products are made available for disaster victims through the nearest Red Cross regional blood center under separate agreement with the American Red Cross Blood Services Division.
- Clinical Disaster Service Workers and/or Medical Reserve Corps (MRC) may provide care in ARC First Aid Stations in conjunction with HHSa personnel and trained ARC volunteers.

San Diego Blood Bank

- Mobilizes resources to cope with disaster needs, according to its disaster plan.
- Provides blood in coordination with American Association of Blood Banks (AABB), America's Blood Centers (ABC) and California Blood Bank Society (CBBS) to designated disaster treatment facilities/locations.
- Performs the duties of the Southern California - CBBS Area Emergency Operations Center (AEOC) as outlined in the CBBS Disaster Response Plan.

County of San Diego, Office of Emergency Services (OES)

- Is the lead agency for disaster preparedness and coordination.
- Develops and provides disaster preparedness materials for the public.
- Alerting and notifying appropriate agencies.

- Assists with medical mass-casualty planning and training.
- Is responsible for the development, maintenance and testing of the OA EOP.
- Activate and manages the Operational Area EOC.
- Activates the Joint Information Center (JIC) with adequate representation from impacted sectors.
- Approves release of warnings, instructions, and other emergency public information related to the Mass Casualty Incident (MCI) event.
- Supports the American Red Cross, HHSA, local municipalities and School Districts in the coordination and planning activities.
- Activates and develops plans and procedures.
- Coordinates efforts to obtain resources, both within and outside of the Operational Area, including supplies and logistical support.
- Reports situational status to the Governor's Office of Emergency Services (Cal-OES).
- Requests/obtains military assistance in accordance with military plans and procedures.
- Serves as Operational Area Coordinator for mutual aid other than fire, law enforcement, medical and medical examiner.
- Assists with recovery efforts, particularly in obtaining State and Federal reimbursement funds.
- Oversees regional (mobile) Mass-Casualty Incident (MCI) caches/trailers readiness.
- Develops plans and procedures for recovery from disasters.

San Diego County Behavioral Health Services (BHS)

- Provides on-scene defusing and post-incident debriefings. Request BHS support via the County EMS Duty Officer or HHSA DOC.
- Develops emergency/disaster specific response and recovery activities based on the nature and impact of the event.
- Develops a network of behavioral health disaster responders that include County staff and staff from behavioral health contract providers. Maintains and regularly updates the roster of these personnel.
- Responds to requests for critical incident support by arranging for and conducting debriefing of the impacted emergency workers by a team composed of behavioral health professional(s) and peer members.

- Responds to requests for on-scene support by activating a behavioral health team to respond to the Incident Command Post and/or Rehab site for rapid defusing service. Most public safety responder agencies have their own disaster mental health staff either through internal means or external contracted agreements. Behavioral Health Services will provide first line or augmented services as requested.
- (See Annex M – Behavioral Health Operations)

Clinical Disaster Service Workers

- Clinical Disaster Service Workers (CDSW): It is the policy of the County of San Diego, Health and Human Services Agency (HHS), that upon the orders of the Public Health Officer (PHO), the Medical Health Branch Coordinator at the EOC, EMS Chief or designee, the EMS DOC (MOC) will activate Clinical Disaster Service Workers (CDSW) volunteers during an event in which local established clinical resources are exceeded.

San Diego County Medical Society

- Assist in notification of Physicians in San Diego.
- Assist in obtaining Physician volunteers.

APPENDIX G: STATE AND FEDERAL MEDICAL SUPPORT FUNCTIONS AND AGENCIES

State

The following state agencies are responsible for providing the disaster medical care services:

Emergency Medical Services Authority (EMSA)

The EMSA Director (State Disaster Medical Coordinator) is, in coordination with the California Department of Public Health (CDPH) and California Office of Emergency Services (Cal-OES) are responsible for:

- Coordinating state emergency medical response.
- Allocating medical resources, both public and private, from outside the affected area.
- Provides staff support to the Medical Health coordination Center (MHCC) in Sacramento including: medical personnel unit; patient deployment unit; facilities liaison unit; and medical supplies unit.
- Authorizing emergency travel and related expenditures and allied personnel, both public and private.
- Responding to requests for emergency medical assistance from Regional Coordinator and/or County Health Officers.
- Coordinating the evacuation of injured persons to medical facilities statewide using available ground and air transportation resources.
- Assisting local government to develop effective disaster response plans.
- Assisting local government to restore essential emergency medical services.

California Department of Public Health (CDPH)

- Provides staff support to the EMSA in disasters resulting in mass-casualty incidents (MCI) events as needed.
- Provides staff support to the Medical Health Coordination Center (MHCC) in Sacramento including: medical personnel unit; patient deployment unit; facilities liaison unit; and medical supplies unit.
- Staffs various administrative functions including: record keeping; finance; transportation liaison; communications; and medical personnel.
- Technical support for emergent infectious disease outbreaks.

Military

Provides, as directed by the Governor at the request of OES:

- Medical support for the emergency field treatment of casualties.
- Evacuation of casualties to appropriate disaster medical facilities as required.
- Emergency medical care and treatment.
- Communication and logistics support for medical response.

Other State Agencies

- Department of Finance.
- CAL FIRE – California Department of Forestry & Fire Protection.
- Department of General Services.
- Department of Youth Authority.
- California Conservation Corps (CCC).
- Department of Social Services.

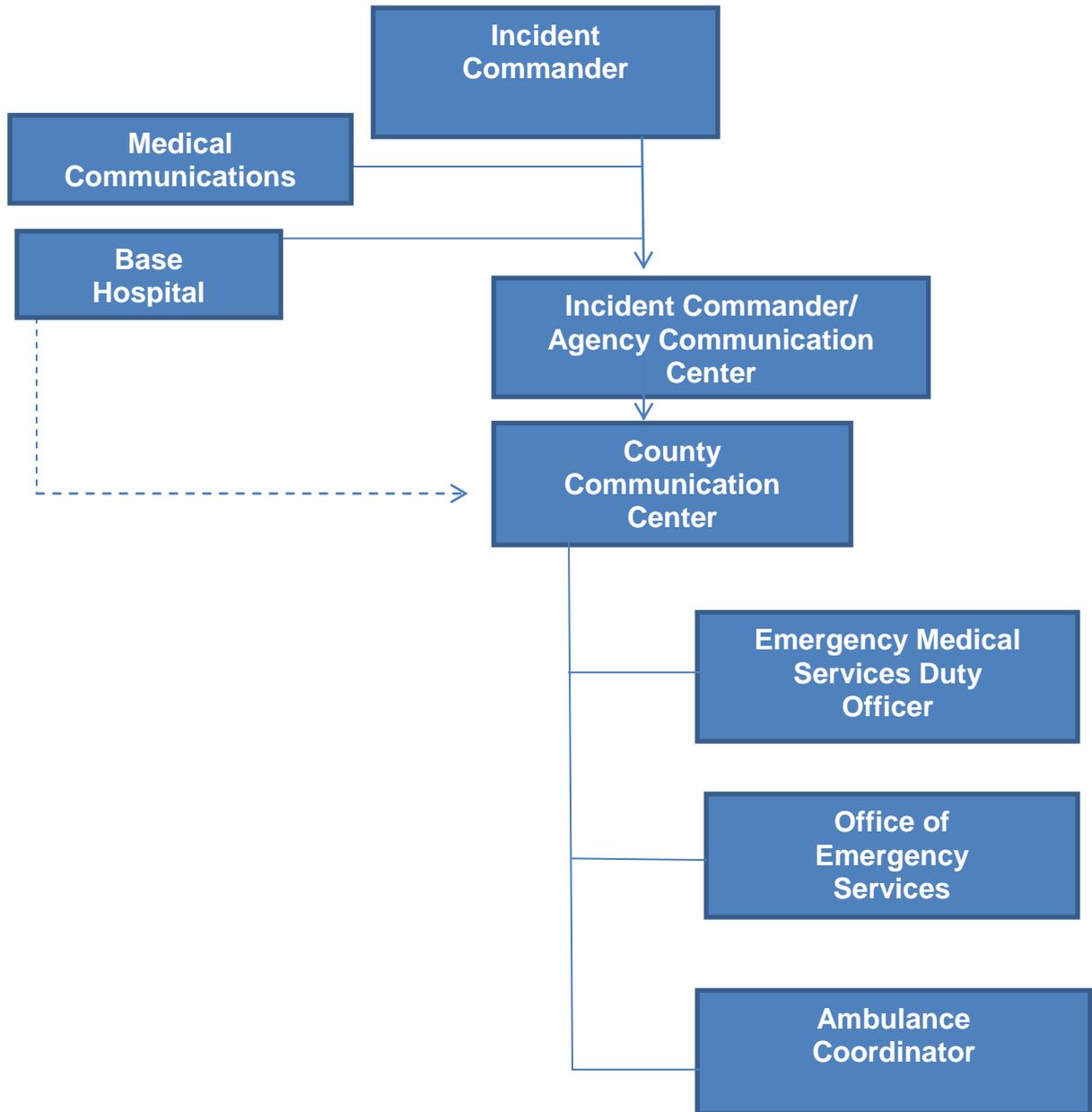
Federal

Federal agencies operating under their own statutory authority may render direct assistance; however, following a Presidential Declaration, the Department of Homeland Security (DHS), through the Federal Emergency Management Agency (FEMA), will coordinate the federal response system supporting emergency medical needs resulting from disasters. FEMA is supported by the Sixth U.S. Army Headquarters, the Department of Homeland Security (DHS), the U.S. Department of Health and Human Services (DHHS), and the Department of Defense (DoD).

As State shortfalls occur, federal agencies will make their resources available to support state/local medical response efforts.

APPENDIX H: MASS-CASUALTY INCIDENT (MCI) PLAN (ANNEX-D) NOTIFICATION PROCESS

Figure 3: Annex-D Notification Organization Chart June 2014



APPENDIX I: SPECIALITLY SURGE

Tier I -Specialty Hospital (e.g. burns or pediatrics)

Tier II -Trauma Centers (<29 patients)

Tier III – Hospitals (30-79 patients)

All Hospitals (=>80 patients)

Specialty Tier I	Trauma Center (Tier II)	Tier III
U.C.S.D. Regional Burn	UCSD Medical Center	Non-Trauma Center 9-1-1- Receiving Hospitals
Rady Children’s Hospital	Rady Children’s Hospital (<15 years)	
	Scripps Memorial – La Jolla	
	Sharp Memorial	
	Palomar Medical Center	
	Scripps Mercy – San Diego	

APPENDIX J-1: MEDICAL EMERGENCY ACTION CHECKLIST (EARTHQUAKE)

RESPONSE TO A MAJOR EARTHQUAKE

<u>Action</u>	<u>Responsibility</u>
Determine condition and capacity of hospitals; request.	EMS
Determine availability and condition of medical supplies; take appropriate action to maintain inventories or resupply.	All Agencies
Determine availability and condition of blood supplies; take appropriate action to maintain inventories or resupply.	San Diego Blood Bank / EMS
If there are only a few or no casualties, prepare to support more heavily damaged jurisdictions.	
If there is extensive damage and a large number of casualties, take the following actions as appropriate:	
Take action to expand hospital care capacity.	Hospitals
Augment personnel.	All Agencies
Obtain emergency supplies.	EMS
Provide emergency power to undamaged facilities.	SDG&E
Periodically poll health facilities to determine patient load and support requirements.	EMS
Activate plans to obtain supplementary services such as public information, records, reports, etc.	OES
Inform the Public Information Officer (PIO) of current information for dissemination to the public.	EMS/OES
Activate Field Treatment Sites (FTS's).	EMS
Provide field medical care, including triage, near or in affected areas.	Responding Agencies
Determine number and location of casualties that require hospitalization.	EMS
Determine transportation needs and capabilities. Have units dispatched to pick up injured.	OES / EMS / Public Health Ambulance Providers
Allocate casualties to hospitals to make best use of facilities. Facilitating Base Hospital	Incident Commander
Determine availability and location of medical personnel.	EMS
Allocate personnel to medical facilities as required.	EMS

Request assistance from the Regional Disaster Medical Health Specialist/Coordinator (RDMHS/C) as required.	EMS
Access supplies and resources for people with disabilities and other access and functional needs (AFN).	EMS / OES

APPENDIX J-2: MEDICAL EMERGENCY ACTION CHECKLIST (HAZARDOUS MATERIALS INCIDENT)

RESPONSE TO HAZARDOUS MATERIAL INCIDENT

<u>Action</u>	<u>Responsibility</u>
Determine if specialized equipment is needed for medical personnel operating in the affected area. This may include activation of the San Diego Metropolitan Medical Strike Team (MMST).	HAZMAT Incident Response Team (HIRT) / IC
Determine number and location of casualties that require hospitalization.	Incident Commander
Activate hazard identification procedures.	DEH, Hazardous Materials Division (Haz-Mat)/ HIRT
If a large number of casualties have occurred, request establishment of Field Treatment Site (FTS) and provide field medical care, including triage, near or in affected areas.	Incident Commander
Determine capabilities and capacity of hospitals.	Facilitating Base Hospital
Request hospitals to activate disaster plans if there are a large number of casualties.	EMS
Dispatch units to transport injured.	Ambulance Providers
Allocate casualties to hospitals to make best use of facilities.	Facilitating Base Hospital
Coordinate distribution of specialized medical supplies.	EMS
Periodically poll medical facilities to determine caseload and support requirements.	Hospital Association
Activate plans for supplementary services such as public information, records, and reports.	OES
Inform the Public Information Officer (PIO) of current information for public dissemination.	DEH, Hazardous Materials Division (Haz-Mat)/HIRT
Request assistance from the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) as required.	EMS
Coordinate with the Transportation Coordinator, the movement of patients from any medical facility threatened by a hazardous material release.	EMS

APPENDIX J-3: MEDICAL EMERGENCY ACTION CHECKLIST (FLOOD)

RESPONSE TO IMMINENT/ACTUAL FLOODING

<u>Action</u>	<u>Responsibility</u>
Flooding Expected	
Identify facilities subject to flooding and prepare to relocate people from facilities.	OES
Communication/Coordination about hazardous materials products & environmental health issues.	DEH, Hazardous Materials Division (Haz-Mat)/HIRT
Arrange to have standby emergency power at medical facilities.	Each Facility
Accelerate patient releases from facilities in flood-prone areas.	Each Facility
Designate an acute care facility to handle the medical needs of flood victims.	Facilitating Base Hospital
Store water for medical facilities.	Each Facility
Place medical personnel on standby status.	Each Facility
Assign medical liaison to the Emergency Operating Center (EOC), if activated.	EMS
Plan for alternate communications.	EMS/ San Diego Sheriff's Communications Center (SCC)
Begin evacuation of medical facilities if flood conditions worsen.	Incident Commander
Assist with patient evacuation with Transportation Coordinator, if available/able.	Local Law Enforcement
Assist with coordinating evacuation to non-institutionalized persons who require medical/nursing support, if available/able.	Local Law Enforcement
Relocate ambulance services from flood-prone areas.	Ambulance Providers
Evacuate flood-prone medical facilities, or move patients and personnel to floors above flood waters.	Each Facility
Flooding Occurs	
Initiate alternate communications, if needed.	EMS/ San Diego Sheriff's Communications Center (SCC)
Determine number and location of casualties that require hospitalization.	Facilitating Base Hospital

If required activate Field Treatment Sites (FTS) and coordinate resources for field medical care.	EMS
Request assistance from the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), as required.	EMS

APPENDIX J-4: MEDICAL EMERGENCY ACTION CHECKLIST (DAM FAILURE)

RESPONSE TO IMMINENT/ACTUAL DAM FAILURE

<u>Action</u>	<u>Responsibility</u>
Dam Failure Imminent	
Put medical care personnel on standby.	All Agencies
Identify medical care facilities subject to inundation.	OES
Communication/Coordination about hazardous materials products & environmental health issues.	DEH, Hazardous Materials Division (Haz-Mat)/HIRT
Assist with the notifications and evacuation of patients from facilities, available/able.	Local Law Enforcement
Arrange to have standby emergency power on hand at medical facilities.	All Facilities
Move pharmaceuticals out of inundation areas.	All Facilities
Plan for alternate communications.	EMS / Sheriff Communications Center (SCC)
Coordinate the evacuation of patients with the Transportation Coordinator.	EMS / OES
Assist with the coordination of evacuations of non-ambulatory patients in private residences, if available/able.	Local Law Enforcement
Dam Failure Occurs	
Mobilize medical care personnel.	All Agencies
Reconfigure shifts as necessary.	All Agencies
Relocate ambulance services from inundation area.	Ambulance Providers
Assist with the notifications and evacuation of patients from facilities, if available/able.	Local Law Enforcement
Move patients and personnel to floors above floodwaters.	All Facilities
Initiate alternate communications, if needed.	EMS/ San Diego Sheriff's Communications Center (SCC)
Activate Field Treatment Sites (FTS) on high ground and coordinate resources for field medical care if required.	EMS
Determine number and location of casualties that require hospitalization.	Facilitating Base Hospital

Request assistance from the California Office of Emergency Services (Cal-OES) for Mutual Aid; work with Regional Disaster Medical & Health Coordinator Specialist/Coordinator (RDMHS/C) as required.

EMS / Cal-OES / CDPH / EMSA