ANNEX D
Mass-Casualty Incident (MCI) Operations

Decorative Image

Operational Area Emergency Operations Plan
SEPTEMBER 2022

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

In San Diego County Annex D is the Mass Casualty Incident (MCI) Operations Annex of the Emergency Operations Plan (EOP). The term Annex D is also used synonymously as the declaration of a mass casualty incident. The Annex is intended to assist and direct any agency that is confronted with any incident that results in enough patients that would strain or overwhelm the responding agency or receiving hospitals within the OA as determined by the Incident Commander (IC) or Facilitating Base Hospital. The activation of an MCI/Annex D emergency allows the emergency resources of the County to be mobilized at the necessary level to support the incident.

Annex D identifies the system of first responders, base hospitals, trauma facilities and satellite hospitals in the San Diego County Operational Area, and how this system works in the context of a Mass-Casualty Incident. Annex D also defines the role of paramedics, emergency medical technicians (EMTs), hospital personnel, law enforcement, fire and hazardous materials specialists, and other impacted personnel in such an emergency. Annex D defines communications links between the field and medical providers and facilities, and the roles played by agencies and individuals in these communications. Annex D 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.

As a result of the many aspects of the Annex, it becomes uniquely available as a reference for use during an emergency, in disaster exercises by hospitals, clinics and medical facilities to meet accreditation requirements, and for the training of healthcare professionals unfamiliar with the practice of mass casualty care. And, like all emergency plans, MCI operations and decision making must be practiced by all components of the emergency response system, as described in the OA EOP.

INTRODUCTION

The Mass-Casualty Incident (MCI) Operations Annex to the San Diego County Operational Area Emergency Operations Plan (OA EOP), Annex D, 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 in responding to such an incident. The Emergency Services Agreement, between and among the County of San Diego and the jurisdictions in the Operational Area (OA), provides for a countywide emergency services program.

Decorative Image

The provision of safety and protection of life, including the treatment and rapid transportation of injured persons to appropriate medical facilities, shall have the highest priority in emergency operations. Due to the priorities placed on immediate care and transportation, reunification must be considered as a goal, but not the primary objective of emergency operations. Reunification of patients with their families remains an important part of disaster planning (or mass casualty incident management); however, it is recognized that due to the need for accurate patient identification and restrictions required by privacy laws and medical protocol, providing immediate information to enable reunification can be a challenge.

The "*New Normal*" associated with Mass Casualty Incidents specifically refers to non-traditional but now common methods of patient transport of the ill and injured that have been identified through analysis of recent MCIs. These methods include the use of private BLS ambulance agencies, transport in law enforcement or bystander vehicles, ride-sharing services, by foot, and others. These "new normal" transportation modalities significantly affect how patients are distributed and tracked across the existing emergency medical services and hospital system.

SCOPE

Annex D describes the policies, concepts of operations, roles and responsibilities, and capabilities associated with responding to MCI's 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 in responding to an MCI. This document works in concert with the San Diego County Fire Chief's Association, Emergency Medical Services (EMS) Section MCI Plan. It identifies who will oversee the incident and provides guidelines for coordinating County government emergency response resources during an MCI. It also describes how the on-scene incident command agency will coordinate with County, State, and Federal agencies, local jurisdictions and volunteer organizations.

ANNEX D – GUIDING PRINCIPLES

- ♦ Incidents within the Operational Area are to be responded to according to local policy. Once the response needs become greater than the available resources and/or threatens to overwhelm existing emergency systems, an MCI/Annex D will be activated.
- ♦ An MCI/Annex D is activated to authorize and provide County of San Diego support to the incident, therefore, prompt, and appropriate notification to the Emergency Medical Services (EMS) or Public Health Preparedness and Response (PHPR)/Medical Health Operational Area Coordinator (MHOAC) Duty Officer is key to successful coordination of this support.
- ♦ Patients are best served by immediate and appropriate transportation to an appropriate medical facility. On scene treatment is only necessary when transport is not sufficiently available to save lives.
- ♦ Patients should be distributed strategically so receiving facilities are not overwhelmed.

Public Health & Medical Services fall under Emergency Support Function-8 (ESF-8), the State of California Emergency Support Function-8 (ESF-8) Emergency Medical Services which applies to all individuals and organizations that may be involved in emergency medical response activities in the county.

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.

The current ESF-8 can be found here:
https://www.fema.gov/sites/default/files/2020-07/fema_ESF_8_Public-Health-Medical.pdf

DEFINITIONS (FOR THE PURPOSES OF THIS ANNEX)

- A **Mass Casualty Incident (MCI)** is any single incident that results in enough patients to cause strain to the EMS delivery system, overwhelm the responding agency, or cause critical impacts to receiving emergency departments within the OA, as determined by the Incident Commander (IC) or Facilitating Base Hospital. MCIs are managed through Annex D.

- The following is a scene-size-up tool for the first on-scene personnel to use in determining if an MCI should be declared.

  - **Level 3, Initial**
    Scope: This level of MCI is normally handled by the jurisdictional agency with limited assistance from neighboring agencies. Triggers County EMS Duty Officer notification.

  - **Level 2, Expanded**
    Scope: This level of MCI is normally handled within the Operational Area Zone. This level includes incidents when patients may overwhelm specialty centers, such as burn centers. Triggers County EMS Duty Officer notification and establishment of DOC/EOC.

  - **Level 1, Reinforced or Major**
    Scope: This level of MCI is expected to impact the entire Operational Area and may involve activation of the Medical Health Operational Area Coordinator (MHOAC) or EOC and could involve State or Federal assistance.

- An **emergency** incident 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.

- 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.

- **Medical Surge** describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community

- **MED CC** (an abbreviation of Medical Communication Center-to-Communication Center) is a robust, rapid, and effective communication channel intended to allow the County's Fire/EMS Communications Centers to request and/or coordinate primarily, (but not exclusively), private EMS ambulances to an incident of any type. The Regional Communications System (RCS) has developed a talkgroup available only to the County Ambulance Coordinator, each private ambulance service communications center, fire communication centers, and CoSD EMS; this shared communication channel is MED CC. This talkgroup will replace phone call resource polling and, combined with LEMSIS Resource Bridge alerts sent to key private ambulance staff, will engage all private ambulance providers early in a medical disaster event, ensuring a rapid, coordinated response. MED CC should be in the consoles of all private ambulance agencies; the County Ambulance Coordinator, and County EMS (LEMSA) radios. MED CC inclusion in Fire Agency consoles is optional.

GOALS AND OBJECTIVES

The overall goal of disaster medical operations is to:

- Safely minimize loss of life, injury, 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, distribution of medical personnel, supplies, accessible and interoperable communications, and specialized equipment to meet the needs of people with disabilities and other access and functional needs and other resources.
- Manage patient distribution via the organized EMS system to ensure even patient loads throughout the region's medical facilities. This includes requesting non-911 system ambulance resources early in an MCI to deliver non-acute patients to receiving hospitals, including load-leveling to more distant facilities to ensure that the 911 EMS delivery system and the hospitals most affected by a larger incident are able to respond to other routine calls for service.

The objectives of this Annex are to:

- Describe the concept of operations, organization, and medical response system to implement this Annex.
- Establish procedures for declaring an MCI, hence, implementing the Annex D plan.
- Provide a system for the provision of prompt medical treatment of disaster victims.
- Provide a system 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.

MULTIPLE CASUALTY INCIDENTS AND LOCAL SITUATIONS

Local agencies within the OA have the ability, resources, and authority to handle incidents with multiple patients. Local situations, time of day, season, and even the regular "busy" periods in the 911 system, however, may create unique situations where multiple agency resources may be needed. Early notification to the Facilitating Base Hospital and the EMS Duty Officer can assist the IC with system alerting and hospital bed availability (i.e., preparedness and readiness). Early notification allows for earlier resource assignments, mutual aid support, and hospital surge capabilities to come available. This plan recognizes that the initial paramedic ambulance assignment to mid-size or expanding incidents may rapidly draw down available resources for other routine 911 system responses. Supporting these expanding incidents with other private ambulances can be a critical strategy to ensure an agency or a zone is able to respond to other 911 calls for service.

Communication centers often have a "birds eye view" of regional EMS resources. Incident Commanders are encouraged to poll their communication center for draw down levels for additional resources. Should a zone or communication center recognize significant strain or the lack of available ambulance resources, declaring an MCI/Annex D should be strongly considered to ensure the EMS delivery system is able to respond to "normal" emergencies and other calls for service.

WHOLE COMMUNITY APPROACH

The San Diego Operational Area is committed to achieving and fostering an emergency management system that uses a Whole Community Approach and is fully inclusive of individual needs and circumstances. For further details on the Whole Community Approach to emergency management and the integration of inclusive emergency management practices, refer to the Basic Plan.

AUTHORITIES, ASSUMPTIONS AND COMMAND RESPONSIBILITIES

AUTHORITY TO ACTIVATE MASS-CASUALTY INCIDENT (MCI) PLAN (ANNEX D)

An MCI/Annex D is primarily declared by the field responders which can include but are not limited to the on-scene Incident Commander or first arriving fire/medical personnel (EMT or Paramedic) through the agency's Communication Center or the Facilitating Base Hospital.

The Communications Center will initially notify the County of San Diego's Emergency Medical Services (EMS) Duty Officer of the MCI declaration. The County EMS Duty Officer will be responsible for notifying the Public Health Preparedness and Response (PHPR)/Medical Health Operational Area Coordinator (MHOAC) Duty Officer and the Operational Area (OA) Fire and Rescue Coordinator of the MCI declaration. In the event of a medical disaster the roles would likely be reversed where the PHPR/MHOAC Duty Officer notifies the EMS Duty Officer and the OA Fire and Rescue Coordinator.

A Communication Center supervisor/leader or designee may declare an MCI in consultation with the Incident Commander. A request to declare an MCI can also come from the County Chief Administrative Officer (CAO), the Public Health Officer (PHO), the EMS Administrator, and/or the PHPR/MHOAC Duty Officer, or the EMS Duty Officer. In all declarations, the cumulative impact of one or multiple events should be assessed in the consideration of additional resource requests from inside or outside of the County.

IMPLEMENTATION OF THE ANNEX

Once the request for an MCI/Annex D declaration has been communicated, the EMS or PHPR/MHOAC Duty Officer monitors the situation via the Regional Communications System (RCS) or other communication methods that may be patched into RCS. The EMS or PHPR/MHOAC Duty Officer will continuously assess the situation for adequate resources and the efficiency of the operations of the incident. If the situation warrants the activation of the PH Departmental Operations Center (DOC) [MOC], this may be activated by the EMS or PHPR/MHOAC Duty Officer at their discretion, or at the direction of the Public Health Officer, Chief Medical Officer, EMS Administrator or EMS Medical Director or their designee (i.e., EMS management, MHOAC).

PLAN ASSUMPTIONS

- Early notification of the MCI to the EMS or PHPR/MHOAC Duty Officer is critical to the success of accessing and coordinating resources since mustering these resources takes time.

- Transportation of medical patients to receiving facilities will be accomplished ideally based on priority of care and severity of patients' injuries. Initial medical destination of

patients will be determined by predetermined protocol or base hospital in the case of a burn or pediatric surge.

- 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. The MHOAC only functions during extremely major events or long-term incidents and is not set up for daily operations.

- Populations who are at risk or those with access and functional needs such as children, elderly and medically fragile may depend on government assistance during disaster situations.

- The existing medical system has the capability to rapidly expand its capacity 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.

- Emergency Medical Services and hospitals are a part of the critical infrastructure within the County.

- A disaster may result in increased demands on the EMS and healthcare systems requiring healthcare resources as well as supplemental and/or specialized resources.

- A disaster may impact the County's communications and/or transportation systems, impeding emergency medical services.

- In some situations, people attempting to go to area hospitals will not have symptoms or need for immediate treatment and can be advised or triaged to be seen in other clinical settings.

- While hospitals, skilled nursing facilities, assisted living centers and other medical facilities are required by regulation or law to have developed and maintained emergency plans and resources, an extraordinary disaster situation may require local government support and guidance.

- On some occasions, it may be necessary or in the best interest of the patient to be transported to hospitals outside of the OA.

- During emergencies the Operational Area Emergency Operations Center (OA EOC) and the Public Health (PH) Department Operations Center [Medical Operations Center or MOC] may be opened to support the incident(s). Doing so will allow EMS and/or PH to appropriately plan healthcare communications and evacuation plans; this is implemented through the appropriate communication center.

INCIDENT COMMAND RESPONSIBILITIES

- At the scene of a Mass Casualty Incident 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. The local jurisdiction lead may delegate authority according to situational needs.

- A unified or area command structure may be utilized during complex operations involving law, fire, hazardous material and/or medical responses.

- Various agencies and departments will conduct emergency operations with the support of the OA EOC.

> In the absence of approved local policy for MCIs, the operation is accomplished in accordance with California FIRESCOPE, Field Operations Guide (ICS 420-1).

- The 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.

COMMUNICATIONS

EMS personnel at the scene will notify their Communication Center immediately of an MCI declaration. EMS personnel shall contact the Facilitating Base Hospital at the earliest opportunity to advise them that an MCI has been declared. The Communication Center will immediately notify the EMS Duty Officer of the declaration and pass on pertinent information (such as the nature of the emergency, the location, and the preliminary number of patients).

Inter-jurisdictional and inter-agency coordination will be conducted through the jurisdictional Incident Command Posts (ICPs), jurisdictional EOC's, and may require assistance from the County of San Diego PH Departmental Operations Center (DOC) [MOC] or activation of the OA EOC, 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.

- 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 RCS.
- Private EMS entities supplying resources, the Ambulance Coordinator, and coordinating Communication Center(s) are expected to remain engaged in radio communications via the MED CC talkgroup until the conclusion of the event. In the event of radio communication failure, the Ambulance Coordinator and the affected agencies will utilize alternative communication platforms in order to maintain continuity of communication (i.e., phone, email, etc).

ACTIVATIONS

> The objective of Annex D 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.

ACTIVATION OVERVIEW

- Annex D 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 NIMS and SEMS and respond utilizing the ICS.
- Response to an 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.

Note: The coordination of the general population in a disaster is the primary responsibility of the OA EOC, while coordination of population requiring medical and health services is primarily done through the Public Health (PH) Departmental Operations Center (DOC) [MOC]. The PH Departmental Operations Center (DOC) [MOC] reports to the OA EOC through the Medical Health Branch Coordinator of the OA EOC Operations Section.

MCI DECLARATION

The IC or designee shall immediately notify their Communications Center of the MCI declaration. The Communications Center managing the incident will immediately notify the EMS Duty Officer. A declared MCI is managed by and through the Annex D plan.

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

- EMS or PHPR/MHOAC Duty Officer notifies the County Ambulance Coordinator who, using MED CC to poll private ambulance agencies for availability, and fill resource requests in conjunction with the communication center directing operations.

- EMS or PHPR/MHOAC Duty Officer alerts designated hospitals to notify their specialized teams and stand-by staff, if requested and available.

- EMS or PHPR/MHOAC Duty Officer notifies the EMS Medical Director, EMS Administrator, the local Medical Health Operational Area Coordinator (MHOAC), Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), if needed, and other medical/health staff as necessary.

HOSPITAL ACTIONS

- Normally, the IC will declare the existence of an MCI event and notify the agency's Communication Center, which will then notify the EMS Duty Officer via the designated communications pathway. The IC or their designee, or the Medical Communications Coordinator (MEDCOM) at the scene, will announce the size and nature of the event to the Facilitating Base Hospital.

- Alternately, if the Facilitating Base Hospital feels that the incident being reported by the medical coordinating unit in the field meets the criteria for an MCI, and/or if the receiving hospitals within the OA are/or may soon be overwhelmed with incoming patients, the Facilitating Base Hospital may declare an MCI. They will have the additional responsibility of immediately notifying the EMS Duty Officer (acute/chronic and day-to-day operations) or PHPR/MHOAC Duty Officer (emergency preparedness and long-term care).

- Once an MCI has been declared, the Facilitating Base Hospital is responsible for notifying the satellite receiving hospitals in their area and trauma system hospitals to

obtain a status report. The Facilitating Base Hospital initiates bed counts from receiving hospitals and identifies the number of immediately available beds.

- During a surge event the Facilitating Base Hospital will determine the number of patients being assigned to each receiving hospital(s) based on the surge plans/protocols of each hospital. Surge plans may require the assignment of "surge" patients to each receiving hospital(s) without regard to capacity or "available beds". Two immediate patients per facility must be accepted following an event. Pediatric Surges and Burn Surges are examples of unique levels of care. In these instances, the patient should be directed to the most appropriate facility.

- During an MCI event, hospitals may elect to initiate internal surge plans.

- After the initial response is made, and if the PH Departmental Operations Center (DOC) [MOC] is operating, the Facilitating Base Hospitals are responsible for providing updates to the PH Departmental Operations Center (DOC) [MOC] and satellite hospitals at periodic intervals.

FIELD TREATMENT SITES (FTS)

Under extenuating circumstances, opening a Field Treatment Site (FTS) could be considered for implementation at the request of the Incident Commander. The MHOAC representative will be contacted for this resource request. Field Treatment Sites are situational in nature and require appropriate staff, equipment, supplies, and facilities to be established. Requests for an FTS are placed through the EMS Duty Officer, but the MHOAC will determine if an FTS is feasible and appropriate if requested.

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 via the MHOAC program 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.

Information is consolidated at the OA EOC and provided to the San Diego MHOAC who communicates it to the RDMHC/S, 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).

DMATs consists of medical and support personnel with self-supported 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 (NMCSD) is the Federal Coordinating Center (FCC) for San Diego County. The FCC coordinates incoming regulated patients and continues to track them within accepting facilities until discharge or repatriation.

If a disaster occurs in this area, the NDMS may be activated to evacuate victims from San Diego. Stabilized patients would be taken from the scene to a location designated by the FCC for transport to other counties or states.

MEDICAL EVACUATION

Medical evacuation of casualties may become necessary when one or more of the following conditions exist:

- Healthcare facilities are severely damaged and potentially degraded; or
- Healthcare facilities may be impacted by an imminent life safety threat; or
- The overall Operational Area hospital bed capacity is overwhelmed and needs to be redistributed.

RESOURCE PROCUREMENT

County of San Diego EMS and PHPR develop and maintain a capability for identifying medical resources, transportation and communication services within the OA. Additionally, County of San Diego EMS and PHPR coordinate the procurement, allocation, and delivery of these resources, as required to support disaster medical operations.

CONCLUSION / DEMOBILIZATION

Termination of an MCI is recommended to be a cooperative decision of the IC, the Facilitating Hospital and the PHPR/MHOAC or EMS Duty Officer. It is the final responsibility of the EMS Duty Officer to gather information from the field and all affected healthcare partners in order to declare the MCI concluded.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

SUPPORT FUNCTIONS

The operations described in Annex D address levels of disaster management from the scene to medical receiving facilities and the OA EOC. The plan enables agencies involved in the medical response and their respective roles to provide for an effective disaster medical system. With the declaration of an MCI, Annex D shall be implemented by the local Incident Commander, Facilitating Base Hospital, Communications Center, and the EMS or PHPR/MHOAC Duty Officer.

AT THE SCENE

In the absence of approved local policy for MCIs, the operation is accomplished in accordance with California FIRESCOPE, Field Operations Guide (ICS 420-1).

The Mass-Casualty Branch operates as part of ICS. 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 medical organizational structure is designed to utilize all aspects of emergency medical service response resources.

EMERGENCY OPERATIONS CENTERS (EOC)

CITY EOCS

Each City has a central facility designated as an EOC for disaster operations coordination. 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.

PUBLIC HEALTH DEPARTMENTAL OPERATIONS CENTER (DOC) AND MEDICAL OPERATIONS CENTER (PHPR DOC/ MOC).

The Public Health (PH) Department Operation Center (DOC) is commonly known as the "Medical Operations Center" (MOC). The PH DOC [MOC] is responsible for communications and coordination for pre-hospital EMS services and health care provider operations.

The PH DOC [MOC] reports through OA EOC Medical Health Branch and serves an extension of those functions. The PH DOC [MOC] includes community liaisons based on situational need (i.e., Ambulance Coordinator, Base Hospital Nurse Coordinator, Skilled Nursing Facility Coordinator, Clinic Coordinator, Public Health Nursing, Hospital Public Information Officer, American Red Cross, etc.).

THE PH DEPARTMENTAL OPERATIONS CENTER (DOC) [MOC]:

- Coordinates disaster medical operations within the OA, including hospital evacuations, medical system functionality and capacity and maintains communication with region and state agencies.

- Coordinates the procurement and allocation of the medical resources required to support disaster medical operations which provides support to medical activities at the scene.

- Coordinates the transportation of casualties and medical resources to health care facilities, including FTS's, within the area and to other areas, as requested.

- Develops and maintains a capability for identifying medical resources, transportation, and communication services within the OA.

- 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 San Diego County.

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, and ICS.

- Training personnel and alternates.

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

- Maintaining an active liaison with PH DOC [MOC].

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

- **Fire Agencies** – acts as IC or as part of the UC, (Unified Command).

- **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.

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

- **Amateur Radio Emergency Support (ARES)** – are amateur radio (HAM) back-up/ redundant communications support for the medical system PH DOC [MOC], hospitals, DOC/EOCs and if necessary, at the scene.

- **Ambulance Agencies** – provide victim triage, treatment and transportation.

- **County Ambulance Coordinator** – The County Ambulance Coordinator is responsible for locating and identifying private ambulance resources during an Annex D activation. The County Ambulance Coordinator staff may fill a position at the PH DOC [MOC].

- **American Red Cross San Diego & Imperial Counties Chapter** – Coordinates and staffs general population shelter operations. 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 PHPR.

- **Facilitating Base Hospital** – coordinates medical communications between field and hospitals for medical control, hospital operational status, bed counts and bed availability.

- **Free Standing Clinics** – provides an alternate transportation location for individuals who may not meet criteria for an acute care facility.

- **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.

- **MPERT** – Mobile Pediatric Emergency Response Team (MPERT) is a specialty team of the San Diego MRC consisting of licensed and trained medical professional volunteers who may be called upon to address the needs of the pediatric population in a disaster or public health emergency. Authorization to use MRC volunteers must be granted by the Public Health Officer.

- **Regional Amateur 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.

- **SNFs – Skilled Nursing Facilities** – provides long term placement of patients that can be discharged from local acute care facilities.

- **San Diego Blood Bank** – mobilizes resources to meet blood product demands within the County.

- **San Diego County Medical Society** – assists in notification of and recruitment of volunteer physicians.

- **San Diego Health Care Disaster Coalition (SDHDC)** – Provides coordination among health care coalition partners

STATE

- Responds to requests for resources from the OA EOC once the incident has escalated and local resources are overwhelmed and coordinates medical mutual aid within the State.

- 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** may assist in OA functions when assigned by the State.
- **CAL-MAT Team** – is a state-coordinated, rapid deployment teams of health care and support professionals modeled after Federal teams (DMATs) for use in catastrophic and other local emergency or potential emergency events. CAL-MAT units would be activated at the request of local government or at the State-level through the State Medical and Health Coordination Center in conjunction with the Governor's Office of Emergency Services. The response time standard for Team mobilization is 12 hours (or less) from activation.

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 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). Find current information regarding DMAT at the below link: https://www.phe.gov/Preparedness/responders/ndms/ndms-teams/Pages/dmat.aspx
- Other response assistance teams available from the 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.

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:

- The County of San Diego Operational Area, including tribal lands, cities, military, unincorporated areas, and 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.

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.

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.

ANNEX DEVELOPMENT AND MAINTENANCE

Annex D is a product of the OA Emergency Operations Plan (EOP). As such, the policies, procedures, and practices outlined in the OA EOP govern Annex D. The Office of Emergency Services is subject to coordinate the maintenance and update of this annex every 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 Annex D.

Updates to the appendices of 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, EMS and PHPR. Annex D revisions are reviewed 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.

- Hospital – Hospital MOA's are in place to share supplies and resources if an event warrants this.

- 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.

APPENDICES LIST

APPENDIX A: DISASTER MEDICAL SERVICES RESPONSE PLAN (EXHIBIT 2.1)

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

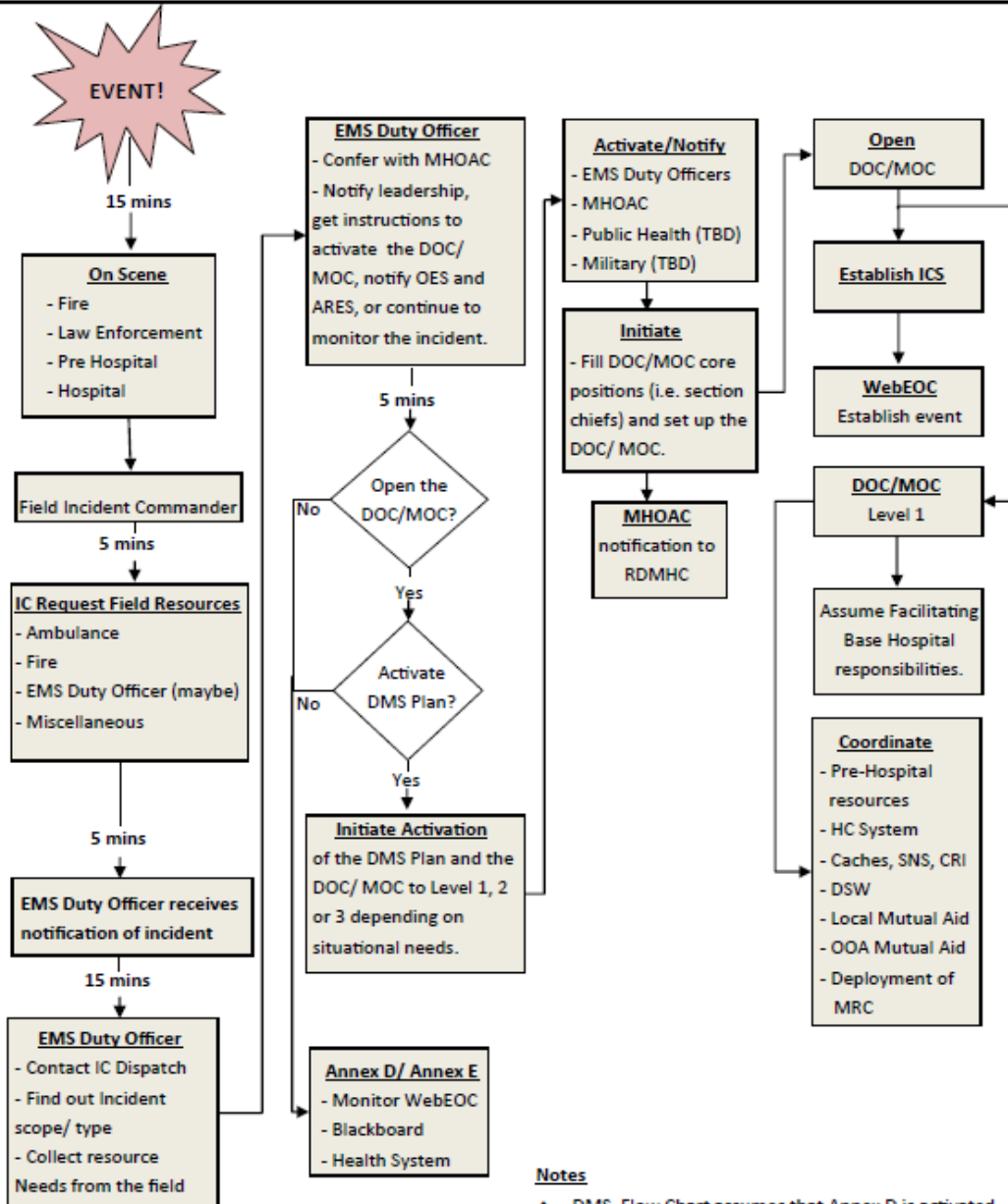APPENDIX C: MASS CASUALTY OPERATIONAL RESPONSIBILITIES

APPENDIX D: HOSPITAL LOCATIONS

APPENDIX E: LOCAL MEDICAL SUPPORT FUNCTIONS

APPENDIX F: SPECIALTY SURGE

Exhibit 2.1— Disaster Medical Services Plan Activation: Event to Operation-

EVENT!

15 mins

On Scene
- Fire
- Law Enforcement
- Pre Hospital
- Hospital

Field Incident Commander

5 mins

IC Request Field Resources
- Ambulance
- Fire
- EMS Duty Officer (maybe)
- Miscellaneous

5 mins

EMS Duty Officer receives notification of incident

15 mins

EMS Duty Officer
- Contact IC Dispatch
- Find out Incident scope/ type
- Collect resource Needs from the field

EMS Duty Officer
- Confer with MHOAC
- Notify leadership, get instructions to activate the DOC/MOC, notify OES and ARES, or continue to monitor the incident.

5 mins

Open the DOC/MOC? No

Yes

Activate DMS Plan? No

Yes

Initiate Activation
of the DMS Plan and the DOC/ MOC to Level 1, 2 or 3 depending on situational needs.

Annex D/ Annex E
- Monitor WebEOC
- Blackboard
- Health System

Activate/Notify
- EMS Duty Officers
- MHOAC
- Public Health (TBD)
- Military (TBD)

Initiate
- Fill DOC/MOC core positions (i.e. section chiefs) and set up the DOC/ MOC.

MHOAC
notification to RDMHC

Open
DOC/MOC

Establish ICS

WebEOC
Establish event

DOC/MOC
Level 1

Assume Facilitating Base Hospital responsibilities.

Coordinate
- Pre-Hospital resources
- HC System
- Caches, SNS, CRI
- DSW
- Local Mutual Aid
- OOA Mutual Aid
- Deployment of MRC

Criteria for Activation
- Local Health system will be overwhelmed;
- Need for coordination of local mutual aid and resources;
- Potential need to request resources from outside the OA;
- Potential influx of patients from outside of the OA.

Notes
- DMS Flow Chart assumes that Annex D is activated.
- Actual times will vary in relation to incident scope, information available and conditions.
- The Flow Chart outlines key steps to activate the Disaster Medical Services (DMS) Plan and opening the DOC/MOC.
- Health System (Emergency Contacts)- Notify hospitals, clinics, SNFs, and other responders to activate ICS, initiate communication via WebEOC and to activate surge plans if necessary.

FIGURE 1:

Medical Health Operations at the San Diego County Public Health Departmental Operations Center (DOC) [Medical Operations Center or MOC] and the Operational Area Emergency Operations Center.
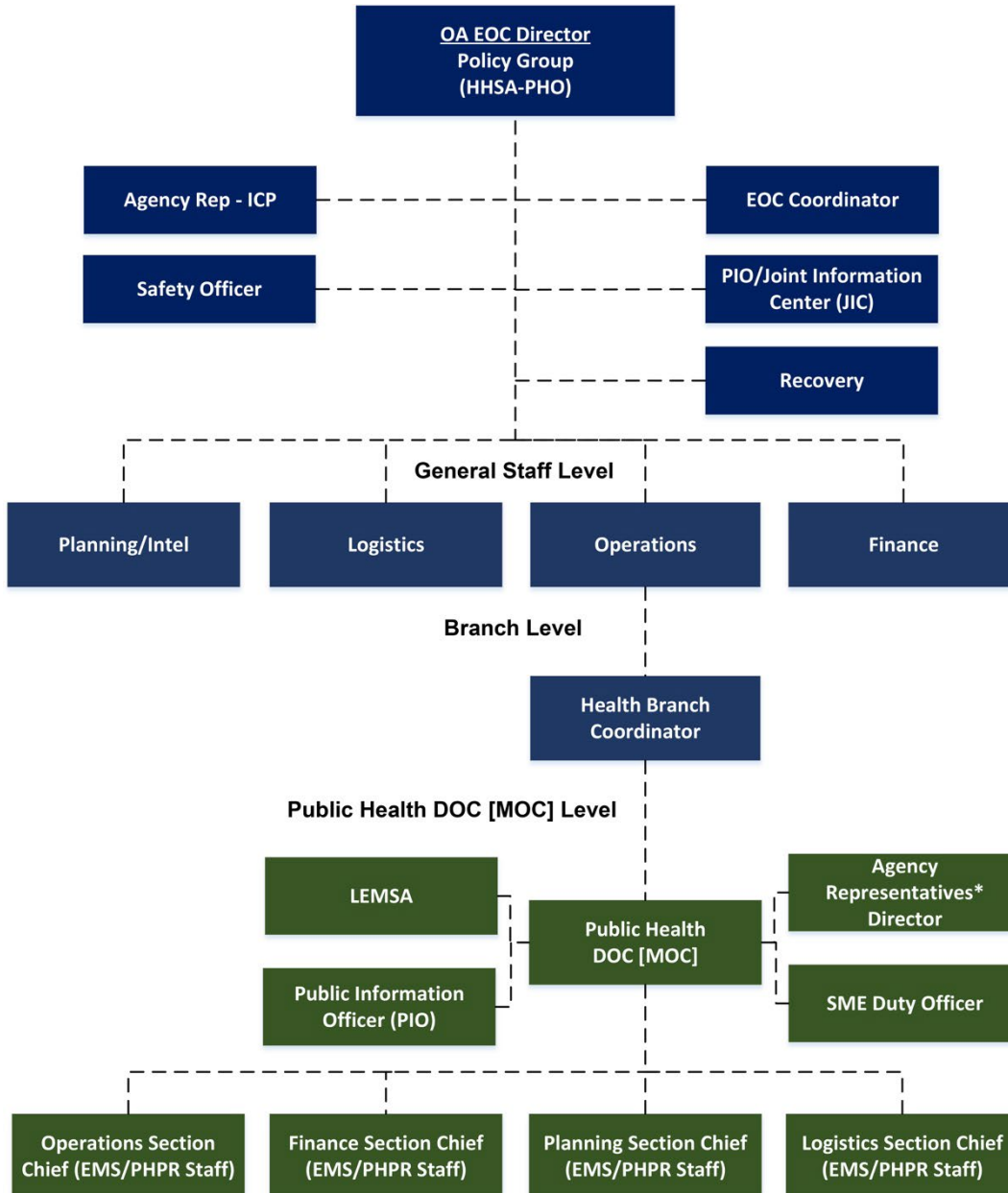
*Agency Representatives:
- ♦ Base Hospital Nurse Coordinator (BHNC)
- ♦ Hospital Association of San Diego & Imperial Counties (HASDIC)
- ♦ Council of Communities Clinics (CCC)
- ♦ American Red Cross (ARC)
- ♦ County Ambulance Coordinator
- ♦ Skilled Nursing Facilities (SNF)

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											
Aeromedical	X		X		X	X			X			
Ambulance Coordinator			X			X			X			
American Red Cross – San Diego & Imperial Counties Chapters	X							X		X	X	
ARES		X	X									
California Emergency Medical Services Authority (EMSA)		X	X	X	X	X	X		X	X		X
California Highway Patrol (CHP)				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
Community Health Centers					X							
County of San Diego Emergency Medical Services (EMS)	X	X	X	X			X		X	X	X	X
County of San Diego Office of Emergency Services (OES)	X	X	X							X	X	X
County of San Diego Public Health Services (PHS)	X	X	X	X			X	X		X	X	
County of San Diego Public Health Preparedness and Response (PHPR)	X	X	X	X			X		X	X	X	X
County of San Diego Sheriff's Communication Center (SCC)		X	X									
Federal Agencies		X	X	X						X		X
Healthcare Association of San Diego & Imperial Counties			X								X	

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
Healthcare Community Partners		X	X									
Local Base Hospitals	X	X	X		X		X		X			
Local Fire Departments	X	X	X	X	X	X	X			X	X	X
Local Hospitals	X	X	X		X		X		X			
Local Law Enforcement	X	X	X	X		X			X	X	X	
Local Military / National Guard		X	X							X		X
San Diego Blood Bank			X							X		
San Diego County Medical Society		X	X									
San Diego Healthcare Disaster Coalition (SDHDC)	X											
Public School Districts							X	X				

TABLE 1

San Diego County Hospitals

Hospital Name (Full)	Address	Designation *	Public Safety Sub-Grid	Assigned Area Talk-group
Alvarado Hospital	6655 Alvarado Rd., San Diego, 92120	ED	**2329-C2** 2329-B2	**6**
Kaiser Permanente Hospital – San Diego Medical Center	9455 Clairemont Mesa Blvd, San Diego, CA 92123	ED	2427-C1	3
Kaiser Permanente Hospital - Zion	4647 Zion Ave., San Diego, 92120	ED	2427-C1	4
Naval Hospital-Camp Pendleton	200 Mercy Circle, Camp Pendleton, CA	ED	**6312-D1** 6312-D2	**1**
Naval Medical Center-San Diego	34800 Bob Wilson Dr., San Diego, 92134	ED	**1824-D1** 1824-D2 1825-A1 1825-A2 1924-D2 1925-A2	**4**
Palomar Medical Center	2085 Citricado Pkwy, Escondido, CA	ED B T	**5426-B1** 5426-B2 5426-C1	**2**
Paradise Valley Hospital	2400 E. 4th St., National City, 91950	ED	**1428-A1** 1428-B1	**5**
Palomar Medical Center - Poway	15615 Pomerado Rd., Poway, 92064	ED	**4329-C2** 4329-D2	**2**
Rady Children's Hospital San Diego	3020 Children's Way, San Diego, 92123	ED T	2524-C2	3
Scripps Green Hospital	10666 N. Torrey Pines Rd., San Diego, 92037	UC	3420-A2	n/a
Scripps Memorial Hospital-Encinitas	354 Santa Fe Dr., Encinitas, 92024	ED	**4718-A2** 4717-D2	**1**

Scripps Memorial Hospital La Jolla	9888 Genesee Ave., San Diego, 92037	ED B T	**3321-A2** 3320-D2 3220-D1	<u>3</u>
Scripps Mercy Hospital-Chula Vista	435 H St., Chula Vista, 91910	ED	1028-A2	5
Scripps Mercy Hospital San Diego	4077 Fifth Ave. San Diego, 92103	ED B T	**2024-A1** **2024-B1** **2124-A1** **2124-A1**	**5**
Sharp Chula Vista Medical Center	751 Med. Center Ct., Chula Vista, 91911	ED	**0831-A1** **0831-B1**	**5**
Sharp Coronado Hospital and Health Care Center	250 Prospect Pl., Coronado, 92118	ED	**1523-D1** 1523-C1	**4**
Sharp Grossmont Hospital	5555 Grossmont Center Dr., La Mesa, 91942	ED B	**2332-A1** **2332-A2** 2331-D1 2331-D2	**6**
Sharp Mary–Birch Hospital	3003 Health Center Dr., San Diego, 92123	L&D	**2524-C2** 2524-B2	**n/a**
Sharp Memorial Hospital	7901 Frost St., San Diego, 92123	ED B T	**2524-C2** 2524-B2	**3**
Tri-City Medical Center	4002 Vista Way, Vista, 92056	ED B	6017-D1	1
UCSD Medical Center-Hillcrest	200 West Arbor Dr., San Diego, 92103	ED B T Burn	2123-D2 2124-A2	4
UCSD La Jolla Jacobs Medical Center	9300 Campus Point Dr., La Jolla, 92037	ED	**3220-D1** **3221-A1** 3220-D2	**3**
Veteran's Affairs San Diego Medical Center	3350 La Jolla Village Dr., San Diego 92161	Veterans	3220-C2	3

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

AEROMEDICAL

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

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 primarily, (but not exclusively), private industry ambulance resources, and when requested, reports to and provides staff for the PH DOC [MOC].

AMERICAN RED CROSS SAN DIEGO & IMPERIAL COUNTIES CHAPTER

- HHSA may provide personnel to assist with staffing American Red Cross (ARC) Mass Care (general population) Shelters.
- Upon request, from federal Health and Human Services (HHS), 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.

BEHAVIORAL HEALTH SERVICES

- Coordinate activities that fall under the County of San Diego Emergency Plan, 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 (HHSA), that upon the orders of the Public Health Officer (PHO), the Medical Health Branch Coordinator at the EOC, EMS Administrator or designee, the PH DOC [MOC] will activate Clinical Disaster Service Workers (CDSW) volunteers during an event in which local established clinical resources are exceeded.

COMMUNITY HEALTH PARTNERS (CLINICS)

- Maintains Continuity of Operations during a disaster event, coordinates medical communications, triage, and treatment.

COUNTY OF SAN DIEGO, OFFICE OF EMERGENCY SERVICES (OES)

- Acts as 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.
- Activates 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.
- 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.

EMERGENCY MEDICAL SERVICES (EMS), COUNTY OF SAN DIEGO PUBLIC SAFETY GROUP

- Writes and updates the Mass-Casualty Incident (MCI) Operations (Annex) and any other medical emergency plans and procedures.
- Maintains an EMS Duty Officer (7/24/365) on-call program to address operational needs in the EMS continuum of care.
- Provides staff to:
  - San Diego County Healthcare Disaster Coalition (SDHDC);
  - San Diego County Fire Chiefs Association (SDCFCA); and
  - Other planning and response committees for assistance in coordinating area exercises.
- Supports disaster medical operations within the Operational Area.
- Supports patient movement to health care facilities, including deployed FTS, within the area and to other areas, as requested.

- Develops and maintains a capability for identifying medical resources, transportation, and communication services 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 Coalition 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.
- Supports the PH Departmental Operations Center (DOC) [MOC].
- Provides staff to OA EOC.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR), COUNTY OF SAN DIEGO

- Supports the EMS or PHPR/MHOAC Duty Officer program to address operational needs in the EMS continuum of care.
- The Medical Health Operational Area Coordinator (MHOAC) point of contact is located within Public Health Services – Public Health Preparedness & Response.
- Maintains an PHPR/MHOAC Duty Officer (7/24/365) on-call program under the Medical Health Operational Area Coordinator (MHOAC) program.
- Provides staff to the San Diego County Healthcare Disaster Coalition (SDHDC), San Diego County Fire Chiefs Association (SDCFCA) and 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.
- 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 PH Departmental Operations Center (DOC) [MOC].
- Provides staff to OA EOC.

FACILITATING BASE HOSPITAL

- 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 SOs. Refer to current San Diego County EMS Treatment Protocols for details.
- Activates the Specialty Surge Plan for burns and pediatrics based on volume criteria and system conditions (See Appendix F, Specialty Surge).
- Facilitates use of the Regional Communication System (RCS) pre-hospital/hospital 800 MHz radio communication network.
- In conjunction with the EMS Administrator 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 PHPR on triage capability, non-urgent care as well as current victim numbers.
- Provides volunteer physicians, nurses and other staff when/if staffing permits.
- Maintains up to date evacuation plans.

HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES

- Assists with coordination of hospitals and provides current hospital resource directory.

MEDICAL RESERVE CORPS

- Associated health provider pre-credentialed volunteers registered through State Disaster Health Volunteer (DHV) network and members of the local Medical Reserve Corps (MRC) managed by PHPR.
- MRC Volunteers can be deployed to assist at shelters, alternate care sites and hospitals once a disaster has been proclaimed by the County.

PUBLIC HEALTH (SEE ANNEX E – PUBLIC HEALTH OPERATIONS FOR ADDITIONAL INFORMATION)

- 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 Annex G – Care and Shelter Operations).
- Provides staff to the Operational Area EOC Care and Shelter Branch positions and Medical and Health Public Health liaison position.
- Coordinate activities that fall under the County of San Diego Emergency Plan, Annex E – Public Health Operations.

SAN DIEGO BLOOD BANK

- Upon contact, 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.

Specialty Surge occurs when an event impacts the community in such a way that an excessive number of children under the age of 15 or burn victims are in immediate need of specialized care. If possible, all pediatric and burn patients should be sent to Tier I classified hospitals, then Tier II, and finally Tier III while following the algorithm detailed below. The most severe cases should go to Specialty hospitals whenever possible.

> **Tier I** - Specialty Hospital (i.e., 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
UCSD Hillcrest Regional Burn	UCSD Hillcrest Medical Center	Non-Trauma Center 9-1-1- Receiving Hospitals
Rady Children's Hospital		
	Scripps Memorial –La Jolla	
	Sharp Memorial	
	Palomar Medical Center	
	Scripps Mercy –San Diego	