

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: June 18, 2014

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

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Disaster Medical Services Division

SUBJECT: The federal Hospital Preparedness Program Grant

RECOMMENDED ACTION:

Receive updated information on the status of the federal Hospital Preparedness Program (HPP) Grant Program and HPP Grant Objectives for Local Emergency Medical Services Agencies.

FISCAL IMPACT:

Currently, Local Emergency Medical Services Agencies (LEMSAs) receive \$50,000 annually and Regional Emergency Medical Services Agencies (REMSAs) receive \$65,000 annually to perform Grant Objectives. This will be reduced by 13.65% for the next federal grant year.

DISCUSSION:

The federal HPP Grant allocation to the State of California has been reduced by 13.65% for the federal grant year beginning July 1, 2014. The California Department of Public Health (CDPH) serves as the Grant Administrator for this grant, and the EMS Authority partners with CDPH in determining grant priorities that strengthen the statewide Public Health and Medical System. All recipients of this grant in California will be subject to a minimum of a 13.65% reduction in grant funds. This includes the EMS Authority, local public health departments, LEMSAs, REMSAs and other public health and medical partners and stakeholders who receive HPP funding.

LEMSAs and REMSAs receive HPP funds to perform Grant Objectives in partnership with the counties they serve. County HPP Coordinators, often from the Local Health Department (LHD), contract with LEMSAs for the completion of Grant Objectives. CDPH contracts directly with REMSAs for Grant Objectives in order to streamline the contract process for REMSAs who would otherwise need to complete the administrative contract process with multiple counties.

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EMSA, CDPH and local partners from the Emergency Medical Services Administrators' Association (EMSAAC) and the California Coalition of Local Officers (CCLHO) determine the Grant Objectives for LEMSAs and REMSAs with the goal of providing objectives that provide maximum flexibility in order to truly strengthen public health and medical preparedness in each local jurisdiction.

The Grant Objectives for LEMSAs and REMSAs for the 2014/2015 HPP Grant year are as follows:

Support medical surge to develop and update Operational Area public health and medical disaster response plans in order to strengthen and further integrate the EMS response to public health and medical emergencies:

1. Define the EMS components of the Medical Health Operational Area Coordination (MHOAC) functions through written Memorandums of Understanding (MOU), or policies and procedures or written statements including clarification of roles and responsibilities of the Local Health Department and LEMSA including items such as situation reporting and resource support, triggers for response, and plans for backup support for longer-term events. (This is different than making sure the MHOAC program is consistent with the principles and guidelines as described in the Public Health and Medical Emergency Operations Manual (EOM). The intent is to help define who is responsible for what aspects and how the functions will be carried out in an event, which might be separate from the planning functions.)
2. Define participation of the LEMSAs or REMSAs in Local Healthcare Coalitions.
3. Update EMS policies and procedures for EMS providers, including hospitals as appropriate, to address the transition from Multi Casualty Incidents to disaster medical response.
4. Participate in "Hospital Available Beds for Emergencies and Disasters" (HAVBED) drills during exercises and as required for public health and medical emergencies.
5. Work collaboratively with the public health department to identify a local initiative or project to meet local needs and delineate the LEMSA role from the public health/county role. Choose from two of the following topics:
 - The EMS components of the MHOAC functions;
 - Decompression of hospitals;
 - Develop or test plans for patient movement, distribution and tracking within the Operational Area; further integrate into existing MCI and ACS/FTS plans,
 - The LEMSA role in the Disaster Healthcare Volunteers (DHV) Program or DHV outreach
 - Continue to update policies and procedures for information management and resource requesting that are consistent with the Public Health and Medical Emergency Operations Manual (EOM);
 - Update the medical portion of the public health and medical disaster response plan. Ensure plans incorporate the special needs of access and functional and at-risk populations

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- Develop in collaboration with LHD a local medical/health (or MHOAC) resource directory for operational area
- Conduct training for hospitals including Hospital Incident Command System (HICS), first receiver training, Medical Reserve Corps (MRC) training, triage, facilitation of drills or exercises, etc. based on hospital training needs.
- Drilling and Exercising redundant communication systems
- Other

EMSA and CDPH facilitated conference calls with each REMSA and their county partners in order to support the development of work plans for the above objectives that will best address the priority of improving local public health and medical preparedness.