

DISASTER MEDICAL SYSTEMS GUIDELINES



June 2003
EMSA #214

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Document Overview

The *Disaster Medical Systems Guidelines* is intended to provide guidance and direction that will allow local Emergency Medical Services agencies and other disaster medical planners to accomplish their assigned responsibilities and roles. The document presents guidance specific to comprehensive medical disaster planning.

GUIDELINES

Introduction and Background

In cooperation with the Emergency Medical Services Administrators Association of California (EMSAAC), Mountain-Valley EMS Agency began a project in July 1999, funded by the California Emergency Medical Services Authority (EMSA), to develop disaster medical system (DMS) standards to assist local EMS agencies (LEMSAs) in the development of local disaster medical systems. These standards will provide the basis for regulations to be developed in the future.

A multi-disciplinary Steering Committee and an Advisory Group were formed from local, regional, and state representatives, as well as many DMS stakeholder groups from throughout the state. The Steering Committee originally identified eighteen medical and health functions for which local government currently has primary or significant responsibility. Those eighteen functions subsequently evolved to the seventeen listed below. The Steering Committee also identified functions, identified in bold type below, for which local EMS agencies have primary responsibility for preparedness, response, or recovery activities.

1. **Development and Maintenance of Medical and Health Disaster Plans, Policies, and Procedures for the Operational Area**
2. **Assessment of Immediate Medical Needs**
3. **Coordination of Disaster Medical and Health Resources**
4. **Coordination of Patient Distribution and Medical Evacuations**
5. **Coordination with Inpatient and Emergency Care Providers**
6. **Coordination with Out-of-Hospital Medical Care Providers**
7. **Coordination of Pre-Hospital Emergency Services**
8. **Coordination of the Establishment of Temporary Field Treatment Sites**
9. Health Surveillance and Epidemiological Analyses of Community Health Status
10. Assurance of Food Safety
11. Management of Exposure to Hazardous Agents
12. Provision or Coordination of Mental Health Services
13. Provision of Medical and Health Public Information and Protective Action Recommendations
14. Provision or Coordination of Vector Control Services
15. Assurance of Drinking Water Safety
16. Assurance of the Safe Management of Liquid, Solid, and Hazardous Wastes.
17. Investigation and Control of Communicable Disease

The intent of the regulations that result from this project is to require standard emergency preparedness for LEMSAs in the development of quality local disaster medical systems. Project advisors recognized that, given the variety of

Disaster Medical Services Guidelines

ways in which EMS services are organized in California, LEMSAs have varying operational roles related to disaster medical services.

Project participants recognized that standards alone would be insufficient to promote the development of quality DMS systems. Therefore, the project Advisory Group and staff developed the set of guidelines that are presented in this document. These guidelines are intended to provide additional detail on the intent of the standards, provide direction to LEMSAs and promote the adoption of best practices in implementing the standards.

Document Organization

This document provides the following information for each of the eight disaster functions for which LEMSAs have primary preparedness, response, or recovery responsibility:

- ? Name of the function;
- ? LEMSA Role (preparedness, response, and/or recovery) ¹;
- ? LEMSA objective related to the Function; and
- ? Disaster medical system elements that relate to each function.

For each element, the document presents the standard adopted by the Advisory Group for that element and one or more guidelines. In addition, a Glossary of key disaster medical terms and a list of Acronyms and Abbreviations are provided as Appendices.

¹ The LEMSA preparedness role refers to activities taken in advance of an emergency. These activities develop operational capabilities and effective responses to a disaster and might include mitigation activities, emergency/disaster planning, training and exercises, and public education.

The response role refers to activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, preserve health, protect property and meet basic human needs.

Recovery refers to actions related to restoring community institutions and well-being following a disaster.

Development and Maintenance of Medical and Health Disaster Plans, Policies, and Procedures

LEMSA ROLES: Preparedness - Response - Recovery

FUNCTION OBJECTIVE

Establish an infrastructure for the Operational Area disaster medical system that includes (1) plans, policies, and procedures that incorporate the provisions of SEMS and are consistent with the planning guidance of local and state Offices of Emergency Services; (2) plans and procedures for the activation, operation and de-activation of the medical function in emergency operations centers; (3) training and exercises to ensure the response capability of EMS system personnel and organizations; and (4) plans and procedures to conduct after-action reviews of the disaster medical response.

FUNCTION ELEMENTS

- Element 1.1 Disaster Medical System Planning**
- Element 1.2 Emergency/Departmental Operations Center Procedures**
- Element 1.3 Training and Exercises**
- Element 1.4 After Action Reviews**

Element 1.1 Disaster Medical System Planning

Standard: LEMSAs shall ensure the development of plans, policies and procedures that enable the Operational Area disaster medical services system to respond effectively to the medical needs created by disasters.

Guideline 1.1.1 Medical/Health Operational Area Coordinator

LEMSAs should promote the development of duty statements that incorporate the following responsibilities for Medical Health Operational Area Coordinators:

1. Ensure establishment and operation of a 24-hour point of contact capable of communication with local, regional, and state government agencies and officials with emergency management responsibilities; hospitals and other healthcare entities; and individuals who are to be notified/mobilized in the event of activation of disaster medical response system;
2. Ensure that key disaster response personnel receive periodic training;
3. Develop and test plans, policies, procedures, and structures for the activation and implementation of the disaster response system;
4. Ensure that information management plans are developed and tested;
5. Provide authorization and direction for activation of the medical/health branch of the operational area EOC and ensure systems are in place for management of the Medical/Health Branch of the Operational Area EOC;
6. Coordinate the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas;
7. Communicate requests for out-of-county assistance;
8. Respond to requests from the Regional Disaster Medical Health Coordinator;
9. Develop a capability for identifying medical and health resources, medical transportation, and communication resources within the Operational Area;
10. Maintain liaison with the Operational Area Coordinators of other relevant emergency functions, e.g., communications, fire and rescue, law, transportation, care and shelter, etc;
11. Ensure that the existing Operational Area 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; and
12. Maintain records and file required reports.

Guideline 1.1.2

Disaster Medical/Health Plan - Table of Contents

LEMSAs should support the development of Operational Area Disaster Medical/Health response plans that incorporate the following sections:

PLAN INTRODUCTION

- ? Acknowledgements and Disclaimer
 - ? Record of Revisions
 - ? Distribution List
 - ? Plan Approval Process
 - ? Plan Maintenance
 - ? Training and Exercises
 - ? Authorities and References
 - ? Supporting Plans
- ? SEMS Requirements for Local Government
 - ? SEMS Organization Levels and Functions
 - ? SEMS Organization Chart
 - ? Operational Area Emergency Response Organization and Management
 - ✍ Definition
 - ✍ OES
 - ✍ Medical/Health Branch of EOC
 - ✍ Medical/Health OAC

BASIC PLAN

Forward to the Basic Plan

- ? Background
 - ? Emergency Management Goals
 - ? Activation of SEMS Emergency Plan
 - ? Assumptions and Limitations
 - ? How to Use This Plan
- ? Regional Emergency Response Organization and Management
 - ✍ OES
 - ✍ RDMHC
 - ? State Emergency Response Organization and Management
 - ✍ Governor's Office of Emergency Services
 - ✍ California EMS Authority
 - ✍ California Department of Health Services

Introduction to the Basic Plan

- ? Purpose
 - ? Authorities and References
 - ? Goals and Objectives
 - ? Concept of Operations
 - ? Emergency Management Phases
 - ✍ Preparedness Phase
 - ✍ Response Phase
 - ✍ Recovery Phase
 - ✍ Mitigation Phase
 - ? Peacetime Emergencies
 - ? National Security Emergencies
 - ? Hazard Identification and Analysis
 - ? Standardized Emergency Management System
 - ✍ General Description
 - ✍ Incident Command System Principles
- ? Federal Emergency Response Organization and Management
 - ✍ Federal Emergency Management Agency
 - ✍ National Disaster Medical System
 - ? Mutual Aid
 - ✍ Mutual Aid System
 - ✍ Mutual Aid Regions
 - ✍ Mutual Aid Coordination
 - ✍ Operational Area Plans and Agreements

Organization and Agency Roles

Operational Area Public Agencies

- ✍ Fire and Rescue
- ✍ Law Enforcement
- ✍ Health Agency / Department
- ✍ Environmental Health
- ✍ Mental Health
- ✍ Coroner
- ✍ Other Human Services Agencies

? Private and Voluntary Agencies and Organizations

- ✍ Private Ambulance Companies
- ✍ Hospitals
- ✍ American Red Cross
- ✍ Community Clinics
- ✍ Skilled Nursing and Residential Care Facilities

? Other Resources

- ✍ DMAT
- ✍ Critical Incident Stress Debriefing Team
- ✍ FEMA US&R Response System
- ✍ Metropolitan Medical Strike Teams (MMST)

? Continuation of Essential Functions

? Preservation of Vital Records

Medical and Health Response Functions

- ? Alert and Notification
- ? Assessment, Reporting and other Information Management
- ? Response Management
- ? Communications
- ? Pre-hospital Services
- ? Patient Dispersal and Evacuation
- ? Hospital Support
- ? Sheltering for Medically Fragile
- ? Resource Acquisition
- ? Resource Management
- ? Recovery

- ? Health Surveillance and Epidemiologic Analyses
- ? Food Safety
- ? Exposure to Hazardous Agents
- ? Mental Health Services
- ? Medical and Health Public Information
- ? Vector Control
- ? Potable Water Supply
- ? Management of Waste Material
- ? Control of Communicable Disease
- ? Animal Control

STANDARD OPERATING PROCEDURES

EOC Procedures and Checklists

- ? Management Section Position Descriptions and Checklists
- ? Operations Section Position Descriptions and Checklists
- ? Planning Section Position Descriptions and Checklists
- ? Logistics Section Position Descriptions and Checklists
- ? Finance Section Position Descriptions and Checklists

DOC Procedures and Checklists

- ? Management Section Position Descriptions and Checklists
- ? Operations Section Position Descriptions and Checklists
- ? Planning Section Position Descriptions and Checklists
- ? Logistics Section Position Descriptions and Checklists
- ? Finance Section Position Descriptions and Checklists

DOC Documentation and Forms

- ? DOC Action Plans
- ? After Action Plan
- ? Significant Event Log
- ? Logistics Request Form
- ? DOC Reports and Charts
- ? DOC Message Forms
- ? Response Information Management System (RIMS) Forms
- ? Situation Status Report Forms

Damage Assessment Procedures and Forms

Recovery Operations

- ? Phases of Recovery
- ? Management of Recovery Activities
- ? Disaster Application Centers (DAC)

APPENDICES

References

- ? List of Acronyms and Abbreviations
- ? List of Definitions

Utilization of Volunteers

- ? Recruitment of Volunteers
- ? Specific Responsibilities
- ? Insurance Coverage
- ? Volunteer Disaster Service Workers
- ? Organized Volunteers
- ? Utilization of Individual Volunteers
- ? Filing a Worker's Compensation Claim
- ? Disaster Service Workers Rules and Regulations
- ? Volunteer Call Format
- ? Loyalty Oath Form
- ? Volunteer Registration Form

Legislation and Legal Documents

- ? Excepts from California Emergency Plan
- ? Good Samaritan Liability
- ? California Disaster and Civil Defense Master Mutual Aid Agreement
- ? Robert T. Stafford Disaster Relief & Emergency Assistance Act
- ? Natural Disaster Assistance Act

Element 1.2 Emergency/Departmental Operations Center Procedures

Standard: LEMSAs shall ensure the development and exercise of written plans and procedures for the activation, operation and de-activation of the operating center responsible for coordinating the medical response to disasters.

Guideline 1.2.1 Response Activation

LEMSAs should support development of criteria for establishing a Departmental Operations Center and determining the positions that will be activated for:

- ? Actual events that require response;
- ? Planned events that may result in emergencies that require response; and
- ? Unanticipated events that may result in emergencies that require response.

These criteria should include:

- ? Nature and severity of the event;
- ? The degree of escalation or potential for escalation;
- ? The need for incident coordination beyond the scene;
- ? The existence of multiple disaster scenes; and
- ? The need for acquisition of additional resources.

Guideline 1.2.2 Response Start-up and Operation

LEMSAs should ensure procedures are established for the activation and operation of the Medical/Health Branch of the EOC and the Departmental Operations Center. Procedures should include the following:

- ? A list of supplies, equipment and schematic layout for operation center or Medical/Health Branch;
- ? Start-up checklists for the MHOAC and key SEMS positions; and
- ? Copies of status sign in sheets, report forms, message forms, logs, etc.

Guideline 1.2.3
Departmental Operations Center (DOC) Activation
Criteria - When to Activate

Local LEMSAs should promote the development of criteria for the opening of Departmental Operations Centers. The decision to activate should be made by the Medical/Health Operational Area Coordinator. This decision should be based on intelligence related to the actual or anticipated event or uncertainty due to a lack of reliable information. Potential criteria appropriate for each level action are:

SURVEILLANCE

- ? Incident occurs without warning and is able to be handled by one division or with assistance of mutual aid agencies. The coordination necessary to control the event can be effectively accomplished at the field level.

PARTIAL ACTIVATION

- ? Incident management complexity is increased due to the number of agencies and divisions involved, the amount of personnel and other response resources required, or when coordination of the incident cannot be accomplished at the field level.
- ? A person authorized to activate the DOC determines that coordination of response/recovery would be enhanced by multi-division coordination in the DOC.
- ? The level and variety of resources requested from within the OA requires coordination at one central point.

FULL ACTIVATION

- ? Incidents are of such magnitude that coordination of the response(s) at the scene or another location is not possible, i.e. major earthquake, HAZMAT incident requiring large evacuation and sheltering, major fire, commercial passenger aircraft, rail, or other mass casualty incident, etc.
- ? The resources of the LEMSA necessary to respond to or recover from a disaster or other emergency are overwhelmed or are expected to be overwhelmed.

**Guideline 1.2.4
Deactivation/De-escalation/Demobilization of
Departmental Operations Center**

Procedures for deactivation/de-escalation/demobilization of the Departmental Operations Center should include the following actions:

| | ACTION | ASSIGNED RESPONSIBILITY |
|-----|--|--------------------------------|
| 1. | Determine when to deactivate/de-escalate the DOC and which sections will be closed down first. | DOC Director Section Chiefs |
| 2. | Ensure required reports and forms are completed. | DOC Director Section Chiefs |
| 3. | Ensure that any open actions are completed or transferred to other appropriate response organization. | DOC Director Section Chiefs |
| 4. | Return phones, microwave sets, radios, and other equipment to place of storage. Send any malfunctioning equipment for repairs. | Using Units |
| 5. | Inform MHOAC, neighboring jurisdictions, and cooperating agencies that DOC is shutting down. | Liaison Officer |
| 6. | Inform appropriate support services when space will be clear. | Logistics Chief |
| 7. | Inventory supplies and reorder. | All Units Documentation |
| 8. | Conduct debriefing on how DOC operation could be improved and assign responsibility for corrective actions. | DOC Director Section Chiefs |
| 9. | Provide Critical Incident Stress Debriefing services to staff. | DOC Director Section Chiefs |
| 10. | Prepare after-action report for Section Chiefs and MHOAC | All Units |

Element 1.3 Training and Exercises

Standard: LEMSAs shall ensure that (1) key disaster medical system participants are trained to implement the disaster medical system plan; (2) exercises of the plan are conducted at least annually; and (3) LEMSA staff are trained in SEMS and the Operational Area plan and local disaster medical response plan and participate in exercises.

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| <h3>Guideline 1.3.1 Training and Exercises</h3> |
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LEMSAs should promote the development of training and exercise plans and programs to assure that:

- ? LEMSA personnel with disaster responsibilities receive training in the following areas:
 - ✍ SEMS;
 - ✍ The principles and concepts of this document;
 - ✍ Operations of the Medical/Health Branch of the County EOC;
 - ✍ Operations of the Departmental Operations Center;
 - ✍ Policies and procedures for the acquisition and management of resources; and
 - ✍ Essential record keeping and information reporting.
- ? LEMSA personnel with disaster responsibilities receive refresher training in the above areas at least annually.
- ? LEMSA personnel with disaster responsibilities participate in exercises of the medical plan at least annually.
- ? Disaster medical system response agencies and organizations have the opportunity to participate in multi-agency exercises at least annually and in multi-agency field exercises at least every two years.
- ? Periodic alerts of key personnel are conducted to exercise staff response and ensure that contact information remains current.
- ? Participation in training is documented.

Element 1.4 After Action Reviews

Standard: LEMSAs shall ensure that plans and procedures are developed to review the effectiveness of the medical response to disasters.

Guidelines 1.4.1 After Action Reviews

1. Following disasters, LEMSAs should ensure a multi-disciplinary assessment of all aspects of the medical response. This assessment should:
 - ? Include input from government, field, hospital, LEMSA, and other responders;
 - ? Review response-related data from pre-hospital and hospital reports;
 - ? Review action plans, messages, and other information from the Medical/Health Branch of the EOC/department operation center, ambulance dispatch, hospital base stations and other sources; and
 - ? Develop and transmit mitigation recommendations to local and state government agencies for review and implementation.

2. After action reviews should consider the following questions:
 - ? Were procedures established and in place for response to disaster?
 - ? Were the procedures used to organize initial and ongoing response?
 - ? Was the ICS used to manage field response activities?
 - ? Were all ICS Sections used?
 - ? Was a Unified Command considered or used?
 - ? Was a Departmental Operations Center activated?
 - ? Were the functions of the DOC organized around the five SEMS functions?
 - ? Were DOC response personnel trained?
 - ? Were action plans used in the DOC?
 - ? Was coordination performed with volunteer and community agencies (e.g., Red Cross, community clinics, and long-term care facilities)?
 - ? Was an Operational Area EOC activated?
 - ? Was Mutual Aid requested and received?
 - ? Were the mutual aid related activities of the DOC coordinated?
 - ? Was communication established and maintained between operation centers?
 - ? Were CISD services available and utilized?

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- ? Was public information disseminated according to procedure?
- 3. The results of the After Action review should be shared among agencies participating in the response and made public as appropriate.
- 4. Previous After Action reports should be reviewed and analyzed to identify trends in the effectiveness of exercises and responses to disasters.

Assessment of Immediate Medical and Health Needs

Function 2

LEMSA ROLES: Preparedness - Response

FUNCTION OBJECTIVE

Prepare and establish a system to (1) provide a rapid evaluation of the acute medical and health needs immediately following a disaster and the ability of the healthcare infrastructure in the impacted area to meet those needs; and, (2) notify the Medical/Health Operational Area Coordinator and other entities required to activate a response.

FUNCTION ELEMENTS

Element 2.1: Notification of key positions and activation of the disaster medical and health system

Element 2.2: Procedures for gathering, evaluating, reporting, and disseminating assessment information.

Element 2.1: Notification of Key Positions and Activation of the Disaster Medical and Health System

Standard: LEMSAs shall ensure the development and testing of plans, criteria, policies, procedures, and structures, and related training for the notification of key positions and organizations of the disaster medical and health response system.

Guideline 2.1.1 Notification

LEMSA plans for notification of key positions of disaster medical and health system should include:

- ? Ensuring that the county has a 24-hour point of contact with at least two means of communications capable of two-way communications with local, regional, and state government agencies and officials with emergency management responsibilities; hospitals and other healthcare entities; and individuals who are to be notified in the event of a medical or health disaster; and
- ? Maintaining an up-to-date contact list for disaster medical and health system alert and activation which should include the Director, Local EMS Agency; Local Health Officer(s); Environmental Health Director(s); Director, Local Health Agency; Local Emergency Management Agency, their back-ups, and others as required by local plans and policies.

Guideline 2.1.2 Activation

LEMSAs should ensure the development of plans and procedures for activation of the medical response when requested or authorized by appropriate Operational Area authorities. Plans and procedures should include:

- ? Designation of staff to report to Operational Area EOC;
- ? Criteria for activation of the Departmental Operations Center;
- ? Provisions for rapid analysis of intelligence to determine the appropriate scale of initial activation of medical resources;
- ? Provisions for rapid orientation of EOC and DOC staff to the response situation and to SEMS organization; and
- ? Designation of staff reporting sites in the event of communications failure.

Element 2.2 Gathering, Evaluating, Reporting, and Disseminating Assessment Information

Standard: LEMSAs shall ensure the establishment of policies for (1) acquiring and analyzing information on the medical situation of the Operational Area, the status of major health facilities and other resources, and the immediate medical needs of the OA and (2) submitting requested reports to the Medical/Health OAC, other operations within the Operational Area, and the Regional Disaster Medical/Health Coordinator.

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| Guidelines 2.2.1 Information Sources |
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LEMSAs should develop plans and procedures to gather information from the following sources:

- ? County OES;
- ? 9-1-1 System;
- ? Sheriff's Department and other law enforcement agencies;
- ? Fire and EMS Agencies;
- ? News media;
- ? County government public and environmental health field staff;
- ? Hospitals;
- ? Residents; and
- ? Other sources.

**Guidelines 2.2.2
Information Elements**

LEMSAs should develop plans and procedures that ensure the rapid and ongoing collection and verification of the following information in accordance with SEMS following a disaster:

- ? Estimates of casualties and acute medical care needs;
- ? Location of casualties and damage;
- ? Medical response system capabilities including:
 - ✍ Hospital status and capability;
 - ✍ Status of other medical care facilities;
 - ✍ Capabilities of pre-hospital medical care providers;
 - ✍ Hazards representing threats to life and health;
 - ✍ Weather, road, and other conditions that affect the ability of the medical system to respond; and
 - ✍ Immediate and short-term needs.
- ? RIMS Medical/Health Status Report data.

**Guidelines 2.2.3
Information Reporting**

Critical medical/health status and resource availability information should be reported to / shared among the following:

- ? System resources (e.g., hospitals, pre-hospital providers, etc.);
- ? Department Operation Center;
- ? MHOAC and/or Health Officer;
- ? Operational Area EOC, Medical/Health Branch;
- ? RDMHC/RDMHS;
- ? REOC Medical/Health Branch; and
- ? State of California.

Coordination of Disaster Medical and Health Resources

Function 3

LEMSA ROLES: Preparedness - Response

FUNCTION OBJECTIVE

Identify, mobilize, apply, and deactivate medical and health resources needed for the response to disasters. Resources include medical and health personnel, medical transport, equipment and supplies acquired from local, regional, state, or federal governments or through contracts and agreements with the private sector.

FUNCTION ELEMENTS

Element 3.1 Resource planning and preparedness

Element 3.2 Procedures for resource acquisition, allocation and mobilization

Element 3.3 System for distribution, utilization, and support of external resources

Element 3.4: Resource tracking

Element 3.5: Deactivation/Demobilization

Element 3.1 Resource Planning and Preparedness

Standard: LEMSAs shall ensure development and maintenance of an up-to-date inventory of disaster medical and health resources in the operational area.

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| Guideline 3.1.1 Resource Inventories |
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LEMSA's should ensure the development of inventories of disaster medical resources based within the Operational Area. Resource categories include:

- ? Hospitals;
- ? Medical transport;
- ? Skilled nursing facilities/residential care facilities and other facilities;
- ? Locally based medical response teams (DMATs, MMRT, etc.);
- ? Locally based specialized non-medical response teams (Hazmat, US&R, etc.);
- ? To the extent possible, significant providers of medical supplies and equipment; and
- ? Regional Disaster Medical/Health Coordinators and Specialists.

To the extent possible, inventories should include the following information:

- ? Prior agreements;
- ? Description of resource;
- ? Location of resource;
- ? 24-hour contact information for resource manager/controller; and
- ? Cost and process for acquiring resource.

Inventories should be updated annually.

Guideline 3.1.2
Ambulance Contracting Language for Out-of-County Response

LEMAs should incorporate the following concepts in their contracts with ambulance companies:

Development of Agreements:

- ? Ambulance Contractors should attempt to establish cooperative assistance agreements with ambulance providers within the jurisdiction of the LEMSA and in neighboring counties.
- ? Any agreements should be submitted to the LEMSA for review and approval.

Agreement Activation:

- ? The Ambulance Contractor should agree to report to the LEMSA if the agreement was activated.
- ? The Ambulance Contractor should seek prior approval from the person designated by LEMSA (e.g., Medical Health Operational Area Coordinator or EMS Administrator) if the out-of-area response would reduce ambulance coverage below the level required to meet contract requirements.
- ? The Ambulance Contractor should be required, at the direction of the person designated by LEMSA, to back-up, move-up, or post within county or to adjacent or other county.

Reporting

- ? The Ambulance Contractor should file a report with the LEMSA or MHOAC detailing the numbers of vehicles and personnel that were committed to the out-of-area response.
- ? The LEMSA should assist the Ambulance Contractor to recoup non-reimbursed costs if federal and state funds become available.

Element 3.2 Resource Acquisition, Allocation and Mobilization

Standard: LEMSAs shall ensure development of policies and procedures to (1) Define criteria for evaluating initial requests for assistance from both within and outside of the Operational Area, and (2) Rapidly mobilize and dispatch medical and health resources within the Operational Area to meet immediate response needs.

Guidelines 3.2.1 Resource Acquisition

LEMSAs should ensure that the plans and procedures of the Operational Area for the acquisition of medical and health resources include:

- ? Procedures to initiate the process to acquire resources to meet initial, immediate and planned needs;
- ? Procedures for requesting uniformed resources;
- ? Provisions to receive requests for assistance from a variety of sources including field responders, hospitals and other medical and health facilities, field treatment sites, neighboring jurisdictions and the Regional Disaster Medical/Health Coordinator, and other response functions seeking medical and health support; and
- ? Procedures to ensure that requests contain all necessary information including:
 - ✍ OES Mission Number or locally assigned alternative tracking number that will provide information required to manage resources and obtain reimbursement;
 - ✍ Person and agency making request and contact information;
 - ✍ Type, number, and specific requirements of requested resources;
 - ✍ Estimated duration of response;
 - ✍ Location and person to report to;
 - ✍ Route information and potential hazards;
 - ✍ Support needed for resource (fuel, water, lodging, meals, maintenance, etc.); and
 - ✍ Sources of support for resource.

**Guidelines 3.2.2
Resource Allocation**

LEMSAs should ensure that the plans and procedures of the Operational Area for the acquisition of medical and health resources include:

- ? Procedures to allocate resources according to the priorities of the Action Plan; and
- ? Procedures to request, mobilize, enroll and manage volunteers.

**Guidelines 3.2.3
Resource Mobilization**

LEMSAs should ensure that the Operational Area has plans for the establishment of staging areas for responding medical resources.

Element 3.3 System for Distribution, Utilization, and Support of External Resources

Standard: LEMSAs shall

- (1) seek to develop cooperative agreements with neighboring jurisdictions for sharing pre-hospital resources across jurisdictions in response to disasters;**
- (2) include provisions in contracts with ambulance providers requiring out-of-county response to disasters when authorized by the LEMSA and when local conditions and resources permit;**
- (3) ensure development of policies and procedures to guarantee necessary logistic support has been arranged for all requested resources responding from outside the jurisdiction prior to their arrival; and**
- (4) ensure development of policies and procedures to support the operations of out-of-jurisdiction ambulances requested to respond to local emergencies.**

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| <h3>Guideline 3.3.1 Support Out-of-Area Responders</h3> |
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LEMSAs should develop plans to support the operations of out-of-jurisdiction ambulances and other resources. Support may include, but not be limited to providing or ensuring:

- ? Communication support;
- ? Local maps and directions to receiving facilities;
- ? Fuel, food, lodging and other support; and
- ? Transportation and security.

Element 3.4: Resource Tracking

Standard: LEMSAs shall ensure development of systems for tracking the location and status of out-of-county resources from their time of arrival to their assignment to an incident and from their release from an incident to assignment to another incident or deactivation.

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| Guideline 3.4.1 Resource Tracking |
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LEMSAs should ensure development of procedures for tracking personnel, equipment, and other non-disposable medical resources applied to the response to disasters. The following information should be reported and maintained by the Planning Section of the Operational Area Emergency Operations Center or the Medical/Health Department Operation Center, if activated:

- ? Resource name / identifier (Name of personnel, unit number, etc.);
- ? Resource description / type / quantity (Type of asset, type of personnel, etc.);
- ? Identifier of incident to which resource is assigned;
- ? OES Mission Tracking Number or alternative that will provide information required to obtain reimbursement;
- ? Date/time assigned;
- ? Incident contact information;
- ? Damage to equipment or injury to personnel;
- ? Estimated date/time of release;
- ? Actual date/time of release; and
- ? Disposition.

Element 3.5: Deactivation/Demobilization

Standard: LEMSAs shall ensure policies and procedures are in place to notify, release and appropriately demobilize resources upon response deactivation.

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| Guideline 3.5.1 Resource Deactivation/Demobilization |
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LEMSAs should ensure development of plans, policies and procedures for deactivation/demobilization of medical and health resources operating under the coordination of the Medical/Health Branch of the EOC or Operations Section of the DOC, if activated. Plans, procedures, and policies should include provisions for:

- ? IC communication of release of resource to appropriate unit of the Operations Section of the EOC or DOC, if activated;
- ? If resource is no longer needed, release of resource by appropriate Operations Section unit;
- ? Notification of resource of release or reassignment;
- ? Provision of appropriate documentation to Logistics and Finance Units;
- ? Collection of information on damage to equipment or injuries to personnel;
- ? Collection of incident reports;
- ? Collection of documentation required for reimbursement; and
- ? Assistance to resources for demobilization which may include:
 - ✍ Fuel for vehicles;
 - ✍ Food, lodging, and transportation for personnel; and
 - ✍ Critical Incident Stress Debriefing.

Coordination of Patient Distribution and Medical Evacuation

Function 4

LEMSA ROLES: Preparedness – Response - Recovery

FUNCTION OBJECTIVE

Direct the movement of casualties (1) from point of injury to designated receiving facilities; (2) transfers among medical facilities; and (3) transport of patients from medical facilities within the impacted area to other facilities either inside or outside the impacted area.

FUNCTION ELEMENTS

Element 4.1: Patient Dispersal System

Element 4.1 Patient Dispersal System

Standard: LEMSAs shall ensure the development of plans, policies and procedures that: (1) direct the movement of casualties from point of injury to designated receiving facilities; (2) assist transfers among medical facilities; and (3) coordinate transport of patients from medical facilities within the impacted area to other facilities either inside or outside the impacted area.

LEMSAs shall ensure that a system is established that provides primary and alternative points of contact within the Operational Area disaster medical/health organization responsible for coordinating casualty evacuation to or casualty receipt from other Operational Areas.

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| <p>Guideline 4.1.1 Support Movement of Casualties from Scene to Facilities</p> |
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LEMSAs should ensure development of plans, policies and procedures for dispersal of patients during disasters that address the following issues:

- ? Rapid reporting and updating of casualty information and facility capacity to EOC or DOC, if activated;
- ? Procedures for communicating facility capacity to scene Transportation Manager;
- ? Non-contact protocols for transporting casualties that (1) directs transport vehicles to transport to the nearest facility and (2) provides alternative in the event the facility is non-functional; and
- ? Use of personal and other non-medical vehicles to transport casualties.

Guideline 4.1.2
Assist Transfers Among Facilities

LEMSAs should:

- ? Support the development of agreements among facilities to promote coordinated procedures for inter-facility transfers and tracking the movement of patients; and
- ? Develop policies for determining the allocation of ambulances for inter-facility transfers.

Guideline 4.1.3
Coordinate Transport from Medical Facilities

LEMSAs should ensure the development of plans and procedures to support the movement of casualties from damaged or overwhelmed medical facilities to appropriate sources of care within or outside the Operational Area. Plans and procedures should include:

- ? Criteria for determining when patient movement should be coordinated through a central point or coordinated by the sending and receiving hospitals;
- ? Provisions for assisting hospitals with the acquisition of transportation, destinations and other resources to support the movement of patients; and
- ? Notification from hospitals that have arranged destinations and transportation independently when contact with the appropriate operations center is not possible.

Guideline 4.1.4
Evacuate and Receive Casualties

LEMSAs should develop plans and procedures for: (1) evacuating casualties to facilities outside the Operational Area if the number of casualties exceeds the capacity of local medical care resources and (2) receiving casualties from other jurisdictions. These plans and procedures should address:

- ? Guidance for MHOAC decision- making about and coordination of evacuation/receipt of casualties;
- ? Medical support for staging operations that may require casualty holding for extended periods of time;
- ? Provisions for tracking casualties evacuated to facilities outside the Operational Area or received and distributed locally; and
- ? Coordination with the American Red Cross to track and register evacuated casualties, notify their family members, and assist with their return, as needed.

Function 5

Coordination with Hospital Inpatient and Emergency Care Providers

LEMSA ROLES: Preparedness - Response - Recovery

FUNCTION OBJECTIVES

- (1) Promote the development of standardized hospital emergency plans consistent with ICS and the medical response plan of the Operational Area.
- (2) Develop a system to support emergency department and inpatient services provided by an acute care facility.

FUNCTION ELEMENTS

Element 5.1 Conduct hospital status/damage assessment

Element 5.2 Support standardized hospital emergency system.

Element 5.3 Support hospital efforts to obtain resources needed to sustain hospital operations, and continued provision of care.

Element 5.1 Conduct Hospital Status/Damage Assessment

Standard: LEMSAs shall ensure the establishment of a 24-hour system that designates a point (or points) of contact through which (1) hospitals can report their status and request emergency assistance and (2) the medical response can disseminate information to acute care hospitals within the Operational Area.

LEMSAs shall ensure the establishment of a hospital information reporting system consistent with local, regional, and state plans, that is capable of gathering, compiling, and reporting information on the functional status, patient receipt capability, and needs of local hospitals.

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| <h3>Guideline 5.1.1 System for Communication of Hospital Status Information</h3> |
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LEMSA response procedures should develop a system through which the medical response can obtain information on the status and needs of medical facilities. This system should include:

- ? Designation of secure and redundant communications channels;
- ? Provision for dispatch of mobile communications to facilities that do not respond to initial queries for status; and
- ? Ability to transmit information to and receive information from MHOAC and Departmental Operations Center, if activated.

Guideline 5.1.2
Hospital Status Information – Minimum Data Elements

Initial hospital status reports at a minimum should elicit the following information:

1. Is hospital functional?
Fully Functional Partially Functional Non-Functional
2. Is the hospital capable of maintaining the health status of current patients?
Yes No
3. For how long without assistance?
Up to 12 hours Longer than 12 hours
4. What are hospital's critical needs?
5. Can hospital accept any additional patients?
6. If yes, in which categories?

| | | |
|------------------|-----|----|
| Emergency | Yes | No |
| Medical/surgical | Yes | No |
| Critical Care | Yes | No |
| Pediatric | Yes | No |
| Psychiatric | Yes | No |
| Obstetrics | Yes | No |
| Other | Yes | No |

Note: Operational Area, LEMSAs and Hospitals may agree to additional reporting requirements.

Guideline 5.1.3
Sharing Hospital Status Information

LEMSAs should adopt a policy to share hospital status information and other situation assessment information with Operational Area hospitals to assist them in the development of their response action plans.

Element 5.2 Support Standardized Hospital Emergency System

Standard: All local EMS agencies shall promote the adoption of the unified command system by all hospitals for their emergency management plans.

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| Guideline 5.2.1 Support Standardized Hospital Disaster Plans |
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- ? LEMSAs should encourage hospitals to use a unified command system, preferably HEICS, to prepare for and manage their response to disasters.
- ? LEMSA staff should participate as a resource in disaster response training with hospitals.
- ? LEMSAs should support the training of at least one person in the Operational Area as a HEICS trainer.

Element 5.3 Support Hospital Efforts to Obtain Resources Needed to Sustain Hospital Operations and Continue Provision of Care to Patients

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| <p>Guideline 5.3.1 Disaster Medical Support for Hospitals</p> |
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1. Support for hospitals should include:
 - ? Assisting them to identify and obtain resources when they are unable to access, communicate with, or arrange transportation from their own sources of supply;
 - ? Providing a communications conduit for delivering information to and gathering status information from hospitals; and
 - ? Planning for temporary medical triage and treatment sites hospitals may establish in the event they are partially functional or nonfunctional or need to expand services outside the hospital facility.

2. LEMSAs should promote and participate in yearly exercises testing the Operational Area's response to hospitals.

Coordination with Out of Hospital Emergency Medical Care Providers

Function 6

LEMSA ROLES: Response

FUNCTION OBJECTIVE

Develop plans and procedures to respond to non-hospital facilities and services.

FUNCTION ELEMENTS

Element 6.1 Support Out-of-Hospital Care

Element 6.1 Support Out-of-Hospital Care

Standard: LEMSAs shall ensure plans and procedures are developed to respond to non-hospital facilities and services including skilled nursing facilities, board and care facilities, home health agencies, public health clinics, and community clinics during disasters.

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| Guideline 6.1.1 Support Out-of-Hospital Care |
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1. LEMSAs should ensure that significant non-hospital health facilities are:
 - ? Listed with their contact information in resource inventories;
 - ? Provided with information prior to disasters about how to access the medical and health response system; and
 - ? Included in preparedness training programs, and especially encouraged to take HEICS training.

2. LEMSAs should ensure disaster medical system plans and procedures incorporate provisions for:
 - ? Including non-hospital facilities in assessments of system damage and capability;
 - ? Supporting continued patient care;
 - ? Assessing value of facilities as resources; and
 - ? Receiving, prioritizing and responding to requests from non-hospital facilities.

3. LEMSAs should ensure plans and procedures are developed to:
 - ? Activate shelters for medically fragile individuals and other vulnerable populations following a disaster. Plans should also address the special needs of children; and
 - ? Provide medical support to other shelters.

Coordination of Pre-Hospital Emergency Services

Function 7

**LEMSA ROLES: Preparedness - Response -
Recovery**

FUNCTION OBJECTIVE

Develop plans, policies and procedures to (1) dispatch medical response resources; (2) continue the provision of EMS services during a response to disasters; and (3) manage field medical care and operations.

FUNCTION ELEMENTS

**Element 7.1 Pre-hospital system transformation to
disaster status**

Element 7.2 Triage systems and methods

Element 7.3 Austere medical care

Element 7.4 Field operations management

Element 7.5 Command/tactical communications

Element 7.1 Pre-hospital System Transformation to Disaster Status

Standard: LEMSAs shall develop plans to ensure the continuation of EMS services during disasters to the extent possible.

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| <p>Guideline 7.1.1 Pre-hospital System Transformation to Disaster Status</p> |
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LEMSAs should ensure development of plans and procedures for the continuation of 9-1-1 EMS services during the response to disasters. The plans and procedures should address:

- ? Assessment of current resources and projections for the time of their depletion;
- ? Allocation of existing resources and acquisition of initial, immediate, and planned resource needs;
- ? Coordination among EMS providers and other system participants in transforming pre-hospital system to disaster status;
- ? Criteria to be applied during disasters for determining the level of 9-1-1 response that can be maintained;
- ? Adjustment of 9-1-1 triage criteria to ensure resources are available to respond to life threatening emergencies;
- ? Adjustment of ambulance coverage criteria;
- ? Communication failure protocols;
- ? Utilization of ambulances for interfacility transfers; and
- ? Utilization and assignment of out-of-area personnel.

Element 7.2 Triage Systems and Methods

Standard: LEMSAs shall ensure designation of the START Triage System as the method of initial triage for all incidents with multiple casualties.

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| Guideline 7.2.1 START Triage System |
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LEMSAs should adopt a policy for initial field triage in disasters that incorporates the following provisions:

1. Triage categories for initial triage shall be defined as:
 - a. Immediate
 - b. Delayed
 - c. Minor
 - d. Deceased

2. Field responders will employ a triage tag with the following characteristics for initial triage:
 - a. Perforated tabs of the following colors and corresponding triage categories:
 - (1) Green = Minor
 - (2) Yellow = Delayed
 - (3) Red = Immediate
 - (3) Black = Deceased
 - b. An indicator for decontamination.
 - c. A unique identification number printed on both sides of the tag and on the left and right corners; corners are perforated.
 - d. Dimensions of approximately 4 ½ inches by 9 ¼ inches.
 - e. Provisions for recording the following information:
 - (1) Time of triage.
 - (2) Date of triage.
 - (3) Name of the patient.
 - (4) Home address of the patient.
 - (5) Home city and state of the patient.
 - (6) Known Allergies
 - (7) Other important information (medical treatment, history, decontamination, etc.)
 - (8) Caregiver number.
 - (9) Injuries / Exposures.
 - (10) Vital signs and the time taken.
 - (11) IVs and any drugs given.

Element 7.3 Austere Medical Care

Standard: LEMSAs shall develop plans and policies for implementation of austere medical care procedures when response resources are overwhelmed.

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| <p>Guideline 7.3.1 Austere Medical Care</p> |
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LEMSAs should promote the development of procedures and the availability of training to assist physicians and EMS responders to manage mass casualty events when hospital resources, medical supplies, and medical personnel are limited or unavailable for an extended response period. Procedures should address:

- ? Appropriate modification of the standard of care; and
- ? Alternative receiving facilities including clinics and urgent care facilities.

Element 7.4 Field Operations Management

Standard: Local EMS Systems shall designate the organization structure, position names, and position descriptions for field responses to incidents with multiple casualties as defined in the Multiple Casualty Incident Plan Section of the FIRESCOPE Field Operations Guide (April 1999).

Guideline 7.4.1 Field Medical Response Position Definitions (adapted from Firescope)

| Position | Definition |
|-----------------------------------|---|
| Multi-Casualty Branch Director | Responsible for the implementation of the Incident Action Plan within the Branch; including direction and execution of branch planning for the assignment of resources within the Branch; reports to the Operations Section Chief and supervises the Medical Group/Division and Patient Transportation Group Supervisors. |
| Medical Group/Division Supervisor | Reports to the Multi-Casualty Branch Director, supervises the Triage Unit Leader, Treatment Unit Leader and Medical Supply Coordinator. Establishes command and controls the activities within a Medical Group/Division, to assure the best possible emergency medical care to patients during a multi-casualty event. |
| Medical Supply Coordinator | Reports to the Medical Group/Division Supervisor; acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group |
| Triage Unit Leader | Reports to the Medical Group/Division Supervisor; supervises Triage Personnel/Litter Bearers and the Morgue Manager; assumes responsibility for triage management and movement of patients from the triage area. |
| Triage Personnel | Report to the Triage Unit Leader; triages patients on-scene and assign them to appropriate treatment areas. |
| Morgue Manager | Reports to the Triage Unit Leader; assumes responsibility for Morgue Area activities until relieved of that responsibility by the Office of the Coroner. |

Disaster Medical Services Guidelines

| Position | Definition |
|---|---|
| Treatment Unit Leader | Reports to the Medical Group/Division Supervisor; supervises the Treatment Managers and the Treatment Dispatch Manager; assumes responsibility for treatment, preparation for transport, and coordination of patient treatment in the Treatment Areas, directs movement of patients to loading location(s). |
| Treatment Dispatch Manager | Reports to the Treatment Unit Leader; is responsible for coordinating with Patient Transportation Group, the transportation of patients out of the Treatment Area. |
| Immediate Treatment Manager | Reports to the Treatment Unit Leader; is responsible for treatment and re-triage of patients assigned to Immediate Treatment Area. |
| Delayed Treatment Manager | Reports to the Treatment Unit Leader; is responsible for treatment and re-triage of patients assigned to Delayed Treatment Area. |
| Minor Treatment Manager | Reports to the Treatment Unit Leader; is responsible for treatment and re-triage of patients assigned to Minor Treatment Area. |
| Patient Transportation Group Supervisor | Reports to the Multi-Casualty Branch Director; supervises the Medical Communications Coordinator and the Air and Ground Ambulance Coordinators; is responsible for the coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off-incident transportation and destination. |
| Medical Communications Coordinator | Reports to the Patient Transportation Group Supervisor; supervises the Transportation Recorder; maintains communications with the hospital alert system and/or other medical facilities to assure proper patient transportation and destination; coordinates information through Patient Transportation Group Supervisor and The Transportation Recorder. |
| Air/Ground Ambulance Coordinators | Report to the Patient Transportation Group Supervisor; manage the Air/Ground Ambulance Staging Areas and dispatch ambulances as requested. |

Element 7.5 Command/Tactical Communications

Standard: LEMSAs shall work with other response agencies to develop plans and procedures to ensure tactical communications among medical resources responding to a disaster.

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| <p>Guideline 7.5.1 Tactical Communications</p> |
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LEMSAs should encourage the involvement of the following local agencies and organizations in the development of tactical disaster communications policies, plans and procedures: fire, ambulance, law, hospitals, PSAPs and OES.

Function 8

Coordination for the Establishment of Temporary Field Treatment Sites

LEMSA ROLES: Preparedness - Response - Recovery

FUNCTION OBJECTIVE

Support the establishment/management of temporary medical triage and treatment sites to provide health care to disaster victims and displaced personnel.

FUNCTION ELEMENTS

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| Element 8.1 | Designation/Activation |
| Element 8.2 | Personnel, supplies, and other resources |
| Element 8.3 | Integration into system |

Element 8.1 Designation/Activation

Standard: LEMSAs shall ensure development of plans for assessing the need to activate, establishing and managing temporary field medical triage and treatment sites (FTS) to provide health care to disaster victims and displaced personnel.

Guideline 8.1.1 Assessment of Need for Field Treatment Sites

LEMSAs should ensure development of criteria for determining the need to activate FTS that include:

- ? Estimates of numbers and locations of casualties;
- ? Status of medical facilities;
- ? Status of the transportation system; and
- ? Availability of personnel and other resources.

Guideline 8.1.2 Designation of Field Treatment Sites

LEMSA criteria for the designation of temporary field medical treatment sites (FTS) should include:

- ? Proximity to hospitals;
- ? Proximity to shelters;
- ? Proximity to other areas with high probability of having 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
- ? Ability to secure the area.

LEMSAs should identify facilities with which OES and other agencies have existing agreements as potential sites for the establishment of temporary field medical treatment sites.

Guideline 8.1.3
Establishment of Field Treatment Sites

LEMSA plans for the establishment of FTS should include:

- ? Procedures and criteria for designating managers of FTS;
- ? Communication procedures;
- ? Procedures for acquiring needed resources; and
- ? Status reporting procedures.

Element 8.2 Personnel, Supplies, and Other Resources

Standard: LEMSAs shall ensure the development of plans and procedures to respond to the personnel, supply and other resource needs of temporary medical triage and treatment sites.

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| Guideline 8.2.1 Resource Support for Field Treatment Sites |
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LEMSAs should incorporate the following into their planning for Field Treatment Sites:

- ? Procedures and criteria for designating managers;
- ? Procedures for providing staff, supplies and other resources;
- ? Estimates of casualties and resource requirements;
- ? Evaluation and modification (if necessary) of Field Treatment Point Supply List (see EMS Authority website);
- ? Assessment of the feasibility of developing and maintaining resource caches;
- ? Development of manuals for FTS setup, management, and operations;
- ? Pre-event designation and training of potential FTS managers; and
- ? Assessment of the feasibility of development and support of Disaster Medical Assistance Teams.

Element 8.3 Integration into System

Standard: LEMSAs shall ensure the development of plans and procedures for the integration of temporary medical triage and treatment sites into the overall disaster medical response system.

Guideline 8.3.1 Designation of Field Treatment Sites

LEMSA plans for FTS should address the contingency that FTS may need to operate for extended periods of time. FTS planning should include plans, procedures, and interagency agreements for:

- ? Ensuring power, water, and shelter;
- ? Providing communications support;
- ? Providing relief personnel; and
- ? Ensuring ongoing medical re-supply, and casualty evacuation.

APPENDIX A GLOSSARY OF DISASTER TERMS

A

Action Plan: "Action Plan" means the plan prepared in the EOC and DOC containing the emergency response objectives of that SEMS level reflecting overall priorities and supporting activities for a designated period. The plan is shared with supporting agencies.

After Action Report: A report covering response actions, application of SEMS, modifications to plans and procedures, training need, and recovery activities. After action reports are required under SEMS after any emergency which requires a declaration of an emergency. Reports are required within 90 days.

Agency: An agency is a division of government with specific function, or a non-governmental organization (e.g., private contractor, business, etc.) that offers a particular kind of assistance. In ICS, agencies are defined as jurisdictional (having statutory responsibility for incident mitigation), or assisting and/or cooperating (providing resources and/or assistance).

Allocated Resources: Resources dispatched to an incident.

American Red Cross: A quasi-governmental volunteer agency that coordinates a nationwide network of service, providing disaster relief to individuals and families.

Area Command: At the County Office of Emergency Services Level;. an organization established to: 1) oversee the management of multiple incidents that are each being handled by an Incident Command System organization; or 2) to oversee the management of a very large incident that has multiple Incident Management Teams assigned to it. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources based on priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed.

Assigned Resources: Resources checked in and assigned to work tasks on an incident.

Available Resources: Incident-based resources which are available for immediate assignment.

B

No definitions for this section.

C

Cache: A pre-determined complement of tools, equipment and/or supplies stored in a designated location, available for incident use.

California Emergency Council: The official advisory body to the Governor on all matters pertaining to statewide emergency preparedness.

Care and Shelter: A phase of operations that meets the food, clothing, and shelter needs of people on a mass care basis.

Casualty Collection Points (CCP): Term no longer used; see Field Treatment Sites.

Catastrophic Disaster: Although there is no commonly accepted definition of a catastrophic disaster the term implies an event or incident which produces severe and widespread damages of such a magnitude as to result in the requirement for significant resources from outside the affected area to provide the necessary response.

Catastrophic Disaster Response Group (CDRG): The national-level group of representatives from the Federal department and agencies under the Plan. The CDRG serves as a centralized coordinating group that supports on-scene Federal response and recovery efforts. Its members have access to the appropriate policy-makers in their respective parent organizations to facilitate decisions on problems and policy issues.

Chain of Command: A series of management positions in order of authority.

Checklist: A list of actions to be taken by an element of the emergency organization in response to a particular event or situation.

Civil Disorder: Any incident intended to disrupt community affairs that requires police intervention to maintain public safety including riots and mass demonstrations as well as terrorist attacks.

Code of Federal Regulations (CFR): "49 CFR" refers to Title 49, the primary volume of federal law regarding HAZMAT transportation regulations.

Communications Unit: An organizational unit in the Logistics Section responsible for providing communication services at the EOC/DOC or with personnel in the field.

Community Right-to-Know: Legislation requiring the communicating of chemical information to local agencies or the public.

Compact: Formal working agreements among agencies to obtain mutual aid.

Continuity of Government (COG): All measures that may be taken to ensure the continuity of essential functions of governments in the event of emergency conditions, including line-of succession for key decision makers.

Contingency Plan: A sub or supporting plan which deals with one specific type of emergency, its probable effect on the jurisdiction, and the actions necessary to offset these effects.

Cooperating Agency: An agency supplying assistance other than direct tactical or support functions or resources to the incident control effort (e.g., American Red Cross, telephone company, etc.).

Coordination: The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of the most effective combination of available resources to meet specific objectives. The coordination process (which can be either intra- or inter-agency) does not involve dispatch actions. However, personnel responsible for coordination may perform command or dispatch functions within the limits established by specific agency delegations, procedures, legal authority, etc. Multi-division or Inter-agency coordination is found at all SEMS levels.

D

Damage Assessment: The process utilized to determine the magnitude of damage and the unmet needs of the Department of Public Health caused by a disaster or emergency event.

Declaration: The formal action by the President to make a State eligible for major disaster or emergency assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 3-288, as amended (the Stafford Act).

Declaration Process: When a disaster strikes, local authorities and individuals request help from private relief organizations and their State government, which give all assistance possible. If assistance is beyond their capability, the Governor requests a Presidential declaration of a major disaster or an emergency.

Delegation of Authority: A statement provided to the DOC Director by the Department of Public Health Director or Health Officer delegating authority and assigning responsibility. The Delegation of Authority can include objectives, priorities, expectations, constraints and other considerations or guidelines as needed.

Department of Health Services (DHS): In a disaster, the State Department of Health Services “is charged with the responsibility for coordinating statewide disaster public health assistance in support of local operations....[and] has primary responsibility for public and environmental health operations...”

Departmental Operations Center: An emergency Operations Center used by specific departments of government for emergency response coordination.

Designated Area: Any emergency or major disaster-affected portion of a State that has been determined eligible for Federal assistance.

Designation: The action to determine the type of assistance to be authorized under the Stafford Act for a particular declaration; and the action by the FEMA Regional director to determine specifically what counties, or county equivalents, are eligible for such assistance.

Disaster: A sudden calamitous emergency event bringing substantial damage, loss or destruction.

Disaster Application Center: A facility jointly established by the Federal and State Coordinating Officers within or adjacent to an disaster-impacted area to provide disaster victims a "one-stop" service in meeting their emergency representatives of local, State, and Federal governmental agencies, private service organizations and certain representatives of the private sector.

Disaster Assistance Program: A program that provides State funding or reimbursement for local government response-related personnel costs incurred in response to an incident as defined in Section 2402 (i).

Disaster Field Office: A central facility established by the Federal Coordinating Office within or immediately adjacent to disaster impacted areas to be utilized as a point of coordination and control for State and Federal governmental efforts to support disaster relief and recovery operations.

Disaster Medical Assistance Team (DMAT): DMATs are part of the National Disaster Medical System. The DMAT is a group of health professionals trained and deployed to provide medical and health care. Composed primarily of physicians, nurses, and support personnel, this grouping provides both emergency and primary care to an affected population. (Region IV RDMHC Emergency Plan) DMATs are coordinated at the Federal (and sometimes State) level.

Disaster Service Worker (DSW): Includes public employees and any unregistered person impressed into service during a State of War emergency, a State of emergency, or a Local Emergency by a person having authority to command the aid of citizens in the execution of his duties.

Disaster Support Area (DSA): A pre-designated facility anticipated to be at the periphery of a disaster area, where disaster relief resources (manpower and material) can be received, accommodated or stockpiled, allocated, and dispatched into the disaster area. A separate portion of the area may be used for receipt and emergency treatment of casualty evacuees arriving via short-range modes of transportation (air and ground) and for the subsequent movement of casualties by heavy, long-rang aircraft, to adequate medical care facilities.

Disaster Welfare Inquiry (DWI): A service that provides health and welfare reports about relatives and certain other individuals believed to be in a disaster area and when the disaster caused dislocation or disruption of normal communications facilities precludes normal communications.

Division: The services or functions provided by a specific department of government are grouped into Divisions. Examples of divisions include: Aging & Adult Services, Emergency Medical Services Agency, Environmental Health, Food & Nutrition Services, Health Information Technology, Hospital & Clinics, Mental Health and Public Health.

Documentation Unit: Functional unit within the Planning Section responsible for collecting, recording and safeguarding all documents relevant to an incident or within an EOC/DOC.

E

Earthquake Advisory: A statement issued by the State of California Office of Emergency Services (OES), usually following a medium-sized earthquake, regarding scientific opinion that there is an enhanced likelihood for additional seismic activity within a specified period (usually three to five days).

Emergency: A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.

Emergency Alert System: A system that enables the President and Federal, State, and local governments to communicate through commercial radio and television broadcast stations with the general public in the event of a disaster.

Emergency Management: The provision of overall operational control and/or coordination of health services related emergency operations, whether it be the actual direction of field forces or the coordination of joint efforts of Department of Public Health divisions in supporting such operations.

Emergency Medical Services: Treatment of casualties necessary to maintain their vital signs prior to treatment at a medical center; also used to refer to the local or statewide Emergency Medical Services (EMS) system that responds to requests for emergency medical care.

Emergency Medical Services Authority (EMSA): The State Emergency Medical Services Authority "coordinates the state's medical response to major disasters" and is "responsible for prompt delivery of disaster medical resources to local governments in support of their disaster medical response."

Emergency Operations: Those actions taken during the emergency period to protect life and property, care for the people affected, and temporarily restore essential community services.

Emergency Operations Center (EOC): At the County level; a location from which centralized emergency management can be performed. The EOC is established by the County Office of Emergency Services to coordinate the overall agency or jurisdictional response and support to an emergency.

Emergency Operations Plan: The plan that each jurisdiction has and maintains for responding to appropriate hazards.

Emergency Period: A period which begins with the recognition of an existing, developing, or impending situation that poses a potential threat to a community. It includes the impact phase and continues until immediate and ensuing effects of the disaster no longer constitute a hazard to life or threat to property.

Emergency Plans: Those official and approved documents which describe principles, policies, concepts of operations, methods and procedures to be applied in carrying out emergency operations or rendering mutual aid during emergencies.

Emergency Public Information (EPI): Information disseminated to the public by official sources during an emergency, using broadcast and print media. EPI includes: (1) instructions on survival and health preservation actions to take (what to do, what not to do, evacuation procedures, etc.), (2) status information on the disaster situation (number of deaths, injuries, property damage, etc.), and (3) other useful information (State/Federal assistance available).

Emergency Public Information System: The network of information officers and their staffs who operate from EPICs (Centers) at all levels of government within the State. The system also includes the news media through which emergency information is released to the public.

Emergency Response Agency: Any organization responding to an emergency, whether in the field, at the scene of an incident, or to a EOC/DOC, in response to an emergency, or providing mutual aid support to such an organization.

Emergency Response Personnel: Personnel involved with an agency's response to an emergency.

Essential Facilities: Facilities that are essential for maintaining the health, safety, and overall well-being of the public following a disaster (e.g., hospitals, police and fire department buildings, utility facilities, etc.); may also include buildings that have been designated for use as mass care facilities (e.g., schools, churches, etc.).

Exercise: Maneuver or simulated emergency condition involving planning, preparation, and execution; carried out for the purpose of testing, evaluating, planning, developing, training, and/or demonstrating emergency management systems and individual components and capabilities, to identify areas of strength and weakness for improvement of an emergency operations plan.

F

Facilities Unit: Functional unit within the Support Branch of the Logistics Section at the SEMS Department of Public Health Level that supports fixed facilities for the incident. The Facilities Unit coordinates damage assessment and recovery for Department of Public Health buildings.

Federal Disaster Assistance: Provides in-kind and monetary assistance to disaster victims, State, or local government by Federal agencies under the provision of the Federal Disaster Relief Act and other statutory authorities of Federal agencies.

Federal Disaster Relief Act: Public Law 93-288, as amended, that gives the President broad powers to supplement the efforts and available resources of State and local governments in carrying out their responsibilities to alleviate suffering and damage resulting from major (peacetime) disasters.

Federal Emergency Management Agency (FEMA): This agency was created in 1979 to provide a single point of accountability for all Federal activities related to disaster mitigation and emergency preparedness, response, and recovery.

FEMA-State Agreement: A formal legal document between FEMA and the affected State stating the understandings, commitments, and binding conditions for assistance applicable as the result of the major disaster or emergency declared by the President. It is signed by the FEMA Regional director, or designee, and the Governor.

Field Coordination Center: A temporary facility established by the Office of Emergency Services within or adjacent to areas affected by a disaster. It functions under the operational control of the OES mutual aid regional manager and is supported by mobile communications and personnel provided by OES and other State agencies.

Field Treatment Sites (FTS): Sites pre-designated by county officials which are used for the assembly, triage (sorting), medical and austere medical treatment, relatively long-term holding, and subsequent evacuation of casualties.

Finance Section: One of the five primary functions found at all SEMS levels which is responsible for all costs and financial considerations. The Section can include the Time Unit, Claims Unit and Cost Unit.

G

General Staff: The group of management personnel reporting to the DOC Director. They may each have assistants as needed. The General Staff consists of:

- Operations Section Chief
- Planning/Intelligence Section Chief
- Logistics Section Chief
- Finance Section Chief

Generic ICS: Refers to the description of ICS that is generally applicable to any kind of incident or event.

H

Hazard: Any source of danger or element of risk to people or property.

Hazard Area: A geographically defined area in which a specific hazard presents a potential threat to life and property.

Hazardous Material: A substance or combination of substances which, because of quantity, concentration, physical chemical, radiological, explosive, or infectious characteristics, poses a substantial presents or potential danger to humans or the environment. Generally, such materials are classed as explosives and blasting agents, flammable and nonflammable gases, combustible liquids, flammable liquids and solids, oxidizers, poisons, disease-causing agents, radioactive materials, corrosive materials, and other materials including hazardous wastes.

Hazardous Material Incident (Stationary): Any uncontrolled release of material capable of posing a risk to health, safety, and property. Areas at risk include facilities that produce, process, or store hazardous materials well as all sites that treat, store, and dispose of hazardous material.

Hazardous Material Incident (Transportation): Any spill during transport of material that is potentially a risk to health and safety

Hazard Mitigation: An cost effective measure that will reduce the potential for damage to a facility from a disaster event.

Hazard Mitigation Plan: The plan resulting from a systematic evaluation of the nature and extent of vulnerability to the effects of natural hazards present in society that includes the actions needed to minimize future vulnerability to hazards.

Hierarchy of Command: (See Chain of Command)

Hospital Functionality:

- ? **Fully Functional** – Facility may have minor reductions in patient services but is still able to carry out the majority of normal operational functions.
- ? **Partially Functional** – Facility is experiencing moderate to significant reductions in-patient services (e.g., significant building damage, significant loss of major utilities, inadequate emergency power, and overwhelming influx of patients).
- ? **Non-functional** – Facility is critically damaged or affected and unable to continue any services (e.g., severe building damage requiring partial or full evacuation).

I

Incident: An occurrence or event, either human-caused or by natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources.

Incident Command System (ICS): The nationally recognized standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Incident Objectives: Statements of guidance and direction necessary for the selection of appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives.

J

Jurisdiction: The range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority for incident mitigation. Jurisdictional authority at an incident can be political/geographical (e.g., special district city, county, State or Federal boundary lines), or functional (e.g., police department, health department, etc.)

Jurisdictional Agency: The agency having jurisdiction and responsibility for a specific geographical area, or a mandated function.

L

Leader: The ICS title for an individual responsible for a functional unit.

Lifelines: A general term including all systems for storing, treating, and distributing fuel, communications, water, sewage, and electricity.

Life-Safety: Refers to the joint consideration of both the life and physical well-being of individuals.

Local Emergency: The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, or earthquake or other conditions, other than conditions resulting from a labor controversy, which conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and required the combined forces of political subdivisions to combat.

Local Emergency Medical Services Agency: The county or regional agency tasked with coordinating and ensuring emergency medical services.

Local Government: Means local agencies defined in Government Code 8680.2 and special district as defined in California Code of Regulations, Title 19 Division 2, Chapter 5, NDAA, 2900(y).

Logistics Section: One of the five primary functions found at all SEMS levels; the Section responsible for providing facilities, services and materials for the incident or at the EOC/DOC.

Long-Term Earthquake Potential: No specific time frame; can refer to decades, centuries or millennia.

Long-Term Prediction: A prediction of an earthquake that is expected within a few years up to a few decades.

M

Major Disaster: Any hurricane, tornado, storm, flood, high-water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of the United States which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Federal Disaster Relief Act, above and beyond emergency services by the Federal Government, to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Management by Objectives: In the SEMS and EOC/DOC level, this is a top-down management activity which involves a three-step process to achieve the desired goal. The steps are: establishing the objectives, selection of appropriate strategy(s) to achieve the objectives; and the direction or assignments associated with the selected strategy.

Management Staff: The Management Staff at the SEMS EOC/DOC level consists of the Information Officer, Safety Officer, Liaison Officer, and Medical Officer. They report directly to the EOC/DOC Director.

Mass Care Facility: A location where temporary services are provided to disaster victims during an emergency which may include lodging, food, clothing, registration, welfare inquiry, first aid, and essential social services.

Master Mutual Aid Agreement: An agreement entered into by and between the State of California, its various departments and agencies, and the various political subdivision, municipal corporations, and other public agencies of the State of California to assist each other by providing resources during an emergency. Mutual aid occurs when two or more parties agree to furnish resources and facilities and to render services to each other to prevent and combat any type of disaster or emergency.

Media: All means of providing information and instructions to the public, including radio, television, and newspapers.

Medical/Health Operational Area Coordinator (MHOAC): The Operational Area Coordinator is responsible for all medical and health operations and is located in the County EOC.

Message Unit: The Message Unit is part of the DOC Planning Section either collocated or placed adjacent to it. It receives records, and routes information to appropriate locations within the DOC.

Mission Number, OES: Mission number provided by OES that authorizes expenditure or acquisition of resources. It is used to document and report disaster expenditures to state and federal agencies for reimbursement.

Mitigation: Pre-event planning and actions which aim to lessen the effects of potential disaster.

Mobilization: The process and procedures used by Federal, State and local organizations for activating, assembling, and transporting resources that have been requested to respond to or support an incident.

Mobilization Center: An off-incident location at which emergency service personnel and equipment are temporarily located pending assignment to incidents, release, or reassignment.

Multi-Division Coordination: The functions and activities of representatives of involved divisions who make decisions regarding the prioritizing of incidents and the sharing and allocation of critical resources.

Multi-Division Incident: An incident where one or more Health Services divisions are involved. The incident may be managed under single or unified command.

Mutual Aid Agreement: Written agreement between agencies and/or jurisdictions in which they agree to assist one another upon request, by furnishing personnel and equipment.

Mutual Aid Coordinator: An individual at local government, operational area, region or State level that is responsible to coordinate the process of requesting, obtaining, processing and using mutual aid resources. Mutual Aid Coordinator duties will vary depending upon the mutual aid system.

Mutual Aid Region: A mutual aid region is a subdivision of State OES established to assist in the coordination of mutual aid and other emergency operations within a geographical area of the State, consisting of two or more county (operational) areas.

Mutual Aid Staging Area: A temporary facility established by the State Office of Emergency Services within, or adjacent to, affected areas. It may be supported by mobile communications and personnel provided by field or headquarters staff from State agencies, as well as personnel from local jurisdictions throughout the State.

N

National Warning System: The Federal portion of the civil defense warning system, used to disseminate warning and other emergency information from the warning centers or regions to warning points in each State.

National Weather Service Issuances:

- ? Outlook - For events possible to develop in the extended period (extended definition depends on the type of event)
- ? Advisory - For events that are occurring or are forecast to develop in the short term (generally within the next 6 hours)
- ? Watch - For the possibility of an event happening within the short term (generally refers to the next 6 to 12 hours)
- ? Warning - The most serious issuance. For life threatening events occurring or forecast to develop within the short term (generally within the next 6 hours)
- ? Statements (or Updates) - Issued as updates to the above products
- ? Flash Flooding Warning - Flash Flooding is occurring or imminent.
- ? Urban and Small Stream Flood Advisory - Flooding is occurring or is imminent, but not life threatening (nuisance flooding); may be upgraded to a Flash Flood Warning if conditions worsen

- ? Flash Flood Watch - There is a good possibility of Flash Flooding, but it is neither occurring nor imminent (generally means the possibility exists within the next 24 hours)
- ? Flash Flood Statement - Updates to any of the above three issuances

Nuclear Incident (Fixed Facility): Any occurrence at a nuclear power plant resulting in a potential or actual release of radioactive material in sufficient quantity which threatens the health and safety of nearby populations.

O

Office of Emergency Services (OES): Refers to the Governor's Office of Emergency Services, the regional level, or the Operational Area office, which usually resides within a larger county department, program or agency (i.e., fire, law enforcement, etc.).

One Hundred (100)-Year Flood: The flood elevation that has a one-percent chance of being equaled or exceeded in any given year. It is also known as the base flood elevation.

Operational Area: An intermediate level of the State emergency organization, consisting of a county and all political subdivisions within the county area.

Operational Area Coordinator: The individual within the operational area responsible for a specific function such as medical/health services, law enforcement, coroner's services, or fire services.

Operational Area Disaster Medical Health Coordinator (OADMHC): Obsolete reference, see Medical/Health Operational Area Coordinator.

Operational Area Satellite Information System (OASIS): A statewide satellite-based communication system designed to assure communication between operational areas and the state.

Operational Period: The period of time scheduled for execution of a given set of operation actions as specified in the EOC/DOC Action Plan. Operational Periods can be of various lengths, although usually not over 24 hours.

Operations Section: One of the five primary functions found at all SEMS levels; the Section responsible for all tactical operations at the incident, or for the coordination of operational activities at the DOC. The Operations Section at the Department of Public Health DOC Level includes Units.

Out-of-Service Resources: Resources assigned to an incident but unable to respond for mechanical, rest, or personnel reasons.

P

Plan: As used by OES, a document which describes the broad, overall jurisdictional response to potential extraordinary emergencies or disasters.

Planning Meeting: A meeting held as needed throughout the duration of an incident to select specific strategies and tactics for incident control operations and for service and support planning. On larger incidents, the planning meeting is a major element in the development of the Incident Action Plan. Planning meetings are also an essential activity at all SEMS EOC/DOC levels.

Planning Section (Also referred to as Planning/Intelligence): One of the five primary functions found at all SEMS levels. Responsible for the collection, evaluation, and dissemination of information related to the incident or an emergency, and for the preparation and documentation of EOC/DOC Action Plans. The section also maintains information on the current and forecast situation, and on the status of resources assigned to the incident. The Section typically includes Situation, Resource, Documentation, Emergency Medical Services, Message, and Action Plan Units.

R

Radio Amateur Civil Emergency Services (RACES): An emergency service designed to make efficient use of skilled radio amateurs throughout the State in accordance with approved civil defense communications plans. Operators are registered with an OES agency to provide emergency communications support.

Radiological Protection: The organized effort, through warning, detection, and preventive and remedial measures, to minimize the effect of nuclear radiation on people and resources.

Recorders: Individuals within EOC/DOC organizational units who are responsible for recording information. Recorders may be found in Planning, Logistics and Finance Units.

Recovery: Activities traditionally associated with providing Federal supplemental disaster recovery assistance under a Presidential major disaster declaration. These activities usually begin within days after the event and continue after the response activities cease. Recovery includes individual and public assistance programs which provide temporary housing assistance, grants and loans to eligible individuals and government entities to recovery from the effects of a disaster.

Regional Disaster Medical Health Coordinator (RDMHC): The Regional Disaster Medical Health Coordinator acts as an agent for the State EMSA (or for DHS or Governor's OES), upon their request, to coordinate the acquisition of

medical and health mutual aid in support of a state medical/health response to a major disaster not affecting the Region.

Regional Emergency Operations Center (REOC): Facilities found at State OES Administrative Regions. REOCs are used to coordinate information and resources among operational areas and between the operational areas and the State level.

Resources: Personnel and equipment available, or potentially available, for assignment to the field or the EOC/DOC.

Resources, Initial: Resources automatically dispatched to meet needs created by emergency.

Resources, Immediate: Resources for which there are no delays in dispatching or ordering.

Resources, Planned: Resources for which ordering or dispatch will be hours to days in the future.

Response: Activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, protect property and meet basic human needs.

S

Section: That organization level with responsibility for a major functional area at the EOC/DOC, e.g., Operations, Planning, Logistics, Finance.

Section Chief: The ICS title for individuals responsible for command of functional sections: Operations, Planning, Logistics and Finance.

Service: An organization assigned to perform a specific function during an emergency. It may be one department or agency if only that organization is assigned to perform the function, or it may be comprised of two or more normally independent organizations grouped together to increase operational control and efficiency during the emergency.

Service Unit: A Branch within the Logistics Section responsible for service activities: includes the Communications, Health Information Technology and Food and Nutrition Services Officers.

Shelter Manager: An individual who provides for the internal organization, administration, and operation of a shelter facility.

Short-Term Prediction: A prediction of an earthquake that is expected within a few hours to a few weeks. The short-term-prediction can be further described as follows:

Alert--Three days to a few weeks
Imminent Alert--Now to three days

Span of Control: The supervisory ratio maintained within an ICS or SEMS organization. A span of control of five-positions reporting to one supervisor is considered optimum.

Special District: A unit of local government (other than a city, county, or city and county) with authority or responsibility to own, operate or maintain a project (as defined in California Code of Regulations 2900[s]) for purposes of natural disaster assistance. This may include joint powers authority established under section 6500 et seq. of the Code.

Stafford Act: Robert T. Stafford disaster Relief and Emergency Assistance Act, PL 100-707, signed into law November 23, 1988; amended the Disaster Relief Act of 1974, PL 93-288.

Staging Areas: Staging Areas are locations where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Standard Operating Procedures (SOPs): A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure. Standard operating procedures support an annex by indicating in detail how a particular task will be carried out.

Standardized Emergency Management System (SEMS): As defined in Section 2401 of Title 19 of the California Code of Regulations - A system for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of **five organizational levels** that are activated as necessary: Field Response, Local Government, Operational Area, Region, and State:

- ? **Field Response Level:** The level where emergency response personnel and resources carry out tactical decisions and activities in direct response to an incident or threat.
- ? **Local Government Level:** Cities, counties and special districts; local governments manage and coordinate the overall emergency response and recovery in their jurisdictions.
- ? **Operational Area Level:** A county and all political subdivisions within the county area.
- ? **Regional Level:** An area defined by state OES for the purpose of efficiently administering disaster services, includes multiple operational areas.

? **State Level:** The state level manages state resources in response to needs of other levels; coordinates the mutual aid program; and serves as coordination and communication link with the federal disaster response system.

State Emergency Organization: The agencies, board, and commissions of the executive branch of State government and affiliated private sector organizations.

State Emergency Plan: The State of California Emergency Plan as approved by the Governor.

State of Emergency: The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, or earthquake or other conditions, other than conditions resulting from a labor controversy, or conditions causing a "State of War Emergency", which conditions by reason of magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat.

State of War Emergency: The condition which exists immediately, with or without a proclamation thereof by the Governor, whenever the State or nation is directly attacked by an enemy of the United States, or upon the receipt by the State of a warning from the Federal government that such an enemy attack is probable or imminent.

State Operations Center (SOC): An EOC facility operated by the Governor's Office of Emergency Services at the State level in SEMS.

Support Resources: Non-tactical resources under the supervision of the Logistics, Planning, Finance Sections or the Management Staff.

Supporting Materials: Refers to the several Exhibits that may be included with an Incident Action Plan, e.g., communications plan, map, safety plan, traffic plan, and medical plan.

T

Task Force: A combination of single resources assembled for a particular tactical need with common communications and a leader.

Technical Specialists: Personnel with special skills that can be used anywhere within the ICS or SEMS organization.

Technological Hazard: Includes a range of hazards emanating from the manufacture, transportation, and use of such substances as radioactive materials, chemicals, explosives, flammables, agricultural pesticides, herbicides and disease agents; oil spills on land, coastal waters or inland water systems; and debris from space.

The Petris Bill #1841: The Petris Bill (passed into California law in September of 1992) directs the Office of Emergency Services to implement the use of the ICS and Multi-Agency Coordinating System throughout the State to enable government agencies to apply for reimbursement for disaster-related expenses.

Tort: An act that harms another; occurs when a person commits an act, without right, and as a result another is harmed.

Tracking Number: OES Mission Number or other number assigned locally to track requests and resources for reimbursement and response management purposes.

Traffic Control Points (TCP): Places along movement routes that are manned by emergency personnel to direct and control the flow of traffic.

Triage: A process of priority sorting of sick and injured people on the basis of urgency and type of condition so they can be routed to appropriate medical facilities.

Tsunami: Also called a seismic sea wave; a large oceanic wave generated by earthquakes, submarine volcanic eruptions, or large submarine landslides in which sudden forces are applied to the water mass. Tsunamis can move at hundreds of miles per hour in the open ocean; as the waves enter shallower waters in coastal areas, wave velocity decreases and wave height can increase to 100 feet or more on impact at the shore-line.

Type: Refers to resource capability; Type 1 resources provide a greater overall capability due to power, size, capacity, etc., than Type 2 resources. Resource typing provides managers with additional information in selecting the best resource for the task.

U

Unified Command: In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

Unit: An organizational element having functional responsibility. Units are used in the Operations, Planning, Logistics, and Finance Sections.

Unity of Command: The concept by which each person within an organization reports to a single designated person.

Urban Rescue: The complex process in which trained personnel use specialized equipment to locate and extricate victims trapped in collapsed buildings, and the mobilization and management of such personnel and equipment.

V

Volunteers: Individuals who make themselves available for assignment during an emergency.

W

Weather Warning Levels: Provided by the National Weather Service to advise public and government agencies of threats due to severe weather. See “National Weather Service Issuances”.

Winter Storm (Severe): This includes ice storms, blizzards, and extreme cold. The National Weather service characterizes blizzards as combinations of winds in excess of 35 mph with considerable falling or blowing snow, frequently reducing visibility to 0.25 miles or less.

APPENDIX B ACRONYMS AND ABBREVIATIONS

| | |
|----------|---|
| A&A | Aging and Adult Services |
| AC | Area Command |
| ADA | Americans with Disabilities Act |
| AQMD | Air Quality Management District |
| ARC/ | American Red Cross |
| ARES | Amateur Radio Emergency Services |
| | |
| BPA | Blanket Purchasing Agreements |
| | |
| C of S | Chief of Staff |
| CAA | Clean Air Act |
| CalTrans | California Department of Transportation |
| CALWAS | California Warning System |
| CAN | Community Alert Network |
| CARD | Collaborating Agencies Responding to Disaster |
| CAO | Chief Administrative Office(r) |
| CAT | Crisis Action Team |
| CCP | (obsolete, see FTS) Casualty Collection Points |
| CD | Civil Defense |
| CDC | Centers for Disease Control, U.S. Public Health Service |
| CDF | California Department of Forestry |
| CEO | Chief Executive Officer |
| CEPEC | California Earthquake Prediction Evaluation Council |
| CEPPO | Chemical Emergency Preparedness and Prevention Office |
| CEQA | California Environmental Quality Act |
| CERCLA | Comprehensive Environmental Response Compensation and Liability Act |
| | |
| CESFRS | California Emergency Service Fire Radio System |
| CESRS | California Emergency Services Radio System |
| CFR | Code of Federal Regulations |
| CHP | California Highway Patrol |
| COG | Continuity of Government |
| CPG | Civil Preparedness Guide |
| CWA | Clean Water Act |
| | |
| DA | Damage Assessment |
| DAC | Disaster Application Center |
| DAE | Disaster Assistance Employee |
| DAP | Disaster Assistance Programs |
| DCS | Disaster Communications Service |
| DFO | Disaster Field Office |

Disaster Medical Services Guidelines

| | |
|-----------|--|
| DHHS | Department of Health and Human Services |
| DLS | Disaster Legal Services |
| DMAT | Disaster Medical Assistance Team |
| DMIS | Disaster Management Information System |
| DOC | Departmental Operations Center |
| DOD | Department of Defense |
| DOE | Department of Energy |
| DOT | Department of Transportation |
| DP | Disaster Preparedness |
| DSA | Disaster Support Area |
| DSR | Damage Survey Report |
| DWR | California Department of Water Resources |
| | |
| EAS | Emergency Alert System |
| EBS | Emergency Broadcast System |
| EDIS | Emergency Digital Information System |
| EH | Environmental Health |
| EIR | Environmental Impact Review |
| EMA | Emergency Management Assistance |
| EMSA | Emergency Medical Services Authority |
| EMS | Emergency Medical Services |
| EOC | Emergency Operations Center |
| EOP | Emergency Operating Procedures |
| EPA | Environmental Protection Agency |
| EPI | Emergency Public Information |
| EPIC | Emergency Public Information Center |
| ERT | Emergency Response Team |
| ESA | California Emergency Services Act |
| ESC | Earthquake Service Center |
| ESC | Emergency Services Coordinator |
| ESF | Emergency Support Functions |
| EST | Emergency Support Team |
| | |
| FAA | Federal Aviation Administration |
| FAST | Federal Agency Support Team |
| FBI | Federal Bureau of Investigation |
| FCC | Federal Communications Commission |
| FEMA | Federal Emergency Management Agency |
| | |
| FIRESCOPE | Firefighting Resources of Calif. Organized for Potential Emergencies |
| FNS | Food and Nutrition Services |
| FRERP | Federal Radiological Emergency Response Plan |
| FTS | Field Treatment Site |
| | |
| GAR | Governor's Authorized Representative |
| GSA | General Services Administration |

Disaster Medical Services Guidelines

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| Haz Mit | Hazard Mitigation (Safety measures taken in advance to lessen future damage) |
| HAZMAT | Hazardous Materials |
| H&C | Hospital & Clinics |
| HEW | U.S. Department of Health, Education and Welfare |
| HIT | Health Information Technology |
| HM | Hazard Mitigation |
| IC | Incident Commander |
| ICS | Incident Command System |
| JIC | Joint Information Center |
| JPA | Joint Powers Agreement |
| JPIC | Joint Public Information Center |
| JIS | Joint Information System |
| LEMSA | Local Emergency Medical Services Agency |
| LGAC | Local Government Advisory Committee |
| MACS | Multi-Agency Coordination System |
| MARAC | Mutual Aid Regional Advisory Committee |
| MARS | U.S. Army Military Affiliate Radio System |
| MH | Mental Health |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| MRE | Meals Ready to Eat |
| MHOAC | Medical/Health Operational Area Coordinator |
| MSA | Multi-Purpose Staging Area |
| NAWAS | National Warning System |
| NCS | National Communications System |
| NDAA | California Natural Disaster Assistance Act |
| NDMS | National Disaster Medical System |
| NECC | National Emergency Coordination Center (FEMA) |
| NEIS | National Earthquake Information Service |
| NEST | Nuclear Emergency Search Team |
| NOAA | National Oceanic and Atmospheric Administration |
| NOI | Notice of Interest |
| NRC | Nuclear Regulatory Commission |
| NRT | National Response Team |
| NVOAD | National Voluntary Organizations Active in Disaster |
| NWS | National Weather Service |

Disaster Medical Services Guidelines

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|--------|--|
| OA | Operational Area |
| OADMHC | (obsolete, see MHOAC) |
| OASIS | Operational Area Satellite Information System |
| OES | Office of Emergency Services |
| OPA | Oil Pollution Act |
| OSHA | Occupational Safety and Health Administration |
| OSTP | Office of Science Technology Policy |
| PA# | Project Application Number |
| PDA | Preliminary Damage Assessment |
| PH | Public Health |
| PIO | Public Information Officer |
| PL | U.S. Public Law |
| PNP | Private Nonprofit Organization |
| PSR | Personal Service Radio |
| PUC | California Public Utilities Commission |
| RACES | Radio Amateur Civil Emergency Services |
| RADEF | Radiological Defense |
| RCP | Regional Oil and Hazardous Substances Pollution Contingency Plan |
| REACT | Radio Emergency Associated Communication Team |
| REOC | Regional Emergency Operations Center |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RM | Radiological Monitor |
| RO | Radiological Officer |
| SA | Salvation Army |
| SAP | State Assistance Program |
| SAR | Search and Rescue |
| SEMO | State Emergency Management Office |
| SEMS | Standardized Emergency Management System |
| SITREP | Situation Report |
| SOC | State Operations Center |
| SOP | Standard Operating Procedure |
| TSCA | Toxic Substances Control Act |
| USAR | Urban Search and Rescue |
| USGS | United States Geological Survey |
| VA | Veterans Administration |
| VOAD | Volunteer Organizations Active in Disaster |

Appendix C LEMSA Self-Assessment Tool

The Assessment Tool is based on *EMSA Guidelines* document, Disaster Medical Systems section, Section #8. Priority should be rated #1 (expect completion within 1 year), #2 (expect completion within 5 years) or #3 (long-term priority, greater than 5 years).

| Guidelines | Meets Guidelines | | Does Not Meet Guidelines | |
|--|--------------------|-----------------|--------------------------|----------------------|
| | Requires no Update | Requires Update | Priority | Requires Development |
| Function 1: Development and Maintenance of Medical and Health Disaster Plans, Policies, and Procedures | | | | |
| 1.1 Ensure the development of plans, policies and procedures that enable the Operational Area disaster medical services system to respond effectively to the medical needs created by disasters. | | | | |
| 1.2 Ensure the development and exercise of written plans and procedures for the activation, operation and de-activation of the operating center responsible for coordinating the medical response to disasters. | | | | |
| 1.3 Ensure that (1) key disaster medical system participants are trained to implement the disaster medical system plan; (2) exercises of the plan are conducted at least annually; and (3) LEMSA staff is trained in SEMS and the Operational Area plan and local disaster medical response plan and participate in exercises. | | | | |
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| 1.4 Ensure that plans and procedures are developed to review the effectiveness of the medical response to disasters. | | | | |
| Function 2: Assessment of Immediate Medical and Health Needs | | | | |
| 2.1 Ensure the development and testing of plans, criteria, policies, procedures, and structures and related training for the notification of key positions and organizations of the disaster medical and health response system. | | | | |

Disaster Medical Services Guidelines

| Guidelines | Meets Guidelines | | Does Not Meet Guidelines | |
|---|--------------------|-----------------|--------------------------|----------------------|
| | Requires no Update | Requires Update | Low Priority | Requires Development |
| 2.2 Ensure the establishment of policies for (1) acquiring and analyzing information of the medical situation of the Operational Area, the status of major health facilities and other resources, and the immediate medical needs of the OA and (2) submitting requested reports to the Medical/Health OAC, other operations within the Operational Area, and the Regional Disaster Medical/Health Coordinator. | | | | |
| Function 3: Coordination of Disaster Medical and Health Resources | | | | |
| 3.1 Ensure development and maintenance of an up-to-date inventory of disaster medical and health resources in the operational area. | | | | |
| 3.2 Ensure development of policies and procedures to (1) define criteria for evaluating initial requests for assistance from both within and outside of the Operational and (2) rapidly mobilize and dispatch medical and health resources within the Operational Area to meet immediate response needs. | | | | |
| 3.3 (1) Seek to develop cooperative agreements with neighboring jurisdictions for sharing prehospital resources across jurisdictions in response to disasters. (2) Include provisions in contracts with ambulance providers requiring out-of-county response to disasters when authorized by the LEMSA and when local conditions and resources permit. (3) Ensure development of policies and procedures to guarantee necessary logistic support has been arranged for all requested resources responding from outside the jurisdiction prior to their arrival. (4) Ensure development of policies and procedures to support the operations of out-of-jurisdiction ambulances requested to respond to local emergencies. | | | | |
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Disaster Medical Services Guidelines

| Guidelines | Meets Guidelines | | Does Not Meet Guidelines | |
|---|--------------------|-----------------|--------------------------|----------------------|
| | Requires no Update | Requires Update | Low Priority | Requires Development |
| 3.4 Ensure development of systems for tracking the location and status of out-of-county resources from their time of arrival to their assignment to an incident and from their release from an incident to assignment to another incident or deactivation. | | | | |
| 3.5 Ensure policies and procedures are in place to notify, release and appropriately demobilize resources upon response deactivation. | | | | |
| Function 4: Coordination of Patient Distribution and Medical Evacuation | | | | |
| 4.1 (a) Ensure the development of plans, policies and procedures that (1) direct the movement of casualties from point of injury to designated receiving facilities, (2) assist transfers among medical facilities and (3) coordinate transport of patients from medical facilities within the impacted area to other facilities either inside or outside the impacted areas. 4.1 (b) Ensure that a system is established that provides primary and alternative points of contact within the Operational Area disaster medical/health organization responsible for coordinating casualty evacuation to or casualty receipt from other Operational Areas. | | | | |
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| Function 5: Coordination with Hospital Inpatient and Emergency Care Providers | | | | |
| 5.1 (a) Ensure the establishment of a 24-hour system that designates a point (or points) of contact through which (1) hospitals can report their status and request emergency assistance and (2) the medical response can disseminate information to acute care hospitals within the Operational Area. 5.1 (b) Ensure the establishment of a hospital information reporting system consistent with local, regional, ad state plans that is capable of gathering compiling, and reporting capability and needs of local hospitals. | | | | |
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Disaster Medical Services Guidelines

| Guidelines | Meets Guidelines | | Does Not Meet Guidelines | |
|--|--------------------|-----------------|--------------------------|----------------------|
| | Requires no Update | Requires Update | Low Priority | Requires Development |
| 5.2 Promote the adoption of the unified command system by all hospitals for their emergency management plans. | | | | |
| Function 6: Coordination with Out of Hospital Emergency Medical Care Providers | | | | |
| 6.1 Ensure plans and procedures are developed to respond to non-hospital facilities and services including skilled nursing facilities, board and care facilities, home health agencies, public health clinics, and community clinics during disasters. | | | | |
| Function 7: Coordination of Pre-Hospital Emergency Services | | | | |
| 7.1 Develop plans to ensure the continuation of EMS services during disasters to the extent possible. | | | | |
| 7.2 Ensure designation of the START Triage System as the method of initial triage for all incidents with multiple casualties. | | | | |
| 7.3 Develop plans and policies for implementation of austere medical care procedures when response resources are overwhelmed. | | | | |
| 7.4 Designate the organization structure, position names, and position descriptions for field responses to incidents with multiple casualties as defined in the Multiple Casualty Incident Plan Section of the FIRESCOPE Field Operations Guide (April, 1999). | | | | |
| 7.5 Work with other response agencies to develop plans and procedures to ensure tactical communications among medical resources responding to a disaster. | | | | |

Disaster Medical Services Guidelines

| Guidelines | Meets Guidelines | | Does Not Meet Guidelines | |
|--|--------------------|-----------------|--------------------------|----------------------|
| | Requires no Update | Requires Update | Low Priority | Requires Development |
| Function 8: Coordination for the Establishment of Temporary Field Treatment Sites | | | | |
| 8.1 Ensure development of plans for assessing the need to activate, establishing and managing temporary field medical triage and treatment sites (FTS) to provide health care to disaster victims and displaced personnel. | | | | |
| 8.2 Ensure the development of plans and procedures to respond to the personnel, supply and other resource needs of temporary medical triage and treatment sites. | | | | |
| 8.3 Ensure the development of plans and procedures for the integration of temporary medical triage and treatment sites into the overall disaster medical response system. | | | | |