

CALIFORNIA MEDICAL MUTUAL AID PLAN

**Annex A to the California
Disaster Medical Response
Plan**

**CALIFORNIA EMERGENCY MEDICAL
SERVICES AUTHORITY**



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EMSA #218B**

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CALIFORNIA MEDICAL MUTUAL AID PLAN

I. INTRODUCTION

The California Medical Mutual Aid Plan is an extension of, and supportive document to, California's State Emergency Plan (**SEP**) and the California Disaster Medical Response Plan (**CDMRP**).

This Plan supports the concepts of the Incident Command System (**ICS**), the Standardized Emergency Management System (**SEMS**), and multi-hazard response planning. Detailed operational plans supplement this document at the operational area-, regional- and State-levels. California disaster medical services conduct emergency operations planning at four levels: Local, Operational Area, Regional, and State. To effectively implement the plans formulated at the various levels, all plans should be developed within the framework of the California Medical Mutual Aid Plan.

A. PURPOSE OF THE PLAN:

1. To document the formal structures, policies, procedures and constraints under which California's government units provide medical resources to local governments impacted by disasters.
2. To provide for systematic mobilization, organization and operation of necessary medical resources of the state and its political subdivisions in mitigating the effects of disasters, whether natural or man-caused.
3. To provide comprehensive and compatible plans for the expedient mobilization and response of available medical resources on a local, area, regional and statewide basis.
4. To establish guidelines for recruiting and training personnel to augment medical personnel, relieve damaged and overwhelmed health facilities and support other medical needs during disaster operations
5. To provide a plan and communication capabilities for the interchange and dissemination of disaster medical-related data, directives, and information between medical officials of local, State, and federal agencies.
6. To promote annual training and/or exercises between plan participants.

B. SCOPE OF PLAN

1. This Plan applies to:
 - a) All disasters, including those caused by technological, human, or natural agents of sufficient scale to overwhelm elements of local response systems and require assistance from outside the jurisdiction.
 - b) All disaster medical resources including personnel pre-formed into teams; individual medical responders; ambulances and other medical transport and evacuation; and medical and health supplies, pharmaceuticals, and equipment.
 - c) Logistical support, including the Mission Support Team (MST), that is organic to the resources provided under this plan.



2. This plan does not apply to military, fire, and other public safety resources which may be accessed through requests to their respective coordinators at each SEMS level.
3. While medical and health mutual aid do employ many of the same structural elements and processes, this plan does not directly apply to public and environmental health mutual aid which will operate under a plan developed by the California Department of Public Health (**CDPH**).

C. PLANNING BASIS:

1. No community has resources sufficient to cope with any and all emergencies for which potential exists.
2. Medical officials must plan emergency operations to ensure efficient utilization of available resources.
3. Basic to California's emergency planning is a statewide system of mutual aid in which each jurisdiction relies first upon its own resources.
4. The California Disaster and Civil Defense Master Mutual Aid Agreement (**MMAA**) between the State of California, each of its counties, and those incorporated cities and fire protection districts signatory thereto:
 - a) Creates formal structure for provision of mutual aid;
 - b) Provides that no party shall be required to unreasonably deplete its own resources in furnishing mutual aid;
 - c) Provides that the responsible local official in whose jurisdiction an incident requiring mutual aid has occurred shall remain in charge at such incident, including the direction of such personnel and equipment provided through mutual aid plans pursuant to the agreement;
 - d) Provides that intra- and inter-area and intra-regional mutual aid operational plans shall be developed by the parties thereof and are operative as between the parties thereof in accordance with the provisions of such operational plans;
 - e) Provides that reimbursement for mutual aid extended under this agreement and the operational plans adopted pursuant thereto, shall only be pursuant to the state law and policies, and in accordance with Office of Emergency Services policies and procedures.
5. The state is divided into six mutual aid regions and three administrative regions to facilitate the coordination of mutual aid. Through this system the Governor's Office of Emergency Services (**OES**) is informed of conditions in each geographic and organizational area of the state, and the occurrence or imminent threat of disaster.
6. In addition to medical resources, emergency operations plans should include both public and private agencies with support capability, disaster medical operations responsibilities or critical resources.
7. Emergency operations plans should be distributed to, and discussed with,



management, command, operational and support personnel within each planning jurisdiction.

8. Emergency operations plans must be continuously reviewed, revised, and tested to encompass change and refinement consistent with experience gained through disaster operations and training, and changes in resource availability.
9. Emergency operations plans are to be reviewed, revised, and updated annually.

II. AUTHORITIES

- A. California Emergency Services Act (Chapter 7 of Division 1 of Title 2 of the Government Code) 1970 Statutes.
- B. California Master Mutual Aid Agreement.
- C. Labor Code, State of California (Section 3211.92, Disaster Service Worker).
- D. Government Code, State of California (Section 8690.6).

III. REFERENCES

- A. Governor's Executive Order No. D-25.
- B. Governor's Administrative Orders for the California EMS Authority (**EMSA**) and other State Agencies.
- C. Health and Safety Code.
- D. Office of Emergency Services, Multi-hazard Functional Planning Guidance.
- E. National Incident Management System.
- F. Incident Command System.
- G. Multi-Agency Coordination System.
- H. Standardized Emergency Management System.
- I. California Disaster Medical Response Plan (**CDMRP**).

IV. DEFINITIONS

A. MEDICAL RESOURCES:

California medical resources include, but are not limited to, the necessary personnel, facilities and equipment, and their organic support elements, available to provide mutual aid assistance for all emergencies; i.e., ambulances, pre-hospital and other licensed medical personnel, teams of medical personnel, emergency medical service units, hazardous materials units, etc.

B. LOCAL EMERGENCY:

A Local Emergency is the existence of conditions within the territorial limits of a local agency, in the absence of a duly proclaimed state of emergency, which conditions are a result of an emergency created by great public calamity such as air pollution, extraordinary fire, flood, storm, earthquake, civil disturbances or other disaster which is or is likely to be beyond the control of the services, personnel, equipment and facilities of that agency and require the combined forces of other local agencies to combat. (California Emergency Services Act, Chapter 7 of Division 1 of Title 2 of



the Government Code - 1970 Statutes.)

C. STATE OF EMERGENCY:

A State of Emergency is the duly proclaimed existence of conditions of extreme peril to the safety of persons and property within the state caused by such conditions as air pollution, fire, flood, storm, civil disturbances or earthquake, or other conditions, except as a result of war-caused emergencies, which conditions by reason of their 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 would require the combined forces of a mutual aid region or regions to combat. "State of Emergency" does not include, nor does any provision of this plan apply to any condition resulting from a labor controversy. (California Emergency Services Act, Chapter 7 of Division 1 of Title 2 of the Government Code -1970 Statutes.)

D. STATE OF WAR EMERGENCY:

State of War Emergency means the conditions which exist immediately, with or without a proclamation thereof by the Governor, whenever this state or nation is attacked by an enemy or upon receipt by the state of a warning from the federal government indicating that such attack is probable or imminent. (California Emergency Services Act, Chapter 7 of Division 1 of Title 2 of the Government Code - 1970 Statutes.)

E. DISASTER SERVICE WORKER:

Disaster Service Worker means any person who is registered with a disaster council for the purpose of engaging in disaster service pursuant to the "California Emergency Services Act" without pay or other consideration. "Disaster Service Worker" includes volunteer civil defense workers and public employees and also includes any unregistered person impressed into service during a State of Emergency by a person having authority to command the aid of citizens in the execution of that person's duties.

Pursuant to the California Medical Mutual Aid Plan, "Disaster Service Workers" shall be recruited and trained to augment regular medical responders and perform other duties as required.

Training necessary to engage in such activities is defined as authorized and supervised training carried on in such a manner and by a qualified person as the local disaster council shall prescribe. (Section 3211.92, California Labor Code.)

F. MUTUAL AID:

An agreement in which two or more parties agree to furnish resources and facilities and to render services to each and every other party of the agreement to prevent and combat any type of disaster or emergency.

Local needs not met by the California Medical Mutual Aid Plan should be resolved through development of local or regional automatic, cooperative or mutual aid agreements.

1. Voluntary Mutual Aid

Mutual aid is voluntary when an agreement is initiated either verbally or in writing. When in writing, which is preferable, conditions may be enumerated as to what and the extent to which resources may be committed.



2. Obligatory Mutual Aid

Mutual aid under a "State of War Emergency" shall be deemed obligatory. Mutual aid under a "State of Emergency" may be obligatory. (Emergency Services Act, 1970)

3. Master Mutual Aid Agreement

An agreement made and entered into by and between the State of California, its various departments and agencies, and the various political subdivisions, municipal corporations, and other public agencies of the State of California to facilitate implementation of Chapter 7 of Division 1 of Title 2 of the Government Code entitled "California Emergency Services Act."

G. MUTUAL AID REGION:

A subdivision of the state's medical organization, established to facilitate the coordination of mutual aid and other emergency operations within a geographical area of the State, consisting of two or more county operational areas.

California established six mutual aid regions in California and three OES administrative regions to manage these regions on a day-to-day basis and during disasters. A map of the mutual aid administrative regions is provided below.

H. OPERATIONAL AREA:

An intermediate level of the State medical organization, normally consisting of a county and all units of government within the county.

V. **ASSUMPTIONS**

A. MAJOR EMERGENCIES:

Medical emergencies may reach such magnitude as to require mutual aid resources from adjacent local and State levels.

B. NATURAL DISASTER:

Natural disasters may necessitate mobilization of medical resources for the preservation and protection of life from a variety of threats; i.e., earthquake, flood, windstorm, etc.

C. LOCAL EMS AGENCIES (**LEMSAs**):

LEMSAs will maintain medical resources consistent with anticipated needs. Such services will be augmented by training volunteers for utilization in major disaster operations.

D. PRIVATE SECTOR RESOURCES

While public employees, ambulance providers and hospitals play a significant leadership role in a community's response to a major disaster, private sector medical personnel and facilities are essential response elements in most communities. Medical mutual aid is likely to be largely from the private sector.



MUTUAL AID REGIONS

O E S
CALIFORNIA



*Governor's Office of
Emergency Services*

**Mutual Aid and
Administrative
Regions**



VI. POLICIES

The following policies form the basis of the California Medical Mutual Aid Plan:

- A. The basic tenets of emergency planning are self-help and mutual aid.
- B. Emergency planning and preparation is a task which must be shared by all political subdivisions and industries as well as every individual citizen.
- C. The California Medical Mutual Aid Plan provides a practical and flexible pattern for the orderly development and operation of mutual aid on a voluntary basis between counties and applicable state agencies. Normal emergency medical operating procedures are utilized, including day-to-day mutual aid and other agreements, and plans which have been developed by local medical officials.
- D. Operational Area and Region Plans shall be consistent with policy of the Master Mutual Aid Agreement and the California Medical Mutual Aid Plan.
- E. Reimbursement for mutual aid may be provided pursuant to a governor's disaster proclamation or when conditions warrant invoking local and regional Cooperative Assistance Agreements. There is no other existing provision for mutual aid reimbursement.
- F. The Office of Emergency Services provides direction, ongoing guidance and monitoring throughout the process until reimbursement is received by local agencies.
- G. Private sector medical resources are to be accessed through SEMS processes under the mutual aid system. Private resources should not respond into a disaster area unless requested through the mutual aid system.
- H. Memorandums of understanding between federal, State and local agencies will not include a commitment of local resources without the expressed, written consent of the local jurisdiction(s).
- I. In developing emergency plans, provisions should be made for integrating medical resources into mutual aid operations for all disasters; i.e., earthquake, flood, radiological defense, hazardous materials incidents, and war-related sheltering and/or relocation of significant portions of the population. In planning for war-related emergencies, provisions for pre- and post-attack activities should be included; e.g., shelter improvement, radiological monitoring and decontamination.
- J. Consideration must also be given to the rights, privileges, and immunities of paid, volunteer, and auxiliary personnel in order that they may be fully protected while performing their duties under a mutual aid agreement or an emergency preparedness plan. Provision is made in state laws to deal with these matters, and the procedure outlined therein should be followed to ensure maximum protection.
- K. Local mutual aid and emergency preparedness plans should reference the Master Mutual Aid Agreement by signature of all parties concerned.
- L. The State of California provides Workers' Compensation coverage for certain classes of auxiliary and volunteer personnel engaged in activities directly related to defense preparedness or disaster operations. Coverage is also extended to those unregistered persons impressed into service during a State of Emergency or State of War Emergency by a person having authority to command the aid of citizens in the execution of required duties. No payment of premium is required of local political subdivisions for such coverage.



- M. California jurisdictions will:
1. Reasonably exhaust local resources before calling for outside assistance;
 2. Render the maximum practicable assistance to all emergency stricken communities under provisions of the Master Mutual Aid Agreement;
 3. Provide for receiving and disseminating information, data, and directives;
 4. Conduct the necessary training to adequately perform their functions and responsibilities during emergencies.

VII. ORGANIZATION

The disaster medical system includes all public and private entities furnishing medical care services within the state.

A. LOCAL MEDICAL AND HEALTH AGENCIES:

Local governments employ a variety of organizational models to manage day-to-day emergency and disaster response resources. Local government (county, city, and special district) emergency medical services are provided by private, volunteer, or fire service or other public agency. Multiple casualty incidents are managed by an Incident Commander who is usually from fire service or law enforcement. Distribution of patients among local hospitals is often managed from a centralized facility (control facility) that covers a region of a county, a multi-county region, or an entire county. Depending on the scale and nature of an incident, the Local Health Officer (**LHO**) or LEMSA may participate in or assume overall management of the incident at the local government level.

B. MEDICAL/HEALTH OPERATIONAL AREA COORDINATOR (MHOAC):

1. In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the OES operational area coordinator in the coordination of medical and health disaster resources within the operational area, and be the point of contact in that operational area, for coordination with the RDMHC, OES, the regional office of the OES, CDPH, and EMSA.
2. Nothing in this section shall be construed to revoke or alter the current authority for disaster management provided under either of the following:
 - a) The State Emergency Plan established pursuant to Section 8560 of the Government Code.
 - b) The California Standardized Emergency Management System established pursuant to Section 8607 of the Government Code.

C. REGIONAL DISASTER MEDICAL/HEALTH COORDINATOR (RDMHC):

1. During major disasters, RDMHCs in affected and unaffected regions coordinate medical and health mutual aid at the regional level. The RDMHC role is established by statute in California Health and Safety Code, Division 2.5, Chapter 3, Article 4, Section 1797.152.
2. The EMSA Director and CDPH Director may jointly appoint a RDMHC for each mutual aid region of the State. A RDMHC shall be a county health officer, a county coordinator of emergency services, an administrator of a local EMS agency, or a medical director of a local EMS agency. Appointees shall be chosen from among persons nominated by a majority vote of the



local health officers in a mutual aid region.

3. No person may be required to serve as a RDMHC.
4. No state compensation is provided for the RDMHC position.

D. DIRECTOR, EMSA:

The EMSA Director, or his/her designee, is responsible for coordinating California's medical mutual aid system including taking appropriate action on requests for mutual aid received through regional medical coordination channels.

E. OTHER STATE AGENCIES:

1. OFFICE OF EMERGENCY SERVICES:

OES provides coordination, guidance and assistance in planning, response and recovery to all disasters within the state.

2. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH:

CDPH is the lead agency for response to public and environmental health emergencies. The CDPH Licensing and Certification Division (**LCD**) ensure that health facilities are in compliance with licensing and operating regulations. EMSA and CDPH share responsibility for staffing of the Medical and Health Branch of the State Operations Center (**SOC**), Regional Emergency Operations Center (**REOC**) and the Joint Emergency Operations Center (**JEOC**). In a major disaster with both public health and medical requirements, EMSA and CDPH will closely coordinate the acquisition and application of medical and health mutual aid resources.

3. OTHER CALIFORNIA STATE DEPARTMENTS

The Governor may assign to state agencies any activities concerned with the mitigation of the effects of an emergency (Article 7, Chapter 7 of Division 1 of Title 2 of the Government Code).

VIII. RESPONSIBILITIES

A. OPERATIONAL AREA

The LOCAL EMS AGENCY:

1. Directs all medical action toward stabilizing and mitigating the emergency.
2. Develops an effective emergency plan for use of the medical resources under its control and ensures that such a plan is integrated into the emergency plan of the operational area(s) of which it is a part. This plan should include provision for, but not be limited to, medical operations for earthquake, floods, civil disturbances, riots, bombings, industrial accidents, hazardous material incidents, mass casualty incidents, etc.
3. Makes maximum use of existing resources, facilities, and personnel within the affected operational area prior to requesting assistance from neighboring jurisdictions.
4. Conducts mutual aid activities in accordance with the provisions of this plan.
5. During emergency operations, keeps the MHOAC informed on all matters.
6. Coordinates provision of logistic support for all responding medical mutual



aid personnel.

7. Maintains an up-to-date checklist of timely actions to be taken to put emergency operations plans into effect.
8. Provides mutual aid resources when requested by the MHOAC to the extent of their availability without unreasonably depleting their own resources.
9. Maintains appropriate records, data, and other pertinent information of mutual aid resources committed.

B. OPERATIONAL AREA:

The MHOAC:

1. In the event of a local, State, or federal declaration of emergency, the MHOAC shall coordinate disaster medical and health resources within the operational area, and be the point of contact for coordination with the RDMHC. Each California OA appoints a MHOAC to provide a 24-hour, seven day a week single point of contact for disaster medical and health operations. The local health officer or the LEMSA administrator (or designee) is usually assigned the position of MHOAC. Responsibilities of the MHOAC include:
 - a) Ensuring a system (plan) for management of the Medical and Health Branch of the OA EOC, including authorizing and directing the activation of the medical and health branch of the OA EOC.
 - b) Identifying resources and coordinating the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas.
 - c) Communicating the medical and health status and needs within and outside of the OA to local, regional and state governmental agencies and officials, and to hospital and medical care entities and providers.
 - d) Participating in periodic training and exercises to test plans, policies, procedures and structures for the activation and implementation of the disaster medical and health response system.
 - e) Contacting the RDMHC to obtain mutual aid support from other OAs within the region or from state resources if the MHOAC's OA is unable to meet needs from within the OA.

C. REGIONS:

1. The responsibilities of the RDMHC, with support from the RDMHS, include:
 - a) Developing plans for the provision of medical or public health mutual aid among the counties (OAs) within her/his region.
 - b) If inside the affected region, coordinating with the MHOAC(s) from the affected OA(s) to manage sharing of mutual aid resources.
 - c) Coordinating medical mutual aid operations with the REOC.
 - d) Managing and communicating information about the availability of medical resources.
 - e) For disasters outside the RDMHC's region, coordinating the



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acquisition of requested medical, public and environmental health resources from OAs within the region to send to an affected region.

- f) The RDMHS may provide staff support at the REOCs established in OES Administrative Mutual Aid Regions.

2. If unaffected regions cannot provide the needed resources, EMSA will request them through the State Operations Center (SOC) from State or federal sources.

E. STATE:

1. The Director, EMSA, or his/her designee:
 - a) Prepares, maintains, and distributes the basic California Medical Mutual Aid Plan for coordinating statewide emergency medical resources which include, but are not limited to, all regularly established medical services within the state.
 - b) Develops and maintains the California Disaster Medical Response Plan and standard operating procedures for the use and dispatch of EMSA-employed or coordinated personnel, apparatus and other medical resources as necessary. Such plans shall be made available to LEMSAs, Local Health Departments (**LHD**), RDMHCs, and dispatch centers.
 - c) With CDPH, organizes, staffs and equips the SOC, JEOC and alternate facilities necessary to ensure effective statewide coordination and control of mutual aid medical operations.
 - d) Monitors ongoing emergency situations, anticipates needs, and prepares for use of inter-regional medical mutual aid resources, establishing priorities and authorizing dispatch.
 - e) Monitor and coordinate backup emergency medical coverage between regions when there is a shortage of resources.
 - f) Consults with and keeps the Director of the Office of Emergency Services informed on all matters pertaining to medical services, and keeps the California Emergency Council informed of current policy matters and proposed revisions in the California Medical Mutual Aid Plan. Consults with and assists federal and other state agency representatives on all matters of mutual interest to disaster medical service.
 - g) Coordinates disaster medical mutual aid operations throughout the state.
 - h) Assists local medical agencies in utilizing federal assistance programs available to them and keeps them informed of new legislation affecting these programs.
 - i) Assists in the coordination of the application and use of other state agency resources during a "State of Emergency" or "State of War Emergency."
 - j) Develops and provides training programs and materials for effective application and utilization of the California Medical Mutual Aid Plan.



- k) Encourages the development of training programs for specialized emergencies involving medical services.
- l) Calls for and conducts elections for RDMHCs.
- m) Standardizes forms and procedures for the records required for response of OES and/or local medical resources responding to incidents or operational area coverage which qualify for reimbursement.

IX. MUTUAL AID PROCEDURES

Medical mutual aid rendered pursuant to California's Master Mutual Aid Agreement, is based upon an incremental and progressive system of mobilization. Mobilization plans have been based upon the concept of providing an operational area medical authority with sufficient resources without extraordinary depletion of medical defenses outside the area of disaster. Under normal conditions, medical mutual aid plans are activated in ascending order; i.e., local, county, region, inter-region. Circumstances may prevail which make mobilization of significant medical forces from within the area or region of disaster impractical and imprudent. Inter-regional mutual aid is; therefore, not contingent upon mobilization of uncommitted resources within the region of disaster.

A. LOCAL MEDICAL RESOURCES:

Local medical resources include resources available through automatic and/or day-to-day mutual aid agreements with neighboring jurisdictions. Local mobilization plans are activated by requests to participating agencies and must provide for notification of the MHOAC upon activation. The MHOAC must know of those resources committed under local plans when determining resource availability for subsequent response.

B. PRIVATE SECTOR RESOURCES

Private sector medical resources include physicians, nurses, EMTs and other licensed medical personnel; hospitals, community clinics and other health facilities; ground and air ambulances; and fixed wing aircraft for long-range evacuation. These resources can be permanent elements of the local EMS and health care system or resources that are formed only during disasters, such as Mobile Field Hospitals, medical response teams, and Ambulance Strike Teams.

Resources in affected OAs are coordinated by the OA. Resources outside of affected OAs may be accessed at the regional- or State-levels through the medical mutual aid system.

C. OPERATIONAL AREA MEDICAL RESOURCES:

Operational Area medical resources are made available through the approved and adopted OA disaster medical mutual aid plan. Mobilization of OA resources is activated by the LHO, EMS Agency, MHOAC, or designees, based on an assessment of the medical needs of the response, a request from an Incident Commander/Unified Command or by direction of the OA EOC.

D. REGIONAL MEDICAL RESOURCES:

Regional medical resources include all resources available to an OA in the approved and adopted regional disaster medical mutual aid coordination Plan. OA plans are significant elements of regional plans.



Mobilization of regional medical resources is activated by the RDMHC in response to a request for assistance from a MHOAC.

E. INTER-REGIONAL MEDICAL RESOURCES

Inter-regional medical mutual aid is mobilized through the RDMHC in the affected mutual aid region. Selection of region(s) from which resources are to be drawn is made in consideration of the imminence of threat to life and property, conditions existing in the various regions and the proximity to the affected OA. Medical resources will be organized as typed resources (i.e., ambulance strike teams, California medical assistance teams, etc.).

F. TRAINING:

The training of regular emergency personnel in specialized skills and techniques is essential if each level of the medical service is to successfully discharge assigned emergency responsibilities to handle all-risk emergencies. Medical officials should identify key personnel with emergency assignments and ensure the adequacy of their training.

The State of California Disaster Medical System has adopted the Incident Command System and National Incident Management System. All LEMSAs and EMS provider agencies should maintain familiarity with these systems.

G. PLANNING:

Mutual aid planning considers the logistical and financial obligations incurred in either providing or receiving mutual aid assistance; e.g., fuel, feeding, overtime for personnel.

X. CONCEPT OF OPERATIONS

Emergency situations evolve through a series of stages:

A. Preparedness

While this phase does not apply to all emergencies, involved jurisdictions, when possible, will put pre-emergency plans into operation. Such plans include alerting key personnel, ensuring readiness of essential resources, and preparing to move resources to the threatened area when required. If a request for mutual aid resources is anticipated, the next higher level of jurisdiction must be advised, including all available information relative to the expected threat, its location, imminence, potential severity, and other associated problems. The following actions occur during the preparedness phase:

1. The Local Health Officer and Administrator of the LEMSA appoint the MHOAC for each OA. The Directors of EMSA and CDPH will jointly appoint RDMHCs for each mutual aid region. The LEMSA will, in consultation with CDPH/EMSA, hire through contract with the EMSA the Regional Disaster Medical/Health Specialist (**RDMHS**) to support planning and mutual aid coordination at the regional level.
2. MHOACs, RDMHCs or their alternates will establish 24-hour contact points, which may be a public service answering point, county OES warning center, ambulance dispatch center, or other operation with 24-hour capability.
3. Each RDMHC will develop, provide training on and exercise a regional



mutual aid coordination plan.

4. Each RDHMC will develop a regional resource list to be used during an emergency.

B. Response/Recovery

The nature of emergency operations is dependent upon the characteristics and requirements of the situation. This phase may require the use of local, operational area, regional, and state resources. The magnitude and severity of medical service emergencies may develop rapidly and without warning. Equally rapid planned response on the part of the medical service is required. The situation may develop requiring federal assistance under provisions of a Presidential Disaster Declaration, thereby involving the Department of Health and Human Services (**USHHS**) principally through the Assistant Secretary for Preparedness and Response (**ASPR**). Refer to the chart below for description of the flow of requests and resources.

1. System Activation

The medical mutual aid system may be activated by the affected OA, State OES, EMSA or CDPH when a major disaster occurs or an imminent threat of a major disaster is identified. The formal alert and notification process below ensures all system elements are notified:

- a) The MHOAC of the affected or threatened OA alerts the RDMHC for the affected or threatened region.
- b) The RDMHC notifies EMSA and/or CDPH.
- c) The RDMHC notifies Local Health Officers, LEMSA administrators, and other resources outside the affected OA (s)/he deems appropriate within the Region for the type and scope of the emergency.
- d) The RDMHC establishes a communication link with the affected area OA, EMSA (at the JEOC or EMSA DOC), CDPH, other regional mutual aid coordinators, the OES Regional Office, and the REOC.
- e) EMSA notifies RDMHCs in unaffected areas and consults with OES about activation of the Medical/Health Branch of the SOC and with CDPH about the establishment of the JEOC.

2. Initial assessment:

The MHOAC conducts an assessment of the OAs medical infrastructure, capabilities, and current and projected needs based on information provided by EMS, hospital, and other medical provider agencies. The MHOAC will determine if and how rapidly additional medical and health resources are needed. The MHOAC will communicate this assessment to the OA EOC, the RDMHC, EMSA, CDPH and others according to the OA plan and the circumstances of the disaster.

3. Resource requests within the OA (see Medical/Health flow chart on following page):

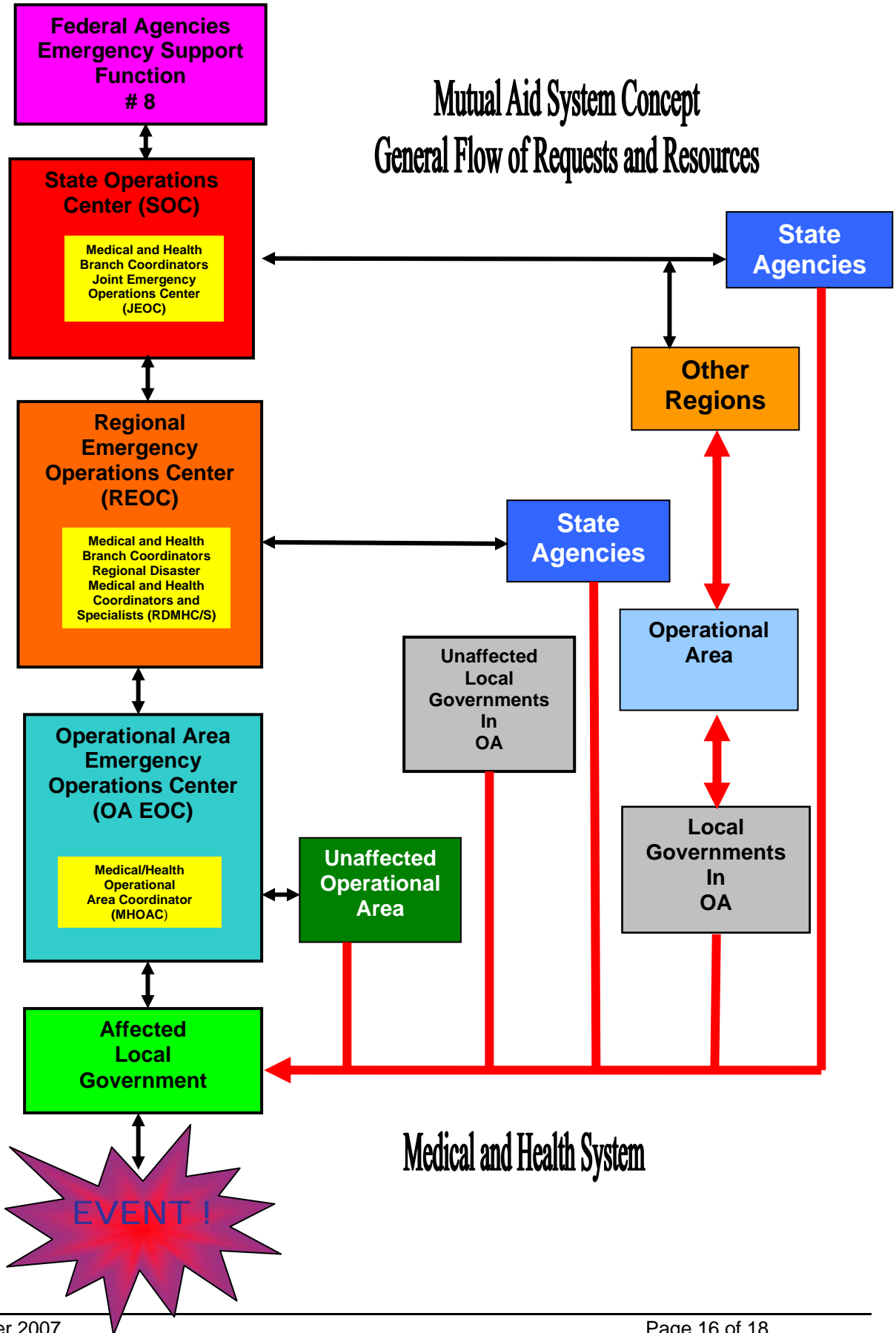


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- a) Local medical responders will continuously update the MHOAC on the status of the disaster, their resources, and the need for additional resources.
- b) Field Incident Commanders, hospitals and other health facilities, and other medical service providers will submit resource requests to the MHOAC according to local plans.
- c) The MHOAC will notify and provide updated information to the RDMHC on all requests for medical and health mutual aid. If the MHOAC cannot locate medical or health resources, then the request will be forwarded to the RDMHC.
- d) If the MHOAC forwards resource requests to the Region through SEMS, the MHOAC will notify the requestors and providers of his/her actions.
- e) Resource requests to the RDMHC will be approved by the OA EOC and recorded in the Response Information Management System **(RIMS)**.



Mutual Aid System Concept General Flow of Requests and Resources





4. Requests for Mutual Aid within a Region
 - a) Mutual aid requests and provision and tracking of resources will be entered into RIMS.
 - b) OAs may establish Staging Areas for resources to gather prior to movement to their destination.
 - c) A MHOAC may make a direct request for resources to another MHOAC in an OA within the Mutual Aid Region. The requesting MHOAC will notify the RDMHC of the request and the provision of resources.
 - d) Mission Numbers, when available, will be used to track resource requests and document expenses for possible future reimbursement.
5. Requests for Mutual Aid from outside of region
 - a) Requests from the REOC for out of region medical resources will be routed to the SOC for approval and then to EMSA at the JEOC or EMSA DOC. RIMS will be used to track mutual aid requests.
 - b) EMSA will coordinate providing medical mutual aid from other unaffected regions through their respective RDMHCs. RDMHC support may include notifying, mobilizing, and arranging transport for requested resources. The REOC will monitor the deployment of the mutual aid resources provided from within its region.
 - c) Each Region may establish Staging Areas for resources to gather prior to movement to their destination.
 - d) A Mission Number will be obtained from the SOC by the EMSA to track requests and document expenses for possible future reimbursement.
6. Receipt of Resources
 - a) Mutual Aid responders will be provided with mission requirement information, contact information, reporting site location, and route, travel condition and other essential information.
 - b) The Medical and Health Branch of the OA EOC will manage provided mutual aid resources including assigning missions, monitoring progress, providing/coordinating logistic support, and ensuring safety. If the event requires the state to provide state-sponsored teams the logistic support requirements can be met, in part, through the Mission Support Team organic to the provided mutual aid resource.
 - c) The affected OA and REOC will use RIMS to record resource response information including arrival time, mission assignment and location, and release and demobilization time of mutual aid resources.
7. Demobilization



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- a) Out-of-county and out-of-region resources are to be released first by the requesting OA.

C. Recovery

Recovery involves the re-establishment of essential medical, health and other public services; seismic and licensing inspections of health facilities; and restoration of medical and health facilities. Mutual aid resources may be required to support recovery operations in impacted areas.