Sierra-Sacramento Valley EMS Agency

Continuity of Operations (COOP)
&
Departmental Operations Center (DOC)
Manual

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SECTION 1: INTRODUCTION

The S-SV EMS Agency Department Operations Center (DOC) Manual is designed to provide direction and guidance, within the SEMS and NIMS response framework, to the on-call S-SV EMS Duty Officer and S-SV EMS Agency staff. The S-SV EMS Agency's DOC may be called upon to support the MHOAC function of a county, based upon agreements in place, or simply to support the overall prehospital emergency medical services system.

This document contains protocols and procedures for activation of the S-SV EMS Agency's DOC, and the Continuity of Operations Plan based upon the current standards and guidelines available during its development, including:

- EMSA Publication #214: Disaster Medical Systems Guidelines
- California Health and Medical Emergency Operations Manual (EOM)
- Federal Preparedness Circular 65

Since California is currently developing its Emergency Function #8 (EF8) for Medical and Health, a component of the overall state Emergency Response Plan, existing state guidelines may change. Additionally, the procedures in this manual may have to be amended from time to time to maintain consistency with all local, regional, state, and federal emergency response plans and standards.

A. DEFINITIONS

California Health and Medical Emergency Operations Manual (EOM)
The EOM describes the normal, day-to-day operations of each public health and medical functions; the transition to an emergency response and/or recovery role (including triggers); coordinated access to existing resources; and other issues critical to the successful management of a public health or medical incident that exceeds the ability of a local Operational Area.

Control Facility (CF) or Disaster Control Facility (DCF)
The Control Facility is a hospital responsible for the dispersal of patients during a Multi-Casualty Incident. The CF collects status reports from receiving facilities and notifies them when patients have been dispersed to them. (See also: Patient Distribution Center)

Department Operations Center (DOC)
A facility used as an EOC by a distinct discipline or agency. The term DOC is used to distinguish a government-level operations center (see *EOC*) from a discipline-specific operations center, such as law, fire, EMS, Public Health, etc. DOCs can be used at all SEMS levels above the field response level, depending on the impacts of the emergency.

Emergency Operations Center (EOC)
The physical location at which civil jurisdictions coordinate information and resources to support incident management (on-scene operations). An EOC may be a temporary facility or permanently established in a fixed facility.

Medical Health Operational Area Coordinator (MHOAC)
An individual designated by the Local Health Officer and EMS Agency Administrator who facilitates development of OA medical/health disaster response plans. It has long been recognized that the MHOAC function is accomplished by numerous persons, at various locations and possibly by varying organizations. The MHOAC program accomplishes the activities of medical and public health mutual-aid coordination at the direction of the designated MHOAC. The MHOAC is the local point-of-contact for the RDMHC/S program. In the S-SV EMS Agency Region, MHOAC duties are primarily the responsibility of the public health officer or their designee within each OA. S-SV provides a supportive role as a liaison to the health officer, which is specifically defined in the S-SV EMS Agency JPA Agreement. S-SV EMS is not an operational agency during disaster events. As a liaison to the health officer, S-SV EMS will take a lead role in coordinating with prehospital care providers regarding prehospital concerns and in initiating OA and S-SV EMS Regional HAvBED queries (see the MHOAC Responsibility Matrix- Reference No. 838-D).

Operational Area (OA)
An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.

Regional Disaster Medical Health Coordinator and Specialist (RDMHC/S)
The EMS Authority and CDPH jointly appoint the RDMHC in each mutual-aid region. The RDMHC coordinates disaster information and medical/health mutual-aid and assistance between the MHOACs within that mutual-aid region and response to other mutual-aid regions in the state. The RDMHS provides the day-to-day planning and coordination of medical and health disaster response within the mutual-aid region. During disaster

response, the combined RDMHC/S Program is the point-of-contact for MHOAC Programs within the mutual-aid region, as well as for the CDPH and EMSA.

Response Information Management System (RIMS)
An internet-based information management system developed by California Emergency Management Agency (Cal EMA) for collecting information on the disaster situation, communicating action plans, tracking resource and mission requests. Use of RIMS is limited to OAs, regional and state government agencies.

B. ACRONYMS

ACS	Alternate Care Site
AST	Ambulance Strike Team
CAHAN	California Health Alert Network
CDPH	California Department of Public Health
CF (DCF)	Control Facility (Disaster Control Facility)
DMSU	Disaster Medical Support Units
DOC	Department Operations Center
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
FTS	Field Treatment Site
JEOC	Joint Emergency Operations Center
MCI	Multi/Mass Casualty Incident
MFH	Mobile Field Hospital
MHOAC	Medical Health Operational Area Coordinator
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
RDMHC/S	Regional Disaster Medical Health Coordinator/ Specialist
REOC	Regional Emergency Operations Center
RIMS	Response Information Management System
SEMS	Standardized Emergency Management System
SITREP	Situation Report (Medical/Health Situation Report)
SOC	State Operations Center
SWC	State Warning Center

C. ESSENTIAL FUNCTIONS

It is the policy of the Sierra-Sacramento Valley (S-SV) EMS Agency to have in place a comprehensive and effective program to ensure continuity of essential functions under all circumstances. As a baseline of preparedness for the full range of potential emergencies, S-SV EMS Agency has in place a viable COOP capability which ensures the performance of these essential functions during any emergency or situation that may disrupt normal operations for up to 30 days.

Essential functions are those functions that enable S-SV EMS Agency staff to provide vital services, exercise civil authority, maintain the safety and well-being of the general populace, and sustain the industrial/economic base in an emergency. The essential functions of S-SV EMS Agency are outlined in the following list.

SECTION 2: ACTIVATION

SECTION 2: PLAN ACTIVATION

A. Triggers

The decision to activate the EMS Agency's Departmental Operations Center (DOC) or Continuity of Operations (COOP) Plan should be based on intelligence related to an incident or anticipated event, requiring coordination or support at the Operational Area level.

Information leading to a decision for DOC or COOP activation may be received by the S-SV EMS Agency Regional Executive Director, or designee, from a variety of sources, including:

B. Levels of Activation

1. SURVEILLANCE

The incident or event can be effectively managed at the field level. However, due to the size, complexity, or potential need for further support, the S-SV EMS Agency Regional Executive Director, or designee, elects to continue to monitor information sources (field, CF, EOC, RDMHC/S) regarding the incident or event.

2. PARTIAL ACTIVATION

Incident management complexity is increased and the S-SV EMS Agency Regional Executive Director, or designee, determine that partial staffing of the DOC is warranted to provide adequate support for field operations, local/OA EOC operations, or RDMHC/S resource requests.

3. FULL ACTIVATION

Incidents are of such magnitude that coordination of the response(s) at the scene or another location is not possible, e.g. major earthquake; HAZMAT incident requiring large evacuation and sheltering; major fire; commercial passenger aircraft, rail, or other mass casualty incident; etc.

The S-SV EMS Agency Regional Executive Director, or designee, determines that full staffing of the DOC is necessary to provide the necessary support for EMS operations.

C. Personnel & Staffing

1. EMS Agency Duty Officer Responsibilities

A. Receiving a Request

A request for the S-SV EMS Agency Duty Officer or MHOAC will normally be received:

- [redacted]

B. Confirming a Request

If a notification or request is received via pager, text message, or email, the S-SV EMS Agency Duty Officer will attempt to confirm the request by telephone with the requesting party or dispatch center within 5 minutes of receiving the notification. If unable to respond within 5 minutes, confirmation should be made at the first opportunity. (See *Appendix C: 24-Hour Designated Dispatch Center*)

C. Threat Assessment

The S-SV EMS Agency Duty Officer will determine the significance of a threat or request for EMS resources. The Duty Officer may enlist the assistance of an EMS Dispatch Center or Control Facility to obtain statuses of local resources. (See Section 3. D. 4. *Damage Assessment & Situation Reporting*)

D. Activating the DOC

Depending on the nature and size of the request, activation of the S-SV EMS Agency's Departmental Operations Center (DOC) [redacted]

E. Notifications

Notify all appropriate agencies of the DOC activation, including:

a. the 24-hour designated dispatch center,
b. MHOAC(s)/local Public Health Department(s)
c. the local OES Coordinator(s)
d. the RDMHC/S,
e. local providers

2. Delegations of Authority for COOP

The purpose of this section is to outline the administrative authorities needed for Continuity of Operations to ensure performance of essential functions at all organizational levels, and at all points where emergency actions may be required. Additionally, this section delineates any limits of delegated authority and accountability; and any temporal, geographical, or organizational limitations of that authority.

a. Authorities

[redacted]

b. Triggers for Delegation of Authority

[redacted]

[redacted]Limitations of Authority & Accountability

[redacted]

3. Orders of Succession

The following Orders of Succession outline the hierarchy for assumption of senior agency positions. The Orders of Succession are implemented when the Triggers for Delegation of Authority occur.

Regional Executive Director (Agency Head)

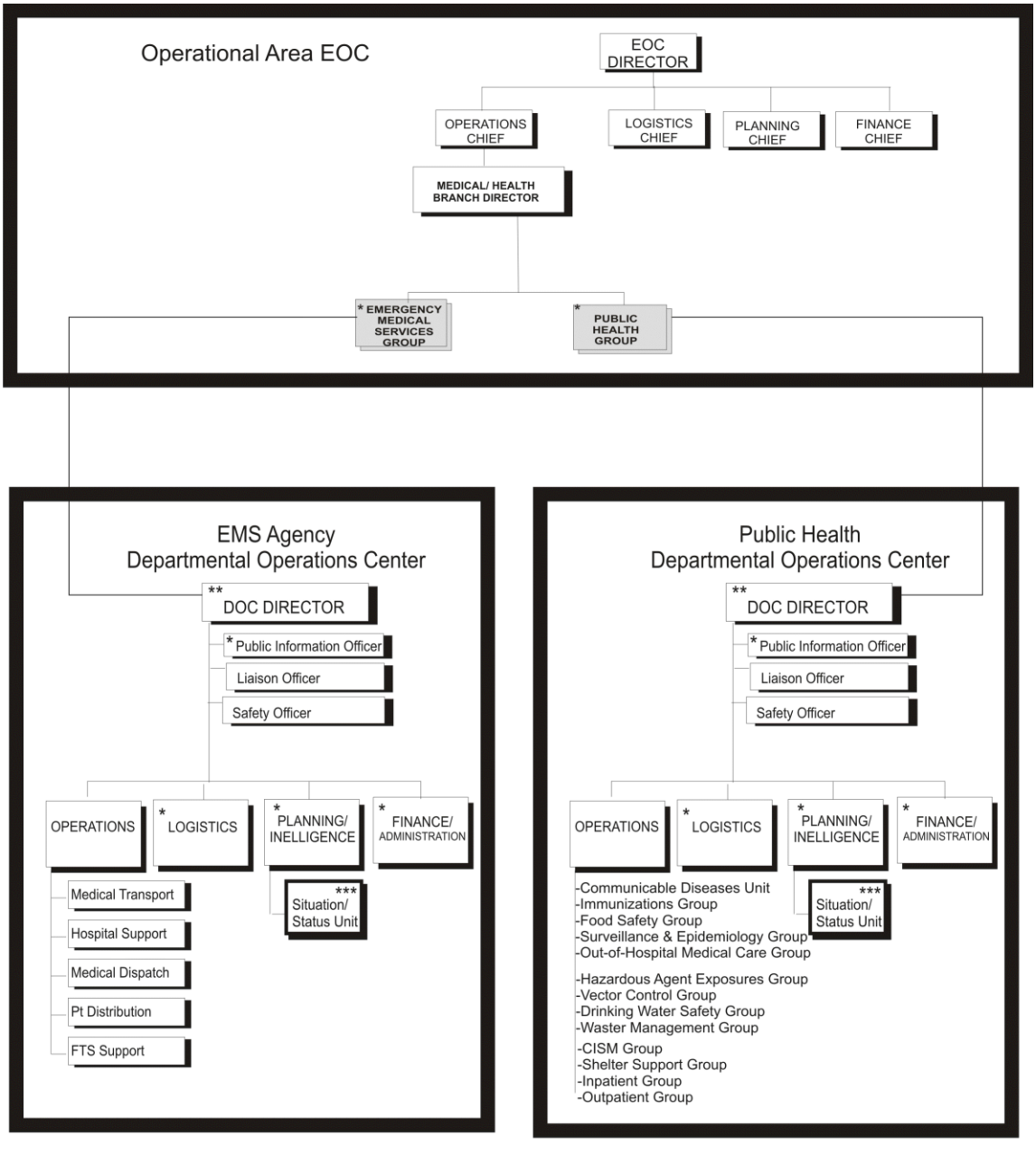
[redacted]

EMS Medical Director

The duties of the Medical Director may be assumed by a qualified physician identified by the Medial Director or Regional Executive Director as needed, or when the Medical Director is otherwise unavailable.

4. Organization

The EMS Agency DOC must coordinate operations with the Medical/Health Branch of the OA EOC(s) if activated.



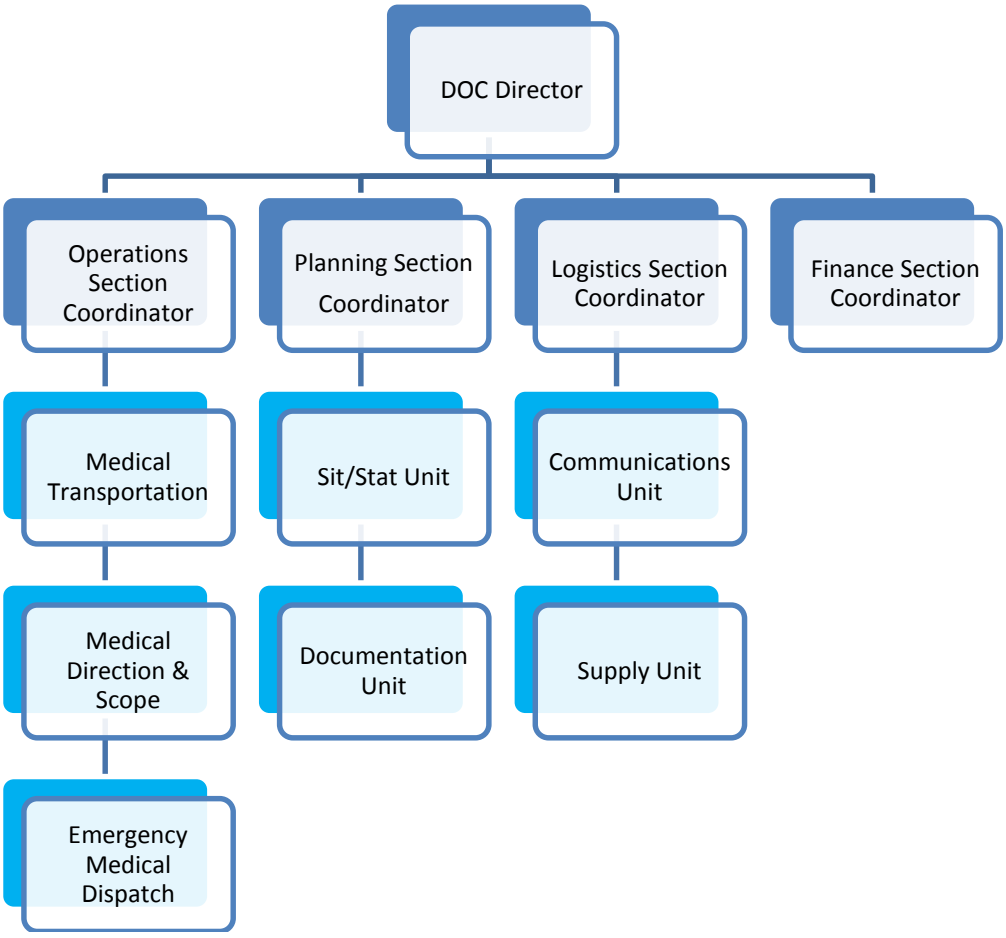
* Logistics, Planning, Finance, and PIO positions could be deferred to the Operational Area EOC. If these positions are filled at the DOC, they must stay in regular communications with their counterparts at the Operational Area EOC.

** The DOC Director usually works under the direction of the Operational Area Medical/Health Branch Coordinator, if the position is activated at the EOC.

*** If both an EOC and DOC are both operational, it is imperative that the DOC designate an individual responsible for continuous situation status updates to and from the EOC.

If additional DOCs are activated (i.e. EMS, Health, etc.), those DOCs should also maintain continuous Sit/Stat reports with each other.

A. The S-SV EMS Agency DOC shall use the Incident Command System as its organization structure. The DOC Director shall determine which positions to fill, based upon the incident priorities and available staff. Consider recruitment of management-level ambulance provider representatives or mutual-aid to augment DOC staff. Staff shall be assigned as an S-SV EMS Agency representative to report to the OA EOC as requested, based upon availability.



B. In order to ensure proper tracking and communication of position responsibilities, this form or one of the following ICS forms should be completed for each operational period in which the DOC is activated:

O ICS203- Organization Assignments
O ICS207- Org Chart

5. Staff Alerts & Accountability

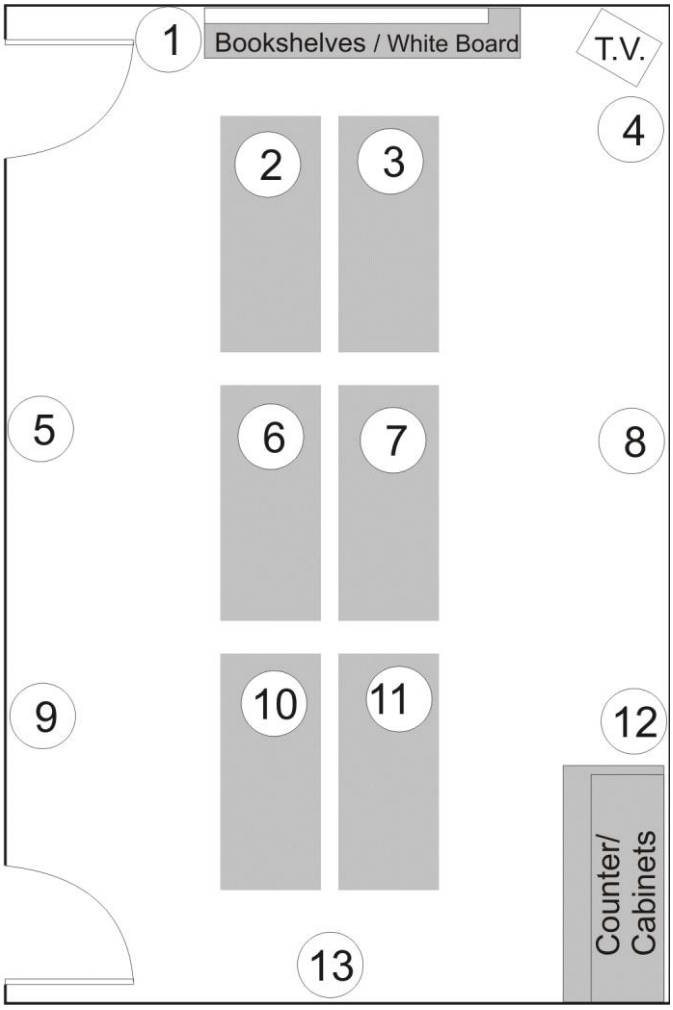
The EMS Agency Regional Executive Director, or designee, upon determination to activate the DOC, will alert Agency staff (on-duty or off-duty) as to the situation, assignments, and location to report. In the event that telephone communications are disrupted, agency staff should automatically report to the main office. If access is unavailable to the main office, agency staff should report to the alternate DOC location.

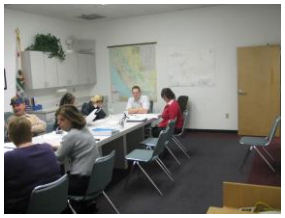
D. Location / Schematic Layout

1. Primary DOC Location

The S-SV EMS Agency Departmental Operations Center shall be [redacted]

2. Schematic Layout *(Conference Room)*





Station assignments shall be made by the DOC Director, based upon position assignments and need. Stations should be clearly labeled to communicate to all DOC staff.

Station 1: _____
Station 2: _____
Station 3: _____
Station 4: _____
Station 5: _____
Station 6: _____
Station 7: _____
Station 8: _____
Station 9: _____
Station 10: _____
Station 11: _____
Station 12: _____
Station 13: _____
Other: _____

3. Alternate DOC Location

[redacted]

1. *Activation*

The Regional Executive Director, or designee, shall determine the need to activate an alternate site for EMS Agency operations. Upon decision to activate the primary alternate DOC site:

- The [redacted] shall be contacted to verify availability of the site.
- Staff shall be notified of the alternate location.

[redacted]The following entities shall be notified of the alternate location [redacted]

  - [redacted]

- The agency telephone message and website should be updated as soon as possible to reflect the current situation.

2. ***Supplies & Equipment***

Agency staff should bring agency laptops and cell phones when possible. [redacted] office equipment and supplies may be used as available. Supplies needed for extended operations shall be coordinated between the OES Manager and Regional Executive Director or designee.

3. *Data Access*

a. Staff contact information is available on most agency staff cell phones.

b. EMT certification and paramedic licensure information can be accessed remotely through internet access or directly contacting the [redacted]

c. Provider contact information is available through:

- Agency Outlook database (server)
- Agency website or Individual provider websites
- The latest version of the EMS Plan

4. Supplies and Equipment

The following supplies and equipment should be maintained for activation of the EMS DOC:

- Tables and chairs
  Adequate numbers of tables and chairs shall be arranged by functional area to facilitate DOC operations (e.g. Operations, Planning, Logistics, Finance).

- Computer(s)
  Desktop or laptop computers necessary to facilitate internet access for DOC operations including:
  -Monitoring websites, such as EMSystem, CAHAN, etc.
  -Processing email and messages as needed
  -Documentation of DOC operations (ICS forms, status reports, etc.)
- Data Projector
  Data projector(s) may be used for computer or website displays such Situation/Status boards, EMSystem, Resource Requests.

- White Boards or Easel/Paper
  Display boards may be used for sharing important pieces of information during DOC operations such as Incident Status or Resource Request/Statuses

- Pens, Pencils, Markers
  Adequate writing utensils should be made available to all staff

- Baskets/Organizers
  Baskets or organizers should be placed in key locations for collection/ organization of documents such as Message Forms, Resource Requests, ICS Forms, etc.

- DOC Manual & Forms
  Copies of the DOC Manual should be made available for DOC staff, including: Sign-in Sheet, Medical/Health Situation Report (SitRep), Resource Request Form, Resource Tracking Form, Message Forms, ICS Forms, etc.

- Television
  A television should be available to monitor the news media

- Position Identification
  Position identification should include name plates/signs for activated posts within the DOC, as well as vests/name tags for all DOC positions.

- Additional Staff Support items
  such as food, water, rest area, etc.

SECTION 3: OPERATIONS

SECTION 3: DOC OPERATIONS

A. OPERATIONS SECTION

1. Medical Transportation

[redacted]

2. Medical Direction & Scope of Practice

[redacted]

b. [redacted]

3. Emergency Medical Dispatch

[redacted]

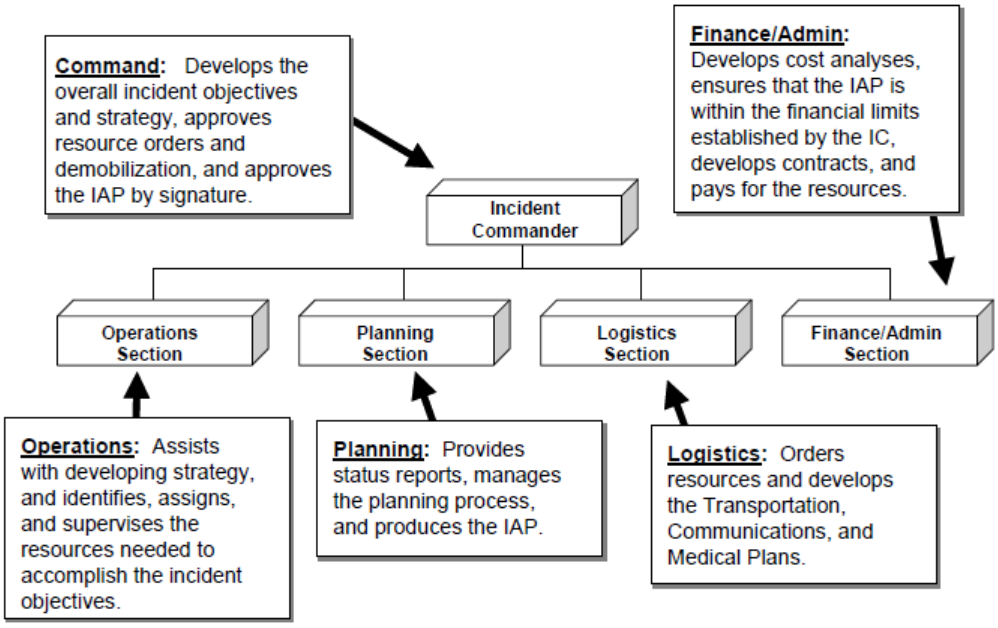
B. PLANNING SECTION

1. Action Planning

a. The S-SV EMS Agency DOC Director should establish a good planning process to maximize the use of resources, ensure safety, effectiveness of strategies and tactics, and lower incident costs. Frequently, the initial plan must be developed very quickly and with incomplete situation information. As the incident management efforts evolve, additional staff, information systems, and technologies will enable more detailed planning and cataloging of events and "lessons learned."

b. Planning involves:

- Evaluating the situation.
- Developing incident objectives.
- Selecting a strategy.
- Deciding which resources should be used to achieve the objectives in the safest, most efficient and cost-effective manner.

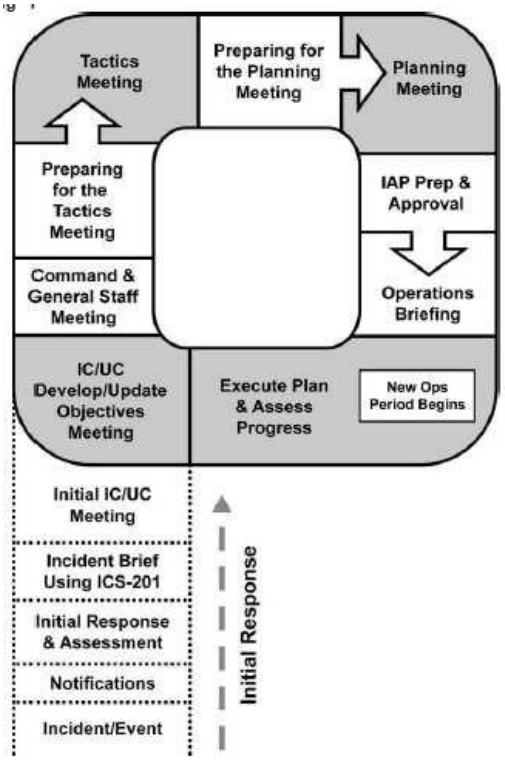


http://training.fema.gov/EMIWeb/IS/ICSResource/assets/PlanningP.pdf

The diagram shows that while other positions within the organization assist with elements of the Action Plan, the Incident Commander (DOC Director) develops the overall objectives and strategy, approves resource orders and demobilization, and approves the Action Plan by signature.

c. The Planning "P"

The Planning "P" is a guide to the process and steps involved in planning for an incident. The leg of the "P" describes the initial response period. Once the incident/event begins, the steps are: Notifications, Initial Response & Assessment, Incident Briefing, and Initial Command Meeting. At the top of the leg of the "P" is the beginning of the first operational planning period cycle.



i. Assessment/Initial Briefing (ICS 201)

Planning begins with a thorough size-up that provides information needed to make initial management decisions. The ICS 201 provides Command Staff with information about the incident situation and the resources allocated to the incident. This form serves as a permanent record of the *initial response* to the incident and can be used for *transfer of command*.

ii. Command/Control Objectives Meeting

The DOC Director (IC) establishes Command/Control objectives that cover the entire course of the incident. For complex incidents, it may take more than one operational period to accomplish the Command/Control objectives. The cyclical planning process is designed to take the Command/Control objectives and break them down into tactical assignments for each operational period.

iii. Command and General Staff Meeting

The S-SV EMS Agency DOC Director may meet with the Command and General Staff to gather input or to provide immediate direction that cannot wait until the planning process is completed. This meeting occurs as needed and should be as brief as possible.

iv. Tactics Meeting

The purpose of the Tactics Meeting is to review the tactics developed by the Operations Section in cooperation with the MHOAC/OA EOC. This includes the following:

- Determine how the selected strategy will be accomplished in order to achieve the incident objectives.
- Assign resources to implement the tactics.
- Identify methods for monitoring tactics and resources to determine if

adjustments are required (e.g., different tactics, different resources, or new strategy).

ICS Form 215G: Planning Worksheet, and *Form 215A: Safety Analysis* are used to document the Tactics Meeting. Resource assignments will be made for each of the specific work tasks.

v. Planning Meeting

The Planning Meeting provides the opportunity for the Command and General Staff to review and validate the operational plan as proposed by the Operations Section. Attendance is required for all Command and General Staff. Additional personnel may attend at the request of the Planning Section Chief or the DOC Director. The Planning Section Chief conducts the Planning Meeting following a fixed agenda, including review of the amounts and types of resources needed to accomplish the plan. At the conclusion of the meeting, the Planning Section Staff will indicate when all elements of the plan and support documents are required to be submitted so the plan can be made ready for the Operational Period Briefing.

vi. Operations Period Briefing

The Operations Period Briefing may be referred to as the Operational Briefing or the Shift Briefing. This briefing is conducted at the beginning of each Operational Period and presents the Action Plan to supervisors of tactical resources. Following the Operations Period Briefing supervisors will meet with their assigned resources for a detailed briefing on their respective assignments.

vii. Execute Plan and Assess Progress

The Operations Section directs the implementation of the plan. The supervisory personnel within the Operations Section are responsible for implementation of the plan for the specific Operational Period. The plan is evaluated at various stages in its development and implementation. The Operations Section Chief may make the appropriate adjustments during the Operational Period to ensure that the objectives are met and effectiveness is assured.

2. Hospital HAvBED Assessments

a. Purpose

The purpose of the Hospital Available Beds in Emergencies and Disasters (HAvBED) program is a standardized "real-time" hospital bed and resource availability information system that can be used by decision makers, planners, and emergency personnel at the local, state, regional, and federal levels.

b. HAvBED Categories

The HAvBED Assessment includes:

i. Facility Status: Ability of the facility to accept EMS traffic
ii. HAvBED: These represent available staffed beds ready to receive patients.
iii. Decontamination Status
iv. Situational Assessment (EOP Activation, Staffing, Supplies, Utilities, etc.)
v. Ventilators
vi. Bed Capacity: The total number of staffed beds in the hospital (available and unavailable)

c. Local HAvBED Assessment

The local HAvBED polling process will follow the Standardized Emergency Management System (SEMS):

- The LEMSA Administrator or his/her designee will contact SRMC ER and request that they create a HAvBED event in EMResource.
- Each hospital ED charge nurse, or designee, will request the house or nursing supervisor to provide the availability for each of the HAvBED categories using EMResource within 30 minutes of request.
- The LEMSA Administrator or his/her designee will tabulate the results from each hospital and operational area by creating an Event snapshot.
- As appropriate, the LEMSA Administrator will forward the results of the HAvBED poll to the requesting party.
- EMResource has automated a reporting system for dissemination of HAvBED OES Region level polling data to the state. After 11-21-2013 this capability will be developed for S-SV EMS LEMSA initiated county level polling and HAvBED reports. The data reports would instead be directed from Intermedix to S-SV EMS. Once this capability is implemented there will not be a need to export or complete any additional spreadsheets when reporting S-SV LEMSA only data to the state, since data will be consolidated and reported directly by EMResource to S-SV EMS. This report can then be forwarded to the state if needed. If an S-SV EMS LEMSA level poll is initiated from the OES regional level for S-SV region counties only the process is the same as outlined in the Regional HAVBED Assessment Section and will apply.

d. Regional HAvBED Assessment

i. Regional polling will be conducted when requested by:

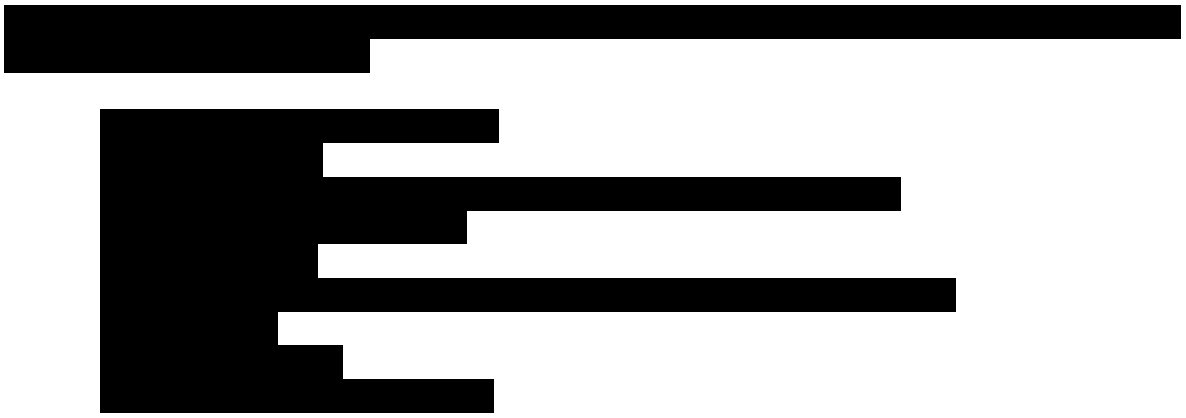
- A MHOAC in support of operations at the operational area level;
- An RDMHC/S in support of operations in an adjacent region; and
- The Emergency Medical Services Authority (EMSA) duty officer or the California Department of Public Health (CDPH) duty officer in support of operations on a state or national level.

ii. The Region IV HAvBED polling process will follow the Standardized Emergency Management System (SEMS):

- During a HAvBED exercise, drill or real-world event, a California Health Alert Network (CAHAN) message is sent out to all LEMSAs, Medical Health Operational Area Coordinators (MHOAC), Regional Disaster Medical Health Coordinators (RDMHC) and Regional Disaster Medical Health Specialists (RDMHS) notifying them of a HAvBED data request.
- The RDMHC/S in Region III and Region IV or his/her designee will create a HAvBED bed-polling event on EMResource.
- Each hospital ED charge nurse, or designee, will request the house or nursing supervisor to provide the availability for each of the HAvBED categories using EMResource within 30 minutes of request.
- The RDMHC/S or his/her designee will tabulate the results from each hospital and operational area.
- As appropriate, the RDMHC/S will forward the results of the inpatient bed poll to the requesting party and the Joint Emergency Operation Center (JEOC).
- EMResource has automated a reporting system for dissemination of HAvBED reports for Region III and Region IV direct to CDPH. This will be effective 11-21-2013. After this date there will not be a need to export or complete any

spreadsheets, since data will be consolidated and reported directly by Intermedix to the state and/or the RDMHC/s.

3. Damage Assessment



4. Medical and Health Situation Reporting (SitRep)

The MHOAC/Public Health Officer is the principal point-of-contact within the Operational Area for information related to the medical and public health impact of an emergency. Therefore, an unusual event should also trigger the provision of situational information to relevant partners representing the EMS and public health system, including the MHOAC, S-SV EMS Agency, RDMHC/S, and CDPH and/or EMSA Duty Officer (or JEOC, if activated).

a. Preparing the Medical and Health Situation Report (SitRep)

i. The MHOAC/Public Health will prepare a Medical and Health Situation Report containing the minimum data elements within two hours of emergency system activation.

The SitRep may be completed using the electronic tool developed for this form, or on hardcopy.

To use the electronic version of the SitRep, download the application posted

ii. After completing the Medical and Health SitRep, it should be simultaneously forwarded to the S-SV EMS Agency, the RDMHC/S and/or CDPH/EMSA duty officer, as appropriate.

iii. Share the Medical and Health SitRep with the local emergency management duty officer(s) as appropriate.

iv. Disseminate the Medical and Health SitRep horizontally throughout the Operational Area per local protocol.

v. Contact the RDMHC/S and alert them to the submission of the Medical and Health SitRep.

vi. Be prepared to participate in conference calls scheduled by the RDMHC/S.

b. Subsequent SitRep Reporting

Provide subsequent Medical and Health SitReps under the following circumstances:

i) Once during each subsequent operational period at agreed upon times.

ii) Changes in Status, Prognosis, or Major Events or Actions Taken.

iii) Region/State Agency request as communicated by the RDMHC/S program.

5. Documentation

a. Check-in

All staff assigned to the DOC shall sign-in upon arrival and sign-out prior to leaving (*Form: ICS 211*). Upon sign-in, each staff shall:

- Receive a position assignment,
- Receive a Job Action Sheet, and supporting forms for documentation.
- Don a position vest or name badge with the appropriate position title.
- Receive briefing regarding current situation.

b. Filing System

A filing system should be established for tracking and reference of all documents produced during DOC activation. The filing system may include both electronic files (saved to a folder on the server) and hardcopy files (saved in a folder or binder). All Files and folders should be clearly labeled with the Incident Name and Date.

c. Documents to be maintained should include:

- ICS211 Sign-In Worksheets
- ICS214 Unit Logs
- Action Planning documents (ICS 201, 202, 203, 204, etc.)
- Medical/Health Situation Report documents (SitReps)
- Resource Request and Tracking documents
- Resource Damage Reports / Tracking documents

C. LOGISTICS

Resource management involves coordinating and overseeing the application of tools, processes, and system that provide incident managers with timely and appropriate resources during an incident. Resources include personnel, teams, facilities, equipment, and supplies. Generally, resource management activities take place within EOCs. When they are established, multiagency coordination entities may prioritize and coordinate resource allocation and distribution during incidents.*[NIMS-90-web.pdf]*

1. Communications and Information Systems

a. DOC Communications

The DOC Director shall ensure that an assessment is completed of all available communications systems, and an ICS205- *Communication Plan* is completed, to include assessment of:

- the landline telephone system. Additional office extensions may be re-located to the main conference room to provide additional landline telephones for DOC staff (The primary DOC extension will be [redacted]).
- the EMS agency fax machine ([redacted]).
- the internet connection
- email availability and DOC email accounts:
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
- other communications system options, such as portable radios, cell phones, satellite phone, etc.

b. Communications Plan

The DOC Communications plan shall be shared with 24-hour Dispatch Center(s), Public Health Department(s), OES Coordinator(s), CF(s), the RDMHC/S, and provider agencies as appropriate.

c. Information Systems & Data Access

Communications system available from the Agency's main office include: Internet (web, email), telephone, fax, and cell phone.

- Staff contact information is available on most agency staff cell phones.
- EMT certification and paramedic licensure information can be access remotely through internet access or directly contacting the EMS Authority.
- Provider contact information is available through:
  - Agency Outlook database (server)
  - Agency website or Individual provider websites
  - The latest version of the EMS Plan

2. Ongoing Resource Assessments

Resource managers identify, refine, and validate resource requirements throughout the incident lifecycle. Prior to submitting resource requests, it is incumbent upon the MHOAC Program to confirm the following:

- Is the resource available through mutual assistance agreements?
- Is the resource available from the internal, corporate supply chain?
- Is the resource need immediate and significant?
- Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative of the resource available from other vendors?
- Have payment/reimbursement issues been addressed?

3. Medical/Health Resource Requests

a. <u>In County</u>

[redacted]

b. <u>Out-of-County</u>

[redacted]

[redacted]

4. Mobilization of Resources

[redacted]

5. Resource Tracking (MACS 420)

a. Resource tracking is a standardized, integrated process conducted throughout the life cycle of an incident by all agencies at all levels. This process provides incident managers with a clear picture of where resources are located, helps staff prepared to receive resources, protects the safety of personnel and security of supplies and equipment, and enables the coordination of movement of personnel, equipment, and supplies.

b. The EMS Agency DOC staff should coordinate with the OA EOC to clarify systems and processes used to track the medical/health resources deployed to an incident.

c. The MACS 420 is a common form for tracking resources. See Appendix B: MACS 420 for instructions on using this form.

6. Support Out-of-Area Responders

The EMS Agency DOC should work with the OA EOC to ensure that facilities and services are available for incoming mutual aid medical and health resources. These facilities and areas may include:

a. Incident Base

An Incident Base is the location at which primary support activities are conducted. A single incident base is established to house all equipment and personnel support operations. The Logistics Section, which orders all resources and supplies, is also located at this base. The Incident Base should be designed to be able to support operations at the multiple incident sites.

b. Camps

Camps are separate from the Incident Base and are located in satellite fashion from the Incident Base where they can best support incident operations. Camps provide certain essential auxiliary forms of support, such as food, sleeping areas, and sanitation. Camps may also provide minor maintenance and services of equipment. Camps may be relocated to meet changing operational requirements.

c. Mobilization and Staging Areas

Staging areas are established for temporary location of available resources. [redacted]

7. Damage Reporting/Tracking

a. Personnel Injury

Ensure that injuries are reported through the proper chain of command within the SEMS/NIMS/ICS structure, and documented. Documentation of personal injury should include (see ICS Form 226: Injury Log):

- Date/ Time Name / Agency Nature of Injury
- Notification to Agency Reps
- Notification of the Medical Unit Investigation Started
- Injury Report Initiated
- Injury Report Completed

b. Equipment Damage

Ensure that equipment damage is reported through the proper chain of command within the SEMS/NIMS/ICS structure, and documented. Documentation of equipment damage should include (see ICS Form 227: Claims Log):

- Date/ Time
- Claim
- Property Owner Location on Incident Claims Form

- Initiated Agency Reps Advised
- Property Owner Contacted
- Investigation Started Claims Form Completed

SECTION 4: DEACTIVATION

SECTION 4: DOC DEACTIVATION

A. Deactivation/De-escalation/Demobilization

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, 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
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

SECTION 5: TRAINING

SECTION 5: TRAINING & EXERCISES

A. Training

LEMSA personnel with Duty Officer responsibilities shall:

1. Receive training in the following areas:
   a [redacted]
2. Receive refresher training in the above areas at least annually.

B. Exercises

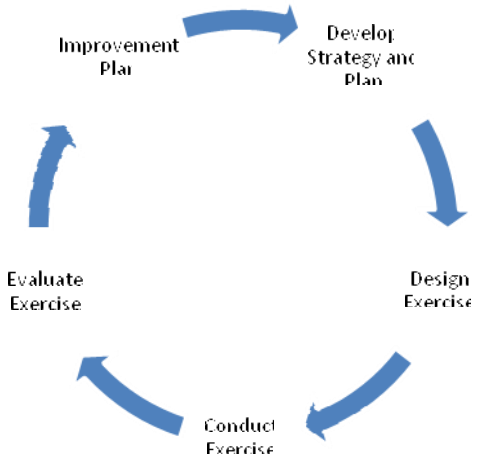
1. [redacted]
2. [redacted]
3. Conduct periodic alerts of key personnel to exercise staff response and ensure contact information remains current.

C. Homeland Security Exercise/Evaluation Program (HSEEP)

The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning. ***(****https:\\hseep.dhs.gov)*

- Determine the Mission (Prevent, Protect, Respond, and Recover).
- Determine what capabilities are needed to achieve the mission (from Target Capabilities List (TLC) *https://hseep.dhs.gov/pages/1002_EEGLi.aspx*).
- Determine what activities and tasks are necessary to achieve the capability.
- Then, create a scenario, to evaluate the identified capabilities, activities, and tasks.

Five Phases of the HSEEP Exercise Cycle



1. **Develop Strategy and Plan**: the following activities provide the foundation for an effective exercise: 1) create a base of support (i.e. establish buy-in from the appropriate entities and/or senior officials); 2) develop a project management timeline; 3) identify an exercise planning team; and 4) schedule planning conferences.

   - **Threat:** What are the hazards or vulnerabilities?
   - **Targets:** What is your critical infrastructure?
   - **Mission:** What is your mission?
   - **Capabilities:** What do you need to perform your mission?

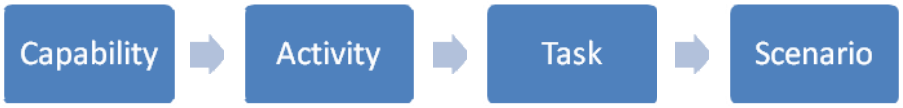
   Capabilities Based Planning

   a. Identify capabilities and gaps in capabilities.
   b. Decide what capabilities are needed to fill gaps.
   c. Determine which tasks are needed to achieve capabilities.
   d. Design exercises that improve ability to complete tasks.
      - Discussion-Based Exercises: Seminars, Workshops, Tabletop Exercises, and Games.
      - Functional Exercises: Drills, Functional, and Full-Scale.
   e. Integrate priorities from Improvement Plans.
   f. Prioritize improvements, based on National Priorities and local priorities.

2. **Training:** What training is needed to perform your mission?
   Training and Exercise Plan Scheduling
   - What: Multi-Agency Annual Workshop to discus HSEEP accomplishments and future needs.
   - Who: Officials from participating agencies.
   - Why: Agencies review their progress since last T&EPW and identify training needs for next year.
   - Multi-Year Training and Exercise Plan: Longer term view of exercise and training needs. Plan identifies: program priorities, target capabilities, training courses and exercises.

3. **Design Exercise**: The design and development process focuses on: 1) identifying objectives, 2) designing the scenario, 3) creating documentation, 4) coordinating logistics, 5) planning exercise conduct, and 6) selecting an evaluation and improvement methodology.

   a. <u>Exercise Design</u>
      - Does your training and equipment meet your mission?
      - Select capabilities from the Target Capabilities List (TCL) based on type, scope, and participant agencies.
      - Based on capability chosen, identify subordinate activities and tasks for evaluation.
      - Design an exercise scenario to facilitate he evaluation of the identified capability.
        - Discussion-Based Exercises
        - Operations-Based Exercises



   b. <u>Developing an Exercise Scenario</u>
      - The exercise scenario drives the exercise play. The scenario should be risk-based, realistic, challenging, and include conditions that allow players to and include conditions that allow players to demonstrate proficiency and competency.
      - Involve local agencies and facilities.
      - Determine threat/hazard to be used.
      - Select an appropriate venue for the hazard.
      - Consider previous real-world incidents and exercises

4. **Conduct Exercise**: After the design and development steps are complete, the exercise takes place. Exercise conduct steps include: 1) setup, 2) briefings, 3) facilitation/control/evaluation, and 4) wrap-up activities.

5. **Evaluate Exercise**: The evaluation phase for all exercises includes: 1) a formal exercise evaluation, 2) an integrated analysis, and 3) an After Action Report/Improvement Plan (AAR/IP) that identifies strengths and areas for improvement in an entity's preparedness, as observed during the exercise.

a. **After Action Reporting:** Critique and document the exercise.

Evaluation Process

1. Plan and organize the evaluation.
2. Observe the exercise and collect data.
3. Analyze data.
4. Develop the draft After Action Report (AAR)

   AAR is a record of exercise actions, used to implement changes and improve capabilities, and usually includes:

   - Executive Summary
   - Exercise Overview
   - Exercise Design Summary
   - Analysis of Capabilities
   - Conclusion
   - Improvement Plan

b. **Improvement Planning**: During improvement planning, the corrective actions identified in the evaluation phase are assigned, with due dates, to responsible parties; tracked to implementation; and then validated during subsequent exercises.

c. **Corrective Improvement Plan:** Actions to improve the systems and your capabilities. i. Improvement Process

1. Conduct an After Action Conference
   - Purpose to agree on exercise findings and components of the Improvement Plan.
   - Held no later than 4 weeks after exercise.
2. Identify improvements for implementation
3. Finalize the AAR/IP (Improvement Plan)
   - The AAR/IP details corrective actions and the agency(s) responsible for the correction.
   - The AAR/IP should be distributed to all participating agencies no more than 60 days after the exercise.
4. Track implementation of the IP

d. **HSEEP Toolkit**

The HSEEP Toolkit is the US Department of Homeland Security's interactive, on-line system for exercise scheduling, design, development, conduct, evaluation, and improvement planning. The HSSEP Program and HSEEP Toolkit can be found at: https:hseep.dhs.gov. The HSEEP toolkit includes the following:

- National Exercise Schedule System
- Design and Development System
- Exercise Evaluation Guide (EEG)
- Builder Master Scenario Events List (MSEL)
- Builder Corrective Action Program (CAP) System

IMPROVEMENT PLAN

This IP has been developed specifically for [identify the State, county, jurisdiction, etc., as applicable] as a result of [full exercise name] conducted on [date of exercise]. These recommendations draw on both the After Action Report and the After Action Conference. [The IP should include the key recommendations and corrective actions identified in *Chapter 3: Analysis of Capabilities*, the After Action Conference, and the EEGs. The IP has been formatted to align with the *Corrective Action Program System*.]

Table A.1 *Improvement Plan Matrix*

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	1. Observation 1	Insert Recommendation 1	1.1.1 Insert Corrective Action 1	Planning	State X EMA	EMA Director	Dec 1, 2006	Sep 1, 2007
			1.1.2 Insert Corrective Action 2	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Feb 1, 2007
		Insert Recommendation 2	1.2.1 Insert Corrective Action 1	Training	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007
			1.2.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Mar 15, 2007
	2. Observation 2	Insert Recommendation 1	2.1.1 Insert Corrective Action 1	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Jan 15, 2007
			2.1.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007

SECTION 6: APPENDICES

SECTION 6: APPENDICES

Appendix A: Job Action Sheets

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Incident Action Plan ICS Form 201 – Incident Briefing Form ICS Form 204 – Branch Assignment List ICS Form 207 – Incident Management Team Chart ICS Form 213 – Incident Message Form [redacted] [redacted] [redacted] DOC organization chart DOC telephone directory DOC Emergency Operations Plan Radio/satellite phone

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Incident Action Plan ICS Form 204 – Branch Assignment Sheet ICS Form 207 – Incident Management Team Chart ICS Form 213 – Incident Message Form   DOC organization chart DOC telephone directory Radio/satellite phone

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Incident Action Plan ICS Form 204 – Branch Assignment List ICS Form 207 – Incident Management Team Chart ICS Form 213 – Incident Message Form [redacted] DOC organization chart DOC telephone directory Radio/satellite phone [redacted]

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- Incident Action Plan
- ICS Form 204 – Branch Assignment List
- ICS Form 207 – Incident Management Team Chart
- ICS Form 213 – Incident Message Form
- [redacted]
- [redacted]
- DOC organization chart
- DOC telephone directory
- Radio/satellite phone
- Access to IT systems (e-mail, internet, telecommunications, printers)
- Chart-size facility plans and local area maps

Appendix B: Forms

1. Medical/Health Situation Report (SitRep)
2. Medical/Health Resource Request Form
3. Resource Tracking Form (MACS 420 or ICS 260)
4. ICS Forms:
    a. ICS201- Incident Briefing
    b. ICS202- Incident Objectives
    c. ICS203- Organization Assignments
    d. ICS204- Assignment List
    e. ICS205- Communication Plan
    f. ICS207- Organization Chart
    g. ICS211- Sign-in Log
    h. ICS214- Unit Log
    i. ICS215G

ICS Forms

ICS201-	Incident Briefing
ICS202-	Incident Objectives
ICS203-	Organization Assignments
ICS204-	Assignment List
ICS205-	Communication Plan
ICS207-	Organization Chart
ICS211-	Sign-in Log
ICS214-	Unit Log
ICS215G	Operational Planning Worksheet

Appendix C: 24-Hour Designated Dispatch Center

MHOAC & S-SV EMS AGENCY DUTY OFFICER CONTACT GUIDELINES

When do we contact the Medical Health Operational Area Coordinator (MHOAC) Program?

[redacted]

How do we contact the MHOAC Program?

[redacted]

When do we contact the S-SV EMS Agency?

[redacted]

When do we contact the S-SV EMS Agency Duty Officer?

[redacted]

How do we contact the S-SV EMS Agency Duty Officer?

[redacted]

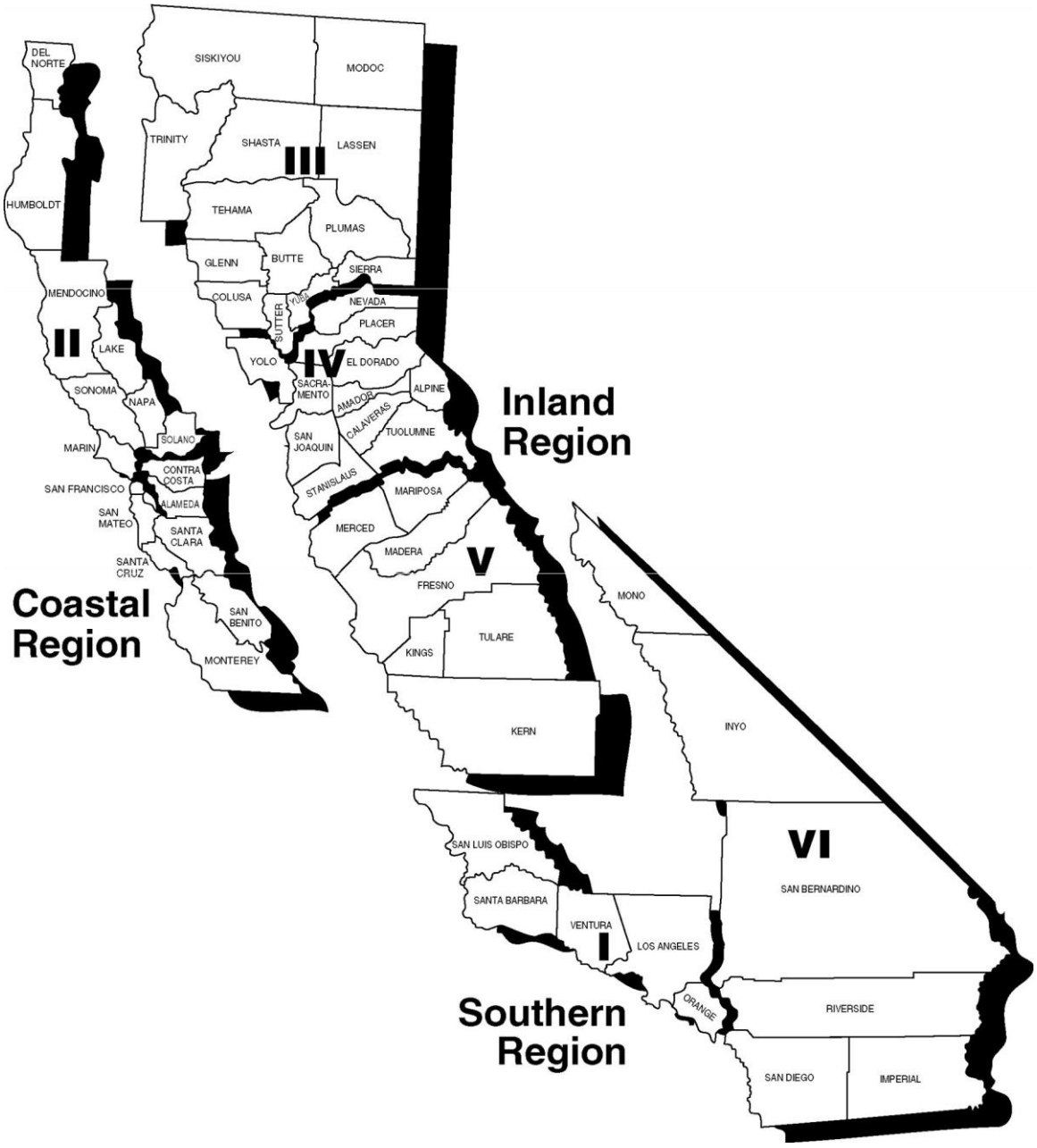
Appendix D: Mutual-Aid Directories

1. RDMHC/S
2. MHOACs- Region IV
3. MHOACs – Region III
4. Additional Phone Numbers

Appendix E: Maps

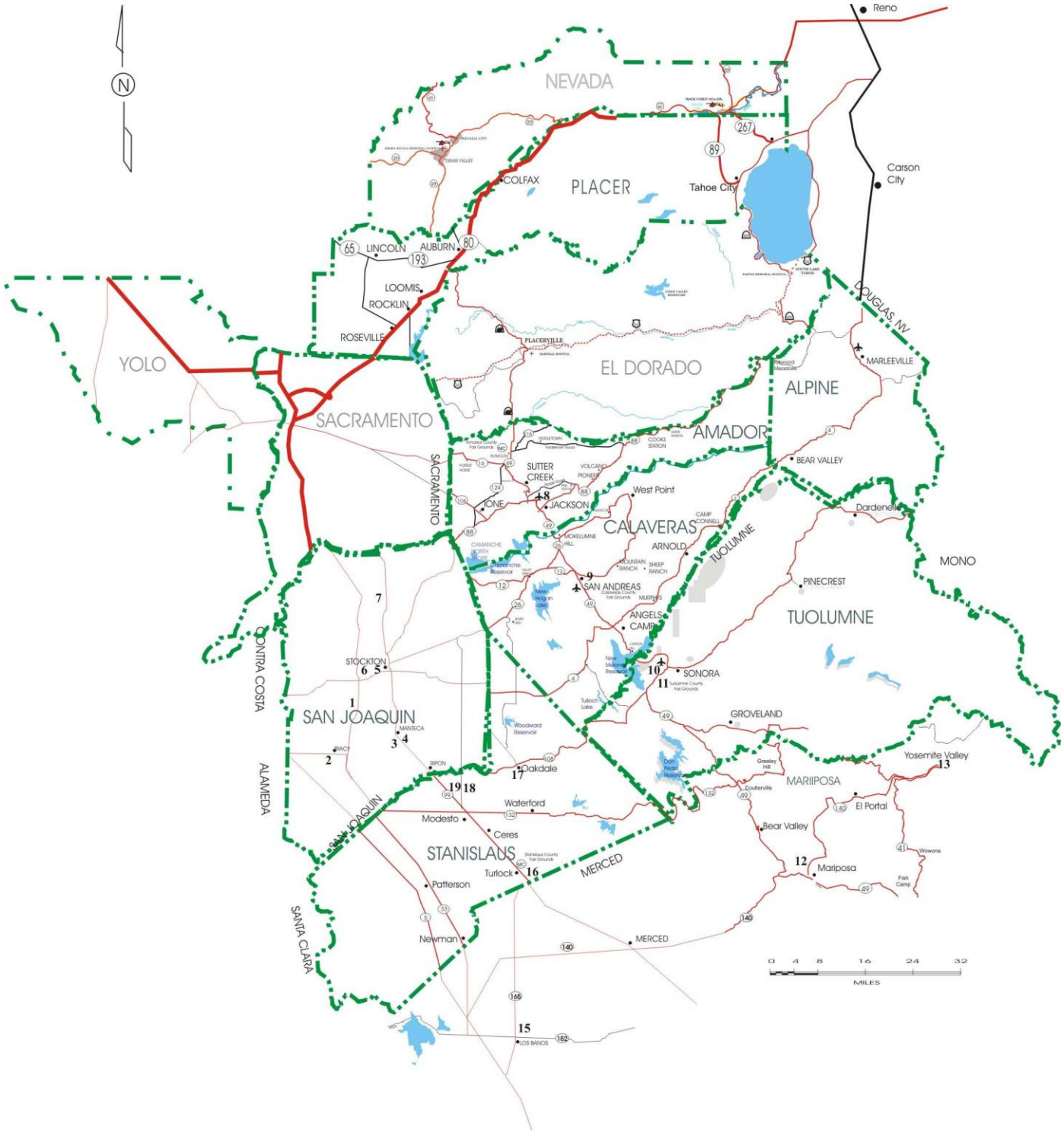
1. OES Regions
2. Cal-EMA Region III
3. Cal-EMA Region IV
4. S-SV EMS Member Counties

Cal EMA Mutual Aid Regions



Region III


SISKIYOU
MODOC
TRINITY
LASSEN
SHASTA
TEHAMA
PLUMAS
BUTTE
GLENN
SIERRA
COLUSA
SUTTER
YUBA
YOLO
PLACER
NEVADA
Yreka
Weed
Mount Shasta
Adin
Burney
Weaverville
Redding
Anderson
Shingletown
Susanville
Westwood
Quincy
Portola
Paradise
Chico
Oroville
Loyalton
Sierraville
Sierra City
Downieville
Reno
Truckee
Grass Valley
Colusa
Williams
Yuba City
Woodland
Sacramento
N
8 miles


Reno
NEVADA
Carson City
COLFAX
PLACER
Tahoe City
LINCOLN
AUBURN
LOOMIS
ROCKLIN
ROSEVILLE
DOUGLAS, NV
YOLO
EL DORADO
MARLEEVILLE
ALPINE
SACRAMENTO
AMADOR
SUTTER CREEK
BEAR VALLEY
West Point
ONE
JACKSON
Dardenelle
CALAVERAS
ARNOLD
TUOLUMNE
MONO
PINECREST
SAN ANDREAS
ANGELS CAMP
TUOLUMNE
CONTRA COSTA
STOCKTON
SONORA
SAN JOAQUIN
GROVELAND
Oakdale
Yosemite Valley
MARIIPOSA
Waterford
El Portal
Modesto
Ceres
Bear Valley
STANISLAUS
Turlock
Mariposa
ALAMEDA
SAN JOAQUIN
MERCED
Patterson
SANTA CLARA
Newman
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