



S-SV EMS Agency Job Description

Regional Disaster Medical Health Specialist (RDMHS)



Sierra – Sacramento Valley Emergency Medical Services Agency

**Regional Executive Director**

John Poland, Paramedic

Medical Director

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Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

JOB POSTING FOR THE POSITION OF:

REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS): REGION III

Salary Range: \$37.95/hr - \$47.51/hr

Sierra-Sacramento Valley EMS Agency (S-SV EMS) is accepting applications for the full-time position of RDMHS, based within the S-SV EMS region. Additional information is attached.

- To apply, submit a cover letter and resume to Patrick Comstock, Deputy Director of Operations at the below email address.
- Questions can be sent to:
 - Patrick.Comstock@ssvems.com
 - 916-625-1701

Applications will be accepted until Friday May 27, 2024.

Anticipated interviews June 3, 2024.



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Regional Disaster Medical Health Specialist (RDMHS)

POSITION DETAILS

Work Schedule: Monday – Friday, 7:00 am – 4:30 pm (Normally)

FLSA Status: Exempt

Job Status: Regular Full-Time

Compensation Type: Salary

Travel: Moderate

Reports To: Regional Executive Director

Positions Supervised: None

Minimum Qualifications

- Current/valid California Class C Driver's License.
- Three (3) years' experience in EMS or emergency preparedness management.
- Associate degree, or equivalent education/experience in EMS or related field.
- Current California EMS or related medical/health certification/license preferred.

Other Requirements & Notices

- Moderate travel required, with mileage reimbursed.
- Must be willing to work evenings, weekends, or for extended periods as necessary.
- Requires some lifting of up to 20 lbs., bending, stooping and computer work.
- S-SV EMS is a CalPERS employer, participation in CalPERS retirement is mandatory.
- Fringe benefits include health, dental, vision, two (2) weeks' vacation the first three (3) years (then increasing), and 14 days/year of sick leave. 14 holidays observed.
- Exempt employees receive 80 hours/fiscal year of administrative leave time.

POSITION SUMMARY

The Regional Disaster Medical Health Specialist (RDMHS) works in conjunction with the other Region III RDMHS to fulfill the functions/duties of the RDMHS Program contained in the EMSA scope of work (attached). The RDMHS is a component of the Regional Disaster Medical and Health Coordinator (RDMHC) Program, which directly supports regional medical/health disaster preparedness, response, mitigation, and recovery activities. This position is primarily funded through an EMSA grant, and covers California OES Region III, a 13-County region in Northern California consisting of Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Siskiyou, Shasta, Sutter, Tehama, Trinity & Yuba counties. The RDMHS also acts as a liaison for EMCC/EMAG/HPP/EP meetings, entities, and organizations. This job requires a competent individual with the following skills:

- Strong interpersonal, verbal, and written communication skills.
- Ability to conduct analysis of complex medical/health system issues and apply regulations, policies, and contracts when necessary; write and maintain reports.
- Ability to work independently, make decisions/recommendations to promote problem solving.
- Proficiency in the utilization of Microsoft Office computer programs.



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Regional Disaster Medical Health Specialist (RDMHS)



ESSENTIAL POSITION FUNCTIONS

Reasonable Accommodations Statement

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

Essential Functions

The RDMHS is expected to perform in an efficient and competent manner the following duties, including but not limited to:

- Provide medical/health disaster preparedness, response, mitigation, and recovery training/support to public and private medical/health system organizations within California OES Region III and the S-SV EMS region.
- Provide medical/health disaster preparedness, response, mitigation, and recovery training/support to Medical Health Operational Area Coordinator (MHOAC) programs within California OES Region III and the S-SV EMS region.
- Participate in other California OES Region III disaster preparedness, response, mitigation, and recovery activities, as required/directed.
- Assist in carrying out administrative, analytical, and oversight activities required by the RDMHS Scope of Work, developed annually by the California EMS Authority.
- Act as a liaison between local, regional, and State medical/health system entities and organizations.
- Conduct analysis of complex medical/health system issues and apply regulations, policies, and contracts when necessary.
- Write, distribute, and maintain various reports and tracking documents.
- Act as a liaison for EMCC/EMAG/HPP/EP meetings, entities and organizations within California OES Region III and the S-SV EMS region.
- Act as an after-hours duty officer for urgent/emergent RDMHS and/or Agency related matters.
- Provide assistance to other Agency staff, as required/directed.
- Perform other duties as assigned.

The RDMHS is expected to have excellent written and verbal communication skills, be a problem solver, work independently and foster positive relations between the Agency, external organizations, and the public.

Regional Disaster Medical Health Specialist (RDMHS) Scope of Work

The Regional Disaster Medical and Health Specialist (RDMHS) is the component of the Regional Disaster Medical and Health Coordination (RDMHC) Program that directly supports regional preparedness, response, mitigation and recovery activities. The RDMHS shall report directly to the RDMHC and receive policy guidance and direction concerning regional issues to include day to day operations and for regional response coordination in local, State and federal-declared disasters. Where an RDMHC does not exist in a given region or the RDMHC does not reside in the LEMSA with the RDMHS, the RDMHS shall continue to coordinate with the RDMHC as it relates to regional issues but shall report directly to the administrator/director of the local EMS agency in which the RDMHS resides.

Activities to assist in accomplishing this shall include:

1. Continue to support the implementation and improvement of the California Public Health and Medical Emergency Operations Manual (EOM).
 - 1.1. Conduct and/or participate in local and Regional EOM trainings. When possible, work with new EOM instructors to co-facilitate trainings.
 - 1.1.1. Invite State partners that are based locally to participate, when appropriate, in EOM trainings.
 - 1.2. Provide input as requested on the EOM during the update process, including ongoing improvements of the Public Health Ordering System (PHOS) as the platform to request medical and health resources. Seek input from local partners on EOM improvement opportunities.
 - 1.3. Provide input and collaboration in the development or revision of the Medical/Health Mutual Aid/Assistance Plan.
 - 1.4. Coordinate activities with respective Regional Disaster Public Health Representative (RDPHR).
2. Assist in the development of a comprehensive Medical Health Operational Area Coordination (MHOAC) program in each operational area within the region.
 - 2.1. Conduct training for Medical Health Operational Area Coordination Programs (MHOAC) and other medical and health partners in the operational areas as needed.
 - 2.1.1. Provide Medical/Health Operations Center Support Activities training annually.
 - 2.1.2. Assist operational areas with the development and update of MHOAC Program Guides.

- 2.2. Assist operational areas in developing contact lists to support the functions of a MHOAC program.
- 2.3. Assist operational areas in developing local Situation Report distribution procedures consistent with the EOM.
- 2.4. Provide updated MHOAC contact list to Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH) Program Lead on a monthly basis.
- 2.5. Assist operational areas in the implementation of the electronic resource requesting process.
3. Continue to develop the Regional Disaster Medical and Health Coordination (RDMHC) Program.
 - 3.1. Develop and maintain RDMHC Program response procedures.
 - 3.1.1. Coordinate with RDMHC to develop response procedures for declared disasters within the region.
 - 3.1.2. The RDMHC Program should maintain situational awareness of all automatic aid agreements, cooperative assistance agreements or other agreements and response procedures between LEMSAs within the region.
 - 3.1.3. Coordinate planning for and development of cooperative assistance agreements between counties and regions
 - 3.2. Conduct at least three medical and health regional planning meetings per year for the purpose of planning, coordination, training, and information sharing.
 - 3.3. Participate in the local Mutual Aid Regional Advisory Committee (MARAC) meetings and represent the RDMHC Program as requested (ongoing).
 - 3.4. Represent the RDMHC Program in coordination with the state, region and OA level at emergency management, mental/behavioral health, environmental health, public health and medical and coalition meetings. Continue to coordinate with regional coordinators as appropriate.
 - 3.5. Coordinate and plan with other RDMHSs to further development of the RDMHC Program. This may include responding to another region to provide backup and assistance during an emergency or to participate in other regional drills.
4. Assist EMSA and the Emergency Medical Services Administrators' Association of California (EMSAAC) in the development, implementation and evaluation of the California Statewide Patient Movement Plan.

- 4.1. Participate in California Patient Movement Workgroups to assist with specific tasks or content development as requested.
- 4.2. Review and provide feedback on the published California Patient Movement Plan.
- 4.3. Solicit input as requested from operational areas within the region on the California Patient Movement Plan.
- 4.4. Train operational areas on the California Patient Movement Plan.
- 4.5. Participate in exercise of plan.
- 4.6. Support a regional patient movement coordination function in accordance with the California Patient Movement Plan.
5. In coordination with the respective RDPHR, participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.
 - 5.1. Participate on the monthly MCM and Local Health Department (LHD) Emergency Preparedness conference calls (ongoing).
 - 5.2. Review LHD SNS Operational Readiness Review (ORR) annual self-assessments and provide feedback to the LHD as appropriate. Participate in the Cities Readiness Initiative (CRI) ORR assessments and assist EPO in review and analysis of all LHD SNS preparedness activities within the mutual aid region.
 - 5.3. Promote Regional CHEMPACK training to include dissemination of training flyers provided by CDPH EPO and encourage participation of emergency dispatchers and CHEMPACK host site representatives. Participate in the planning and conduct of annual regional CHEMPACK training.
 - 5.4. Develop and/or update regional CHEMPACK Plans annually and distribute to partners as appropriate.
 - 5.4.1. Maintain current CHEMPACK host site point-of-contact lists.
6. With respective RDPHR assistance, coordinate operational area participation in catastrophic planning projects, such as the Southern California Catastrophic Earthquake Response Plan, the Bay Area Earthquake Response Plan and the Cascadia Subduction Zone Earthquake and Tsunami Response Projects.
 - 6.1. Develop template to collect medical and health data from operational areas (as requested). Schedule meetings as needed with operational areas to discuss plan development and next steps.

- 6.2. Conduct meetings with operational areas in conjunction with EMSA, CDPH and United States Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR).
- 6.3. Collect data to enhance plan.
- 6.4. Assist with the socialization of completed disaster plans.
- 6.5. Exercise plan in conjunction with EMSA, CDPH and ASPR.
7. Coordinate inter-State collaboration workgroups, such as the California/Nevada Border Counties Workgroup, as appropriate.
 - 7.1. Conduct at least one meeting annually of the California/Nevada Counties Workgroup (ongoing).
 - 7.2. Maintain point-of-contact lists for participants in the California/Nevada Border Counties Workgroup (ongoing).
 - 7.3. Region III, IV, and VI to participate in the workgroup
8. Participate in regional and statewide exercises and other significant medical and health related training and exercises authorized by EMSA and/or CDPH.
 - 8.1. Coordinate with respective RDPHR to participate annually in regional planning and post-exercise evaluation activities for the State-level public health and medical exercises. Participation will involve performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid. Potential annual exercises include:
 - 8.1.1. Statewide Medical and Health Exercise
 - 8.1.2. Annual CAL-MAT Exercise
 - 8.1.3. CalOES Exercise
 - 8.2. Participate in the CDPH/EMSA Emergency Preparedness Training Workshop annually.
 - 8.3. Attend conferences as requested by EMSA or CDPH-EPO, as budget allows. This may include the California Fire, EMS and Disaster (CFED) conference and the Emergency Medical Services Administrators' Association of California (EMSAAC) annual conference.
9. Respond in accordance with the EOM to medical and health events in the region (ongoing), to include requests by EMSA, CDPH or the RDMHC to respond to declared disasters within the State.

- 9.1. Coordinate response activities with respective RDPHR.
- 9.2. Maintain incident logs and data related to response. Data to be provided in quarterly reports.
- 9.3. Prepare regional after action reports for any local, State or federal-declared disasters that impacted the region.
- 9.4. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from within the region.
- 9.5. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from outside the region.
- 9.6. Report number of times that medical and/or health mutual aid or mutual assistance requests required reimbursement coordination.
- 9.7. Report number of times the RDMHC Program polled the operational areas within the region to assess available resources for a potential request.
 - 9.7.1. Report number of times RDMHC Program assisted operational areas with completing the Medical and Health Situation Report or Flash Report or completed the Situation Report or Flash Report for the operational area
 - 9.7.2. Report number of times the RDMHC Program assisted operational areas with completing the Medical Health Resource Request process.
 - 9.7.3. Report the number of meetings attended.
 - 9.7.4. Report the number of presentations delivered.
 - 9.7.5. Report number of times the RDMHC Program is contacted by the state for additional information regarding unusual events of emergency system activation within the region.
 - 9.7.6. Report the number of times the RDMHC Program is requested to act as a conduit to share information with operational areas within the region.
 - 9.7.6.1. Number of times operational areas from within the region request the RDMHC program to share material/information with all operational areas within the region.
 - 9.7.6.2. Number of times operational areas from within the region request the RDMHC Program to assist with communications and questions to the State.

9.7.6.3. Number of times the State requests the RDMHC program to share material/information with all operational areas within the region.

9.7.6.4. Report the number of ambulance strike teams sent to assist another region.

9.7.6.5. Report the number of ambulance strike teams provided to your region.

10. Coordinate and assist EMSA with regional response project, such as:

10.1. Assist EMSA with regional handheld radio caches. EMSA will provide two handheld radios to each region for RDMHS use, as well as a cache of twelve radios per region to be managed by the RDMHS and utilized as a regional asset.

10.2. Coordinate and assist EMSA with regional site assessments to pre-identify mobile medical structures (MMS) deployment sites.

10.3. Coordinate and assist EMSA with regional pre-identification of vendors/resources for wrap-around services to support MMS.

11. Additional Provisions

11.1. Participate in the RDMHC Program quarterly onsite meetings and monthly conference calls convened by EMSA.

11.2. Submit quarterly reports to the EMSA RDMHC Program Lead.

11.3. Submit agendas for meetings held by RDMHSs to EMSA RDMHC program Lead.

11.4. Represent the RDMHC Program as a participant on working/advisory committees as authorized by EMSA in conjunction with CDPH. Committee assignments reviewed annually and subject to change based on RDMHS workload and availability. Potential committee assignments include:

11.4.1. RDMHC/MHOAC Training Video Project workgroup

11.4.2. BioWatch program planning and response

11.4.3. State workgroup for annual Statewide Medical and Health Exercise

11.4.4. EOM workgroup.

11.4.5. Ambulance Strike Team Project Advisory Committee.

11.4.6. Emergency Function (EF) 8 Technical Workgroup.

11.4.7. California Disaster Mental Behavioral Health Statewide Plan Development workgroup.

11.4.8. HPP/PHEP Grant Guidance workgroup.

11.4.9. Pediatrics Surge workgroup

12. During a declared disaster that will require the RDMHS to respond for an extended period, the RMDHS shall work with EMSA and CDPH to prioritize objectives that may include deferring day to day assignments and committees.
13. Incorporate RDPHR personnel in to existing response structure to ensure continued continuity and collaboration occurs between the existing RDMHC Program, external public health and medical partners.
14. If additional activities are identified during this contract period, the RDMHS will work with the EMSA RDMHC Program Lead to evaluate current workload and responsibilities and determine how the additional activities support the tasks identified in this SOW. Both parties will agree on the appropriateness of the assignment prior to it becoming a requirement.