Orange County Medical and Health Operational Area Coordination Program

Allocation of Scarce Resources Guide

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Purpose

The purpose of the *Orange County Medical and Health Operational Area Coordination (MHOAC) Program Allocation of Scarce Resources Guide* and its included *Facility/MHOAC Situation Report* is to provide health-related departments with **an all-hazards standardized approach and decision-making tool that can be used during incident response to allocate scarce resources.**

The *Guide* document provides the framework and context in which the allocation of scarce resources will occur.

The *Facility/MHOAC Situation Report* is designed to be quickly implemented. It will be used as a tool to help in decision-making for scarce resources only, not all resource allocation. The final decision for scarce resource allocation will be made by AOC Leadership.

Scope: Operational Area

In the event of a local emergency, the MHOAC coordinates disaster medical, mental health, and public health resources within the operational area (OA), and is the point of contact for coordination with the Regional Disaster Medical and Health coordination program.

The Orange County Health Care Agency consists of several health related service areas. Collectively, these service areas enhance and protect the health and well-being of all those who reside within the jurisdiction (over 3 million people). During an emergency or disaster, in addition to its residents, these service areas will also serve those who come in to the area to work, study, or visit. The Health Care Agency Service Areas are:

- Orange County Behavioral Health
- Orange County Communicable Disease Control
- Orange County Emergency Medical Services
- Orange County Environmental Health
- Orange County Public Health
- Orange County Public Health Lab
- Office of Care Coordination

While the Orange County EMS Agency Director serves as the MHOAC, each department is responsible for the resources under its purview. Collectively, they must support disaster response efforts through the coordination of resources, especially when resources are scarce. Resource allocation should be coordinated by assessing resource availability and needs, tracking resources, and identifying and performing optimal resource allocation. This process helps inform incident decision-making from response through recovery.

Scope: Agency Operations Centers

The Health Care Agency - Agency Operations Center (AOC) should use this *Guide* and appropriate *Facility/MHOAC Situation Report* to assist in the management of their respective scarce resources. The *Facility/MHOAC Situation Report* is a tool to help in the decision-making process when a resource has been identified as scarce.

It is important to note that completion of the *Facility/MHOAC Situation Report* does not make the decision, rather it is an aid to help in the decision-making process. The final decision for scarce resource allocation will be made by AOC leadership.

Triggers

The need to allocate scarce resources may be a result of:
- The size of a request is larger than anticipated and may quickly overwhelm current resources
- The number of requests exceeds available resources / existing resources
- Resources received need to be distributed for incident response (e.g., Strategic National Stockpile (SNS) resources, etc.).

Resources and Scarce Defined

This *Guide* and the *Facility/MHOAC Situation Report* are designed to be used from an all-hazards approach, and so there are numerous resources that may be used in a given incident response, and changing incident conditions may affect which of those resources becomes scarce.

Definition: Resource

Categorically, the resources used under this *Guide* are:
- Medical & Health Provider health resources
- Supplies, personnel, equipment, and services

These resources may originate from the following sources:
- Local and pre-deployed caches
- Mutual aid, regional, state sources
- Federally-funded assets
- Strategic National Stockpile (SNS)
- Other resources arriving based on the incident

Definition: Scarce

The definition of scarce used in this *Guide* is: **Insufficient resources to meet demand.**

The cause of the scarcity may include the following, however the end result is that resources are not available or they are expected to run out and will not be able to meet expected demand:
- Increased utilization
- Demand likely to outpace replenishment
- Low initial on-hand supply
- Damage to initial stockpiles
- Supply chain problems including manufacturing and transportation
- Unanticipated needs

Overarching Principle: Greatest Benefit / Greatest Impact

With the ultimate goal of being able to enhance and protect the health and well-being of residents during an emergency or disaster, and to additionally serve those who work in, study in, or visit the operational area, the overarching principle of this *Guide* is to assist AOC Managers make decisions that have the greatest benefit and the greatest impact while being good stewards of the available resources.

Ethical Framework

The *Guide* and the *Facility/MHOAC Situation Report* are based on an ethical framework. The Technical Advisory Committee identified numerous underlying ethical considerations that guide the approach, content and use of the *Facility/MHOAC Situation Report*.

Accountability: holding decision-makers responsible for their actions

Apolitical: having no interest or involvement in political affairs

Beneficence: preserving the welfare of others through affirmative acts to promote well-being and save lives

Fairness: applying consistent, equitable, and nondiscriminatory policies and practices

Proportionality: demanding policies necessary and proportional to the scope and severity of the circumstances

Respect for persons: upholding individual autonomy, privacy, dignity, and bodily integrity

Solidarity: shared obligations and social cohesion

Stewardship: preserve the effectiveness and impact of these resources and services as best as possible

Transparency: providing open access to information and decision-making processes

Utility: achieving the greatest good for the greatest number

Veracity: truth-telling

These ethical considerations were framed, in part, from those identified in the Guidelines for Ethical Allocation of Scarce Medical Resources and Services during Public Health Emergencies in Michigan *by the Michigan Department of Community Health, 2012, page 2. Additionally, AHRQ's* 2012 Evidence Report: Allocation of Scarce Resources during Mass Casualty Events *was reviewed especially the public's concerns regarding strategies to allocate scarce resources. For a full list of references, see Appendix C.*

Assumptions and Considerations

- This process is not intended to be utilized for all resources to be allocated, but focused on scarce resources.

- The AOC has the authority to allocate the resource.

- Standard resource requesting procedures are already in place and will be followed. These procedures are in accordance with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

- The requestor is unable to obtain resources within a reasonable time frame from vendors, contractors, MOU/MOAs, corporate offices, and other non-traditional sources.

- Attempts at conservation, reutilization, adaption, and substitution have been performed maximally.

- The first request received does not automatically get the resource.

- Facility size is not a factor.

- Not all available scarce resources may be immediately allocated or distributed in anticipation of how the incident may develop.

- Allocation may be impacted by whether more of the resource or alternate resource becomes available, based on incident projection and needs.

- We will review, evaluate, and implement guidance from, but not limited to, the CDC, FDA, NHTSA, and CDPH as is deemed appropriate.

Scarce Resource Allocation Assessment Process

In general, upon determination in the AOC that a resource is or will become scarce:

1. Agencies should use the Facility/*MHOAC Situation Report* for each request.

2. The *Facility/MHOAC Situation Report* will be reviewed by AOC leadership who will then determine how the resource will be allocated.

Facility/MHOAC Situation Report

The *Facility/MHOAC Situation Report* identifies potential impacts and benefits if the requestor/recipient is allocated the resource. Each impact/benefit consideration will be used in the decision making process for resource allocation. When comparing requests, a higher impact assessment will be a proxy to indicate areas with increased needs.

Facility/MHOAC Situation Report

A. Report Type (choose one)	B. Report Creation Date/Time		C. Report Status (choose one)
O Initial	1. Report Date	2. Report Time	O Advisory: No Action Required
O Final			O ALERT: Action Required
O Update #:			

D. Contact Information of Person Completing Report

1. First and Last Name	2. Position / Title
3. Direct Phone Number	4. Email Address

E. Facility Name	F. Facility Type

G. Current Operational Status (choose one)

O Green: Normal operations	O Red: Modified operations; need assistance
O Yellow: Modified operations; using internal corporate resources	O Black: Significantly impaired or non-functional; MAJOR assistance

H. Facility/Organization Capacity

1. Capacity Type (choose one →):	O Bed	O Chair	O Patient	O Other
2. Count of Impacted (enter below)	3. Count of Occupied (enter below)		4. Count of Open (enter below)	

	N/A ☐		N/A ☐		N/A ☐

I. Prognosis

O No Change	O Improving	O Worsening

J. Situation Summary

Requested Resources will have the following benefits:

☐ Increase surge capability for: ☐ Pediatrics   ☐ Trauma/Burn

☐ Sustain normal operations not related to the surge incident

☐ Increase surgical/operating room capacity

☐ Allow a facility to remain open

☐ Support AFN and/or special seeds sector(s)

☐ Enhance infection control capabilty

☐ Increase isolation capacity

☐ Increase decontamination capability

☐ Support the primary care provider

Priority of item requested: ☐ Emergent   ☐ Urgent   ☐ Sustainment

E-mail Form to: AOCSitStatLead@ochca.com.

Appendix A: Legal Authorities and References

Federal

- 2012-2016 US DHHS ASPR Healthcare Preparedness Capability 3: Emergency Operations Coordination, Function 3: Support healthcare response efforts through coordination of resources: Identify available healthcare resources, Resource management implementation, Public health resource support to healthcare organizations, Managing and resupplying resource caches, and Inventory management system.

- 2017-2022 US DHHS ASPR Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination, Objective 3: Coordinate Response Strategy, Resources, and Communication, Activity 1: Identify and Coordinate Resource Needs during an Emergency.

- CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning March 2011. CAPABILITY 3: Emergency Operations Coordination, Function 4: Manage and sustain the public health response, Task 2: Track and account for all public health resources during the public health response.

- National Incident Management System

State

- California Code of Regulations, Title 19, Division 2, Chapter 1 - Standardized Emergency Management System

- California Health and Safety Code §1797.153 – Medical Health Operational Area Coordination (MHOAC)

- California Health and Safety Code §101025-101165 – Powers and Duties of Local Health Officers and Local Health Departments

- California Public Health and Medical Emergency Operations Manual

Appendix B: Glossary and Acronym List

Assistant Secretary for Preparedness and Response (ASPR): ASPR was created to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support to augment state and local capabilities during an emergency or disaster.

Centers for Disease Control and Prevention (CDC): CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

Agency Operations Center (AOC): The physical location at which the coordination of information and resources to support incident management (including on-scene operations) activities normally takes place. Under SEMS, AOCs are organized by the incident command system.

DHHS: Department of Health and Human Services

HCA: Orange County Health Care Agency

Hospital Preparedness Program (HPP): As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.

Incident: An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, aircraft accidents, earthquakes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Medical Health Operational Area Coordinator (MHOAC): Responsible for ensuring the development of a medical and health disaster plan for the operational area in cooperation with the county health officer, local EMS agency, county office of emergency services, local public health department, local office of environmental health, local department of mental health, and local fire department, the Regional Disaster and Medical Health Coordinator, and the regional office of the CA Office of Emergency Services.

National Incident Management System (NIMS): A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

Operational Area (OA): Under SEMS, the operational area means an intermediate level of the state's emergency management organization which encompasses the county and all political subdivisions located within the county including special districts. The operational area manages and / or coordinates information, resources, and priorities among local governments within the operational area, and serves as the coordination and communication link between the local government level and regional level.

Resources: The resources that will be managed in this Guide are medical, mental health and public health resources, and may include supplies, personnel, equipment, and services. These resources may include local and other pre-deployed caches, Federally-funded assets, SNS, State resources, and other resources arriving based on the incident.

Scarce Resource: Any resource that is insufficient to meet demand.

Standardized Emergency Management System (SEMS): SEMS unifies all elements of California's emergency management community into a single integrated system and standardizes key elements. SEMS incorporates the Incident Command System, California Disaster and Civil Defense Master Mutual Aid Agreement, the OA concept, and multiagency or inter-agency coordination. Local government entities must use SEMS to be eligible for any reimbursement of response-related costs under the state's disaster assistance programs.

Strategic National Stockpile (SNS): The nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. The stockpile ensures the right medicines and supplies are available when and where needed to save lives. Managed by the CDC.

Appendix C: Resources and References

Agency for Healthcare Research and Quality. Evidence Report: Allocation of Scarce Resources During Mass Casualty Events. Publication No. 12-E006-EF. https://www.ncbi.nlm.nih.gov/books/NBK98854/. Published June 2012.

California Mutual Aid Region 2 Medical/Health Multi-Agency Coordination Group Handbook. Interim, December 31, 2015.

California Department of Public Health. Standards and Guidelines for Healthcare Surge During Emergencies. http://www.bepreparedcalifornia.ca.gov/CDPHPrograms/PublicHealthPrograms/EmergencyPreparednessOffice/EPOProgramsandServices/Surge/SurgeStandardsandGuidelines/Pages/SurgeStandardsandGuidelines.aspx. Published 2007.

California Department of Public Health and California Emergency Medical Services Authority. California Public Health and Medical Emergency Operations Manual. Published July 2011. http://www.bepreparedcalifornia.ca.gov/Documents/FinalEOM712011.pdf.

Centers for Disease Control and Prevention. Public Health Preparedness Capabilities: National Standards for State and Local Planning. https://www.cdc.gov/phpr/readiness/capabilities.htm Published March 2011.

Clark County Public Health Ethics Committee. Framework for Ethical Analysis. Updated: June 21, 2012.

DC Emergency Healthcare Coalition. Modified Delivery of Critical Care Services in Scarce Resource Situations (Overview). Published June 2013.

Institute of Medicine. Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. http://www.nationalacademies.org/hmd/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx. Published May 21, 2012.

Los Angeles County Medical and Health Operational Area Coordination Program Allocation of Scarce Resources Guide. September 26, 2017.

Michigan Department of Community Health. Guidelines for Ethical Allocation of Scarce Medical Resources and Services During Public Health Emergencies in Michigan, Version 2.0. Published November 2012.

Minnesota Department of Health. For the Good of Us All: Ethically Rationing Health Resources in Minnesota in a Severe Influenza Pandemic. http://www.health.state.mn.us/divs/idepc/ethics/ethics.pdf. Published 2010.

Minnesota Department of Health. Patient Care Strategies for Scarce Resource Situations. http://www.health.state.mn.us/oep/healthcare/crisis/standards.pdf. Published December 2013.

Tennessee Altered Standards of Care Workgroup. Guide for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee, Version 1.6. https://www.tn.gov/assets/entities/health/attachments/ Guide_for_the_Ethical_Allocation_of_Scarce_Resources.pdf. Published July 2016.

Timbie JW, Ringel JS, Fox DS, et al. Systematic review of strategies to manage and allocate scarce resources during mass casualty events. Ann Emerg Med. 2013 Jun;61(6):677-689.e101. doi: 10.1016/j.annemergmed.2013.02.005. Epub 2013 Mar 20. https://www.ncbi.nlm.nih.gov/ pubmed/23522610

US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR). 2012-2016 Healthcare Preparedness Capabilities. https://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf. Published January 2012.

US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR). 2017-2022 Health Care Preparedness and Response Capabilities. https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf. Published November 2016.

Orange County Emergency Medical Services Agency