

OCHCA EMERGENCY OPERATIONS PLAN (EOP): ANNEX



Orange County Health Care Agency (OCHCA)

Medical Surge Plan

Last Revised: 06/29/2015

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Disclaimer Notice

This plan cannot anticipate all possible emergency events or situations and therefore should not be used without competent review, training and exercising of the plan by qualified emergency management professionals to test, revise and/or validate its contents. Conditions may develop in actual operations where standard methods will not suffice. Users of this plan should always use the foundation of the Incident Command System and Standardized Emergency Management System combined with their experience and knowledge to overcome situations or conditions this manual cannot anticipate. Users of this plan assume all liability arising from such use.

The Orange County Health Care Agency Medical Surge Plan sits as an Annex to the OCHCA Emergency Operations Plan.

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Record of Changes

Date of Change	Revision Made	Approved By



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Section 1: Plan Purpose, Scope, and Assumptions

Introduction

The Orange County Health Care Agency (OCHCA) Medical Surge Plan is a support document to the OCHCA Emergency Operations Plan.

This plan outlines the anticipated timeline for planning, response, and recovery to an event, with roles, responsibilities, and response actions. The Medical Surge Plan provides the foundation to mobilize medical/health resources in response to a medical surge event that exceeds the day-to-day capacity of the Orange County Public Health and Medical System. The Orange County Public Health and Medical System, including all of its partners and support agencies, collaborates under this plan to prepare for, respond to, and recover from any situation that will significantly challenge that system.

Purpose of the Plan

The Orange County Health Care Agency Medical Surge Plan provides procedural guidance to coordinate resources in response to any medical surge event. The underlying priority of this plan is to identify vulnerable populations, including those most at risk during an event, and ensure equal access to resources.

This plan:

- Identifies the authorities, responsibilities, functions and operations of the Health Emergency Operations Center (HEOC) related to medical surge
- Describe the available resources within Orange County relating to a medical surge response
- Guides the coordination of mutual aid with the Medical Health Operational Area Coordinator (MHOAC), Orange County Health Care Agency, and medical facilities and agencies within the county

Plan Priorities

The surge plan is intended to assist stakeholders in managing a disaster that creates a surge of patients beyond community capabilities:

- To augment existing health care services that have been overwhelmed with a surge of patients, including pediatrics, burn, trauma, and other specialty care
- To assist overburdened Emergency Receiving Center (ERC) hospital infrastructure with facilitating solutions for the delivery of health care
- To assist ERC hospitals in maximizing care for more critically ill patients with potentially survivable conditions
- To facilitate establishment of surge alternative sites until the healthcare system recovers from a surge event



These priorities may be modified when required by strategic and/or tactical issues faced in the response to an emergency.

Incident Command System (ICS)

The Incident Command System (ICS) is the standardized emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. The organizational charts used by Orange County reflect these ICS principles.

Standardized Emergency Management System (SEMS)

The Standardized Emergency Management System (SEMS) is required by California Government Code, Section 8607 (a) for managing responses to multi-agency and multi-jurisdiction emergencies in California. SEMS provides a multiple-level emergency response organization, which is intended to structure and facilitate the flow of emergency information and resources within and between the organizational levels. SEMS is based on the Incident Command System. SEMS is consistent with the federal National Incident Management System (NIMS) and the National Response Framework (NRF). This plan is consistent with both state and federal level management systems.

Public Health and Medical Emergency Operations Manual (EOM)

The California Public Health and Medical Emergency Operations Manual (EOM) is designed to strengthen coordination within the Public Health and Medical System during unusual events and emergencies that have public health or medical impact. The EOM describes basic roles and activities within the Public Health and Medical System and coordination with the emergency management structure at all levels of SEMS. The EOM supports California's ability to provide assistance to local governments or Operational Areas when disasters overwhelm available medical/health resources. This plan is consistent with the EOM.



The California Public Health and Medical Emergency Operations Manual (EOM) identifies the Public Health and Medical System as composed of the following functional entities:

SEMS LEVEL	ENTITY WITH PUBLIC HEALTH AND MEDICAL ROLE
State	State agencies with a public health and medical role, including but not limited to: <ul style="list-style-type: none">• California Department of Public Health (CDPH), including Duty Officer Program and/or Joint Emergency Operations Center (JEOC) if activated• Emergency Medical Services Authority (EMSA), including Duty Officer Program and/or JEOC if activated• California Department of Health Care Services (DHCS)• California Governor's Office of Emergency Services (Cal OES) Executive Duty Officer and/or State Operations Center (SOC) if activated• California State Warning Center (CSWC) operated by Cal OES
Region	<ul style="list-style-type: none">• Regional Disaster Medical and Health Coordination (RDMHC) Program• Cal OES Regional Duty Officer or Regional Emergency Operations Center (REOC) if activated
Operational Area	<ul style="list-style-type: none">• Medical Health Operational Area Coordination (MHOAC) Program• Operational Area Emergency Operations Center (EOC) if activated
Local (City/County/ Special District)	<ul style="list-style-type: none">• Local Health Department (LHD)• Local Environmental Health Department (EHD)• Local Emergency Medical Services Agency (LEMSA)• Local Emergency Management Agencies• Department/Agency Departmental Operations Centers (DOCs)• Local Government EOCs
Field	<ul style="list-style-type: none">• Numerous organizations/entities including but not limited to hospitals, EMS providers, community clinics, skilled nursing facilities, laboratories, public water systems and dispatch centers

Plan Activation

This plan may be activated as a result of any medical surge event requiring coordination and/or resources from Orange County Health Care Agency.

This plan can be activated by:

- OCHCA Health Disaster Management (HDM) Duty Officer
- Medical/Health Operational Area Coordinator (MHOAC) or designee



Plan Assumptions

The following assumptions guide this plan:

- This plan is applicable to all ages that may be affected by a medical surge event
- Orange County's medical surge response may need to embrace tourists as well as residents, not captured in standard census measures of the county's population
- The initial medical response system in most incidents may be comprised almost exclusively of local and neighboring jurisdiction assets, and in some situations, outside assistance may be severely limited throughout the incident
- The response to medical surge incidents is rarely isolated to the health and medical sectors. As such, the management of health and medical response efforts must integrate with other response disciplines through defined processes and plans
- Community planning requires participation from public and private entities as well as healthcare service entities to establish surge solutions based on an all-hazards approach
- Lifesaving response may be performed by local emergency responders and residents in the impacted area regardless of the efficiency of state and federal response systems
- A local emergency may be declared by the Health Officer
- The jurisdiction may have limited availability for additional supplies to support a surge event and limited capability for treatment of patients (e.g. severe burn cases, severe trauma)
- Medical material and medical professionals may be scarce when the health care system is stressed
- Some resources may be requested and available through the SEMS/NIMS mutual aid process to help support surge plan consistent with the California Public Health and Medical Emergency Operations Manual

Supporting Plans and Agreements

The following plans may be referenced during the prevention, preparedness, response, and recovery phases of an incident:

- OCHCA Emergency Operations Plan and other department plans
- OCHCA Disease Outbreak Response Annex
- California Public Health and Medical Emergency Operations Manual (EOM), July 2011
- Orange County Operational Area Emergency Operations Plan (EOP), August 2014
- Orange County Hospitals Mutual Aid Memorandum of Understanding (MOU)
- Relevant county Memoranda of Agreement (MOA)/Memoranda of Understanding



Section 2: Stakeholder Roles

The purpose of this section is to provide an overview of key identified roles within the response to a medical surge event in Orange County.

A. Federal

Federal agencies will follow the National Incident Management System (NIMS) and integrate into SEMS during emergencies that affect California.

B. Region/State

- Each Mutual Aid Region will have an RDMHC Program that will provide support and coordination to affected Operational Areas during emergencies
- CDPH and EMSA will maintain Duty Officer Programs
- CDPH and EMSA will jointly operate the Joint Emergency Operations Center (JEOC) to coordinate CDPH, EMSA and California Department of Health Care Services (DHCS) response and support the Regional Emergency Operations Centers (REOCs) and State Operations Center (SOC) during emergencies
- State agencies with regulatory or statutory responsibilities will continue to fulfill those responsibilities during emergencies, including the provision of essential services
- State agencies will provide support to mitigate the effects of an emergency in accordance with the California Emergency Services Act (ESA) and the State Emergency Plan (SEP)

C. Orange County Operational Area

The Orange County Operational Area will be responsible for supporting the MHOAC Program and related reporting requirements, activation of the Operational Area EOC as needed, and coordination of mutual aid.

D. Orange County Health Care Agency

OCHCA will be responsible for communication and coordination with healthcare system partners, patient distribution and tracking, and determining levels for unmet need of medical resources including ambulances, beds, and healthcare personnel.

E. Healthcare Entities

Healthcare entities will be responsible for communication and coordination with healthcare system partners, patient management, and determining levels of unmet need for medical resources. Identified healthcare entities within the Orange County Public Health and Medical System include:



- Emergency Receiving Center Hospitals
- Clinics
- Long Term Care
- Dialysis
- Skilled Nursing Facilities

F. Other Stakeholders and Response Partners

Other identified stakeholders and response partners that may fill roles during a medical surge event include the following. Some of these partners also maintain seats at the OA EOC.

- Ambulance Providers
- Fire Departments
- Local Government
- EMS Providers
- Schools
- Orange County Transportation Agency
- American Red Cross
- Hospital Disaster Support Communications System (HDSCS)
- Medical Volunteers
- State and Federal Disaster Response Teams



Section 3: Planning and Mitigation

A. Medical Surge Definitions

The CDC Public Health Emergency Preparedness Capabilities define Medical Surge, Capability 10, as: the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. The capability consists of the ability to perform the following functions:

- Function 1: Assess the nature and scope of the incident
- Function 2: Support activation of medical surge
- Function 3: Support jurisdictional medical surge operations
- Function 4: Support demobilization of medical surge operations

B. OCHCA Response Hazards

Based on the HCA Hazard Vulnerability Analysis, the top hazards most likely to lead to a medical surge in Orange County are:

1. Wildfire
2. Earthquake
3. Pandemic

Additional planning assumptions and anticipated event impact for each of these identified hazards can be found in Section 4.

C. Vulnerable Populations

OCHCA has taken into consideration specific vulnerable populations, or populations that may be at a higher risk during a medical surge event. Orange County's definition of disabilities and access and functional needs (as described in the OA Emergency Operations Plan, dated 2014) is as follows: *Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence and the ability to perform the activities of daily living, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.*



For the purposes of this plan, OCHCA has identified the following vulnerable populations in a medical surge event:

- Children in schools
- Unaccompanied minors
- Frail and elderly
- Homebound population
- Persons with chronic disease, including dialysis
- Psychiatric patients
- Persons rendered homeless
- Geographically isolated citizens

D. Government Alternate Care Sites

A Government-Authorized Alternate Care Site is a location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility (i.e., extensions of general acute care hospitals, clinics, or long-term care facilities), but rather are designated under the authority of the local government (CDPH Standards and Guidelines for Healthcare Surge During Emergencies).

The objective for establishing an Alternate Care Site is to absorb the patient load until the local healthcare system (e.g., hospitals, clinics, and long term care facilities) can manage the demands of patients. An Alternate Care Site will be established only when it is anticipated that all other healthcare resources are exhausted.

- Alternate Care Sites may include: mobile field hospitals, schools, shuttered hospitals, stadiums, arenas, churches, and other facilities not currently licensed to provide healthcare services that, under the authority of local government, are designated as an Alternate Care Site to help absorb the patient load after all other healthcare resources are exhausted
- Alternate Care Sites do not include: sites that are established as part of an expansion of existing healthcare facilities, such as tents set up for patient care in the parking lot of a hospital, or sites set up for patient triage by Emergency Medical Services, such as field treatment sites

If any of the Alternate Care Sites or shelters in a medical surge event are not capable of providing adequate medical care for any of the identified at risk populations, they will be transported to a healthcare facility.



E. Medical Surge Bed Categories

The Agency for Healthcare Research and Quality (AHRQ) released the following standardized hospital bed definitions:

- **Licensed Beds:** The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all of the beds for which they are licensed
- **Physically Available Beds:** Beds that are licensed, physically set up, and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available
- **Staffed Beds:** Beds that are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant
- **Unstaffed Beds:** Beds that are licensed and physically available and have no current staff on hand to attend to a patient who would occupy the bed.
- **Occupied Beds:** Beds that are licensed, physically available, staffed, and occupied by a patient
- **Vacant/Available Beds:** Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available, and have staff on hand to attend to the patient who occupies the bed

Beds also can be categorized according to the type of patient they serve:

- **Adult Intensive Care (ICU):** Can support critically ill/injured patients, including ventilator support
- **Medical/Surgical:** Also thought of as "Ward" beds
- **Burn or Burn ICU:** Either approved by the American Burn Association or self-designated. (These beds should not be included in other ICU bed counts.)
- **Pediatric ICU:** The same as adult ICU, but for patients 17 years and younger
- **Pediatrics:** Ward medical/surgical beds for patients 17 and younger
- **Psychiatric:** Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter
- **Negative Pressure/Isolation:** Beds provided with negative airflow, providing respiratory isolation. Note: This value may represent available beds included in the counts of other types
- **Operating Rooms:** An operating room that is equipped and staffed and could be made available for patient care in a short period



For purposes of estimating institutional surge capability in dealing with patient disposition during a large mass casualty incident, the following bed availability estimates also may be reported:

- **24-hour Beds Available:** An informed estimate of how many staffed, vacant beds for each category above could be made available above the current number within 24 hours. This would include created institutional surge beds as well as beds made available by discharging/transferring patients
- **72-hour Beds Available:** An informed estimate of how many staffed, vacant beds for each category above could be made available above the current number within 72 hours. This would include created institutional surge beds as well as beds made available by discharging/transferring patients

F. OCHCA Emergency Receiving Center (ERC) Capabilities

For information on type and quantity of beds within Orange County Hospitals, refer to Appendix C: Designated Emergency Receiving Centers Capability List.

G. Transportation Resources

OCHCA has identified several options for transportation resources during a medical surge event:

- Routine Emergency Medical Response
- Orange County Transportation Authority (OCTA) buses
- Non-acute medical transportation (i.e. gurney/wheelchair vans)



Section 4: Planning Scenarios

A. Wildfire

Orange County has a significant wildfire history. As is the case with all wildfires, the greatest risk lies in the interface between wild land and urban interface. The greatest concern with regard to medical surge and wildfire in Orange County is the resulting need to evacuate a healthcare facility.

Assumptions

Pertinent assumptions related to wildfire in Orange County include:

- A wildfire that would require evacuation of a healthcare facility may present with little warning and a short time for preparation
- The duration of a wildfire event in Orange County requiring medical surge response is unlikely to be long
- Wildfire may have impact on the respiratory health of people throughout the county, including areas not immediately threatened by the fire itself
- Wildfire is likely to produce a significant number of “worried well” until the period of containment

Impact

As with other scenarios, the impact of wildfire depends on many factors. In general, the most likely impact involves:

- The need for a short-term evacuation of patients from a large healthcare facility or from long term care facilities of various sizes
- An increased need for short-term treatment of exacerbation of respiratory illnesses of both inpatients and outpatients

B. Earthquake

Orange County has a number of seismic faults, and earthquakes are a significant threat identified through hazard vulnerability analyses. A moderate to severe seismic incident could result in extensive property damage (especially to older buildings), significant numbers of fatalities and injuries, damage to water and sewer systems, disruptions in communications, broken gas mains resulting in fires, and disruption of transportation routes.

Assumptions

Several assumptions can be made about earthquakes and any impact they may have on the healthcare infrastructure. These include:

- In sudden impact situations, like earthquake, the earliest that *outside* assistance can reach an impacted area is approximately 24 hours (but potentially as long as



72 hours). This suggests that any area directly impacted by earthquake must be prepared to sustain its own healthcare services for at least 24 hours before being able to count on regional, state, or federal support

- The principal demand for healthcare following a sudden impact event like an earthquake is for conditions that often could be managed on an ambulatory basis. The injuries and conditions for which there will be increased demand include:
 - Soft-tissue injuries or lacerations
 - Fractures
 - Eye conditions
 - Respiratory conditions (including exacerbation of pre-existing conditions)
 - Acute medical illnesses
 - Acute exacerbation of chronic conditions and diseases (e.g., CHF, COPD)
 - Psychological/behavioral health emergencies
- The peak time for demand in surge capacity following such an event is 24 hours
- Emergency departments of local hospitals will be the primary access points for people seeking the kind of care required in this type of event
- Should evacuation of any healthcare facility be required following an earthquake, it will probably need to occur in the first 24 hours following the incident
- Earthquakes can have a generally disruptive impact on a community. This impact includes the potential for significant disruption of services, including: transportation, communication, power, shelter and sanitation

Impact

- The impact that an earthquake can have on the healthcare delivery system is dependent on the extent of the disruption generally occurring in a location as well as specific consequence experienced by healthcare facilities
- In order to properly assess the impact of an earthquake on the healthcare delivery system, the following factors must be taken into consideration:
 - Damage to any healthcare facility. The extent of damage to existing facilities will be a key issue in determining the proper response to an earthquake. The following issues must be determined: Is there any damage to the facility that will require partial or total evacuation? Are there earthquake related injuries to patients or staff at any healthcare facility? Has the earthquake impacted access to the facility?
 - Damage to the communications infrastructure. Again, normal modes of communication may well be impacted by an earthquake. The ability of the Health Officer to respond appropriately to a surge situation is dependent on the two-way exchange of important information. Thus, it must be determined immediately the extent to which normal communications are effected and backup communication systems must be put into operation



- Damage to transportation channels. A significant risk associated with earthquake is a disruption in transportation. Staff may not be able to reach their usual place of employment. Pre-hospital care may not be able to deliver patients to acute care facilities. Patients may not be able to reach hospitals. Evacuation plans may be disrupted. And, the usual vendors of materials and supplies may not be able to reach the facilities in order to maintain needed supplies

C. Pandemic

Pandemic influenza presents significantly different challenges than the other risks discussed in this plan. In contrast to the other scenarios, pandemic does not have a single or identifiable point of impact. Also, the impact of the pandemic is likely global and Orange County will be one of many communities trying to meet the medical surge associated with this crisis. National and State plans for dealing with pandemic influenza have been developed and will be operative. This plan attempts to look at the issues that are specific to planning for medical surge resulting from a pandemic in the county. Additional planning and response considerations for pandemic and other outbreaks are captured in the OCHCA Disease Outbreak Response Annex.

Assumptions

Pertinent assumptions about Pandemic Influenza and medical surge in Orange County include:

- It is probable that Orange County will have significant warning of the impending arrival of pandemic influenza in the County. While it is not considered probable that the pandemic will emerge from California, it is anticipated that pandemic influenza will spread to Orange County during the course of an outbreak
- The emergence of pandemic influenza will be tracked closely by international organizations (e.g., World Health Organization [WHO]), federal government agencies (CDC), and the State of California. These agencies and the national press will be alerting local authorities and the local populace about the risks of influenza
- Due to the fact that influenza is a serious respiratory illness, it is assumed that there will be a need for ventilators and medical supplies and capacities to support large numbers of seriously ill patients
- It is assumed that large numbers of health care providers and other staff will be impacted by the illness—either ill themselves or caring for seriously ill family members
- In contrast to other risks, there is little if any risk to the physical infrastructure. Buildings will remain intact and the transportation and communication channels should remain unaffected. Thus, the greatest impact on the system will come from staffing needs, supplies, and the need for space presented by large numbers of ill patients and need to cohort care



- It is assumed that a pandemic influenza situation will be such that home care is encouraged and, unless absolutely necessary; many patients will be discouraged from seeking care at a healthcare facility so as to retard the spread of the illness in the community
- Pandemic influenza may require the use of isolation and quarantine as tools to protect citizens from exposure to the virus
- Due to the global nature of a pandemic, the ability to rely on outside assistance and resources will be limited as other communities will be similarly affected

Impact

The impact of pandemic influenza will be enormous on all aspects of the healthcare delivery system:

- Staffing at all levels of healthcare delivery - outpatient clinics, long term care facilities, and hospitals will be significantly impacted. Many employees, of all professional levels, will be unwilling or unable to come to work as scheduled. The usual sources of augmenting the workforce will be similarly impacted and will not be able to fully meet the needs
- Cohorting of patients (i.e., grouping patients and caregivers known to be infected with influenza) in order to contain the infection will have to be implemented at most, if not all, healthcare facilities. This will require significant demand on space within an existing facility
- Impact of pandemic influenza is likely to be so overwhelming, in terms of patients ill and decreased resources of staff that broad measures will need to be taken to decrease workload across healthcare facilities. This may include the discharge of patients early, cancellation of scheduled elective or non-emergency surgeries
- Increased reliance on home care nursing, altered standard of care for hospitalized patients (e.g., decrease in required paperwork and other charting), and other measures



Section 5: Medical Surge Incident Life Cycle

Introduction

The OCHCA Medical Surge Plan separates the life cycle of a medical surge event into the following phases: the initial response (estimated from 0-72 hours), and the ongoing response (for events lasting over 72 hours). This 72 hour mark is the estimated time for state and/or federal resource support to OCHCA response operations.

A. Initial Response (0-72 hours)

During the initial response to an event, OCHCA should conduct an Impact Analysis to:

- Evaluate number of new and existing patients in the healthcare system
- Assess the status of existing infrastructure, including:
 - Ambulance providers
 - Emergency Receiving Centers (ERC)
 - Existing resources
- Determine level of unmet need for medical resources and patients
- Determine the capacity of known ERC hospitals, and their ability to receive the expected number of patients
- Determine the situational status of the health and medical system

Specific OCHCA response actions include:

1. Activate the OCHCA Health Emergency Operations Center (HEOC) and/or EMS Department Operations Center (DOC)
 - a. Notify internal and external stakeholders and response partners of activation and provide relevant contact information
 - b. Request HAvBED Poll and Service Level Update from ERC hospital partners using ReddiNet
 - c. Request a Situational Status Report from ERC hospitals within 2 hours
 - i. Identify which ERC hospitals are impacted and how
 - ii. Coordinate EMS traffic based on ERC hospital impact
 - d. Activate an MCI event in ReddiNet as needed
 - e. Request Hospital Disaster Support Communications System (HDSCS) amateur radio support as needed
 - f. Activate the Ambulance Resource Coordinator
 - i. Use of MED-9
 - ii. ReddiNet



- iii. Monitor Ambulance Resources
- g. Evaluate ERC hospital resource levels and facilitate resource requests as received
- h. Evaluate other healthcare system entities
 - i. Capture dialysis medical surge
- i. Evaluate schools and the potential need to close, as appropriate
- j. Assess vulnerable populations related to the event
- k. Assess need for alternate care sites

B. Ongoing Response (72+ hours)

1. Continue to support ongoing incident response operations
2. Continually update and reassess impact analysis
3. Conduct operational communications and information sharing with internal and external stakeholders and response partners
4. Incorporate federal support as needed

C. Demobilization

The HEOC Emergency Response Manager and/or the EMS DOC Director has the authority to demobilize medical surge response operations. The decision to demobilize should be based on the need for incident coordination and resources. Resources should be demobilized as soon as they are no longer needed for emergency response. Staff may be directed to return to day-to-day operations as their roles are no longer needed. Response operations may be scaled down as objectives are met.

D. Recovery

Once response operations have ended, all entities within the Public Health and Medical System will need to conduct recovery operations. Some specific OCHCA recovery actions include:

- Return OCHCA facilities to safe, normal, or “new” normal operating conditions
- Assess resource status, including:
 - Tracking and inventory
 - Resupply and restocking
 - Returning loaned or shared resources
- Recuperate costs and/or seek reimbursement if applicable
- Determine the needs for critical incident stress debriefing
- Develop an After Action Report/Improvement Plan (AAR/IP)



E. Long Term Recovery

After the dust has settled, there are long term recovery actions that may be needed to prepare OCHCA for potential future events. Consider the following:

- Plan revision
- Training and exercise
- Equipment procurement
- Addressing damaged or destroyed infrastructure within the Orange County Public Health and Medical System



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Appendix A: Contact Information

HEALTH CARE AGENCY Disaster Response Call Down Directory

This list is utilized for staffing of the OCHCA Health EOC and the Operational Area Emergency Operations Center (OA EOC). It reflects the principal individuals of each office, program or division. *Due to security reasons, call down lists are not included in this plan.*

Begin the notification process by calling the first name in each section. Advance to the next name only if unable to contact the previous name. The first person contacted in each section becomes the responsible party in ensuring that the remaining individuals in their section are notified.

Each program is responsible for developing a method for calling the various individuals, what the tiers of notifications are, and who must be notified in each service area.

Updating of the information within this document is the responsibility of each service area. The changes to this document are coordinated through the OCHCA/Health Disaster Management Department. All corrections being submitted must have been approved by the respective Executive Team Member.



Orange County Health Care Agency / Health Disaster Management																																						
HCA Administration (405) & Health Strategic Operations Center (HSOC) Facility Contact Information																																						
Quick Reference Guide																																						
FACILITY CONTACT INFORMATION																																						
HCA Administration Building																																						
405 West 5 th Street, Santa Ana, CA 92701																																						
HCA Administration –Facility Contacts																																						
HCA Facilities Help Desk.....714-834-5441																																						
HCA Admin Property Manager, Cushman Wakefield Emergency Contact Dana Duarte.....714-245-9455 Dan, Building Engineer.....714-448-6827 HCA Building Manager, Malcolm Henry.....714-834-5485 HCA Building Manager, (24 hour cell).....714-715-4550 HCA Building Mgr Alt., Steve Karakash.....714-834-5158 HCA Building Manager Alt. (Cell).....714-955-7419 HCA Building Manager Alt. (Home).....949-859-1659																																						
HCA Administration –Emergency Contacts																																						
OCFA.....911 or 714-647-5700 Santa Ana Police Dept.....911 or 714-245-8665 Ambulance/Paramedics.....911 or 714-647-5700 Poison Control.....800-222-1222 HCA Health HazMat.....714-433-6240 Federal Health HazMat.....909-937-3279 HCA Sheriff's Rep. (Cell).....714-720-1561 Sheriff Emergency Mgmt.....714-628-7055																																						
Health Strategic Operations Center (HSOC)																																						
2228 Ritchey Street, Santa Ana, CA 92705																																						
Building Owner, Krisna MacDonald., 949-498-1000 Email:..... kmacdonald@matsushitaintl.com Building Owner (Alt) Kole Peck.....949-498-1000 Tyco.....888-238-2666 Tyco Number on File.....Room 108, 714-241-1183 Tyco PLC.....RSS1 Coastal Bldg Company (cleaning).....714-630-4445 Coastal Bldg Company.....Fax: 714-630-4499 Coastal Bldg Company Alternate.....714-631-4866																																						
HCA Utility Services																																						
So Cal Gas Co.....800-427-2000 So Cal Edison Electric.....800-611-1911 AT&T Business Services.....800-750-2355 County Telephone Phone Services.....714-567-7400 Santa Ana Public Works.....714-647-3380 Orange County Public Works.....714-567-7700 County Public Works (24 hour).....714-834-3244 Direct TV.....1.888.388.4249 Direct TV Account #063020768																																						
HCA Safety Office																																						
HCA Safety Office.....714-834-7233 Safety Manager Elsa Davis.....714-834-3657 CEO Risk Management/Safety.....714-834-2721																																						
HSOC SECURITY & EMERGENCY INFORMATION																																						
Law Enforcement Agencies																																						
Santa Ana Police (HSOC exterior) ...714-834-4211 OCSD Commander (HSOC interior) ..714-628-7170 Email: ControlOnesupervisors@ocsd.org Bob Wren, OCSD North Ops.....714-647-4094 OCSD Mutual Aid.....714-569-2044 Alt. Security Manager, OCIAAC.....714-628-3015																																						
OCSD Control One																																						
Phone.....714-628-7008 Email..... ControlOneSupervisor@ocsd.org																																						
HSOC Security Access																																						
Alarm Deactivation:																																						
Use your ID badge to open the front door to the HSOC. Once inside, you have approximately 45 seconds to deactivate the alarm. 1) Push "CONTINUE" 2) [ENTER CODE] "XXXXXX" 3) Push "TURN OFF" 4) Push "ALL" This will deactivate the WAREHOUSE and OFFICE alarm zones. Alarm Activation: 1) Push "CONTINUE" 2) [ENTER CODE] "XXXXXX" 3) Push "CONTINUE" 4) Push "TURN ON" 5) Select "ALL" 6) Exit Facility You will have approximately 45 seconds to leave the building before the alarm will be triggered.																																						
HSOC Audio Visual System																																						
Galaxy Audio Visual.....714-372-2227																																						
BioWatch Contact Information																																						
Steve Medley.....BB: 213-434-8928 cell.....213-422-7930 Conference Call Bridge Line.....888-808-6929 Bridge Line Access Code.....6773449																																						
RDMHS/C Contact Information																																						
Mike Noone.....562-347-1518																																						
HDM CONTACT INFORMATION																																						
HDM Duty Officer																																						
Cell Phone (24 hour).....714-415-8980 Email..... HDMDutyOfficer@ochca.com																																						
Conference Call Information																																						
Line Administrator, Kelly Asch.....714-834-3105 Line Admin Alt., Irma Chavando.....714-834-6235 Conference Call Line.....714-834-7400 Agent ID.....39 Access Code.....365412#																																						
HDM 800 MHz Radio Assignments																																						
HCA Channel.....1 SLV-1-HCA (repeated) HCA Channel.....1 SLV-TA-HCA (simplex) Trunked Alternate.....9DBrown-1 and 9F Brown-3 Conventional Repeater.....11B AIR-RP																																						
<table border="1"><tr><td>99 EMS 1</td><td>Tammi McConnell</td></tr><tr><td>99 EMS 2</td><td>Sam Stratton</td></tr><tr><td>99 EMS 3</td><td>Mike Steinkraus</td></tr><tr><td>99 EMS 7</td><td>Mike Delaby</td></tr><tr><td>99 EMS 8</td><td>Laurent Repass</td></tr><tr><td>99 EMS DOC 1</td><td>EMS DOC</td></tr><tr><td>99 EMS DOC 2</td><td>EMS DOC</td></tr><tr><td>99 BT 1</td><td>Lydia Mikhail</td></tr><tr><td>99 BT 2</td><td></td></tr><tr><td>99 BT 3</td><td>Mark Chew</td></tr><tr><td>99 BT 4</td><td>Alfredo Valle</td></tr><tr><td>99 BT 5</td><td>Elizabeth Daoust</td></tr><tr><td>99 BT 6</td><td>Gus Plasencia</td></tr><tr><td>99 BT 7</td><td>Holly Veale</td></tr><tr><td>99 BT 8</td><td></td></tr><tr><td>99 BT 9</td><td></td></tr><tr><td>99 BT 14</td><td>Eric Handler</td></tr><tr><td>99 BT 16</td><td>Helen Calvet</td></tr></table>			99 EMS 1	Tammi McConnell	99 EMS 2	Sam Stratton	99 EMS 3	Mike Steinkraus	99 EMS 7	Mike Delaby	99 EMS 8	Laurent Repass	99 EMS DOC 1	EMS DOC	99 EMS DOC 2	EMS DOC	99 BT 1	Lydia Mikhail	99 BT 2		99 BT 3	Mark Chew	99 BT 4	Alfredo Valle	99 BT 5	Elizabeth Daoust	99 BT 6	Gus Plasencia	99 BT 7	Holly Veale	99 BT 8		99 BT 9		99 BT 14	Eric Handler	99 BT 16	Helen Calvet
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OCHCA / HDM Last Revised: April 1, 2014
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REGION I DISASTER MEDICAL HEALTH COORDINATION
PROGRAM
CONTACT LIST

Updated: 05 May 2015

OES MUTUAL AID REGION I – MEDICAL AND HEALTH COORDINATION	
<p>Region I RDMHC (24 Hour POC)</p> <p>LACo EMS: 866-940-4401 or 562-941-1037</p> <p><i>Request EMS Administrator on Duty or RDMHC Staff</i></p>	<p>RDMHC1: Cathy Chidester Main: 562-347-1500 Office Direct : 562-347-1604 Cell 213-590-3353 cchidester@dhs.lacounty.gov</p> <p><u>RDMHC Alternate:</u> Kay Fruhwirth Office Direct: 562-347-1596 Cell: 562-666-5502 kfruhwirth@dhs.lacounty.gov</p>
<p>RDMHS-1 CONTACT INFORMATION</p> <p>LA EMS Agency 10100 Pioneer Blvd., Ste # 200 Santa Fe Springs, CA 90670</p>	<p>RDMHS1: Mike Noone Office: 562-347-1518 Cell: 213-587-3034 Home: 310-435-3666 mnoone@dhs.lacounty.gov</p> <p><u>RDMHS1 Alternate:</u> Jim Eads Office: 562-347-1510 Cell: 805-559-4044 ← PRIMARY Res: 805-583-1749 (unlisted) jeads@dhs.lacounty.gov</p>



OES MUTUAL AID REGION I – MEDICAL AND HEALTH COORDINATION

REGION I MEDICAL AMBULANCE TRANSPORTATION COORDINATORS	Dave Austin Office: 626-633- 4764 Cell: 714-403-3090 dave_austin@amr- ems.com	Bill Weston Dispatch: 714-288-3888 Office: 714- 288-3823 Mobile: 714-713-5708 Pager: 714-439-8099 billw@careambulance.net
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MUTUAL AID – MEDICAL AND HEALTH COORDINATION PARTNERS

<p>Region VI RDMHC Program Staff</p> <p>Riverside Co. EMS Agency 3900 Sherman Dr. Suite H Riverside, CA 92503</p>	<p>Region VI RDMHS: VACANT Acting: Kim Saruwatari Office: 951-358-7104 Cell: 951-232-6230 Main: 951-358-7100 24-hr: 951-830-8117 ksaruwatari@rivcocha.org</p> <p><u>RDMHS Alternate: MHOAC Duty Officer</u> <u>mhoac@rivcocha.org</u> 951-830-8041 primary 951-712-3342 secondary</p>
<p>California Dept. of Public Health</p>	<p>CDPH Duty Officer: 916-328-3605 Fax: 916-445-5460 cdphdutyofficer@cdph.ca.gov 9163283605@usamobiilty.net</p>
<p>EMS Authority</p>	<p>EMSA Duty Officer Pager: 916-423-0911 EMSA dutyofficer@emsa.ca.gov</p>
<p>MACC– EMSA/CDPH DOC</p>	<p>MAIN: 916-650-6400 FAX: 916-341-3987</p>
<p>Cal OES State Warning Center 24 hour/day</p>	<p>916-845-8911</p>
<p>Cal OES Southern Regional Office 11200 Lexington Dr., Los Alamitos CA</p>	<p>Regional Administrator: Mona Bontty Office: 562-795-2902 Cell: 562-673- 0411 Mona.bontty@caloes.ca.gov Southern REOC Office: 562-795-2900; Fax: 562-795-2877</p>
<p>Southern REOC Medical Health Branch Desk (Only active when REOC staffed)</p>	<p>M&H Branch Desk 562-795-2977 REOC Main 562-795-2900 MedicalandHealthBranchCoor- SouthernREOC@oes.ca.gov</p>



OES MUTUAL AID REGION 1 MHOAC & PHER PROGRAMS

<p>MHOAC Program Los Angeles Co. 10100 Pioneer Blvd., Ste # 200 Santa Fe Springs, CA 90670</p> <p>24 HOUR MAC: 562-941-1037, Request AOD laemsadutyofficer@dhs.lacounty.gov</p>	<p><i>Cathy Chidester, RDMHC/MHOAC/EMS</i> <i>Administrator</i> <i>Email: cchidester@dhs.lacounty.gov</i></p> <p>John Opalski, MHOAC Designee/Disaster Preparedness Coordinator Office: 562-347-1503 Cell: 213-587-2947 Fax: 562-944-6931 Email: jopalski@dhs.lacounty.gov DHS/ EMS DOC Main: 562-347-1550 Email: laemsadutyofficer@dhs.lacounty.gov</p>
<p>PHEPR Program Los Angeles Co. 241 N. Figueroa St Los Angeles, CA 90012</p> <p>Public Health 24 Hour Duty Officer: 213-989-7140 phemergdesk@ph.lacounty.gov</p>	<p>Mike Contreras, PH Emergency Response Office: 213-250-8681 Email: micontreras@ph.lacounty.gov</p> <p>Public Health 24 Hour Duty Officer: 213-989-7140 Email: phemergdesk@ph.lacounty.gov</p> <p>Interim Health Officer: Jeffrey Gunzenhauser, MD MPH LHO Tele 213-989-7236 Email: jgunzenhauser@ph.lacounty.gov</p>



OES MUTUAL AID REGION 1 MHOAC & PHER PROGRAMS

**MHOAC & PHEP
Orange Co.**
405 West Fifth Street, Suite 301A
Santa Ana, CA 92701

HDM Duty Officer: 714-415-8980
hdmdutyofficer@ochca.com

***Tammi McConnell, MHOAC/EMS
Administrator***

Office: 714-834-2791
Cell: 714-720-1514
Email: tmmconnell@ochca.com

Michael Steinkraus, MHOAC Designee/EMS
Program Coordinator
Office: 714-834-3124
Cell: 714-720-1464

OCOA EOC M&H Desk: 714-628-7610
Email: msteinkraus@ochca.com
Fax: 714-834-3125

EMS DOC: 714-288-6909
emsdocdirector@ochca.com
HEOC: MHOAC Desk 714-560-6134
heocmhoac@ochca.com

OCOA EOC H&M Branch Dir: 714-628-
7129 eocmedical@ocsd.org

Health Officer: Eric Handler
LHO Tele: 714-620-4913:



OES MUTUAL AID REGION 1 MHOAC & PHER PROGRAMS

<p>MHOAC & PHER San Luis Obispo</p> <p>San Luis Obispo EMS Agency 2156 Sierra Way San Luis Obispo, CA 93401</p> <p>24 HOUR: Sheriff's Watch Commander 805-781-4553 or 805-781-4563; Request Health Officer to access MHOAC</p> <p>SLO-MHOAC@co.slo.ca.us</p>	<p><i>VACANT, MHOAC/ EMS Division Director</i></p> <p>Kathy Collins email : kcollins@co.slo.ca.us phone number: 805-788-2514</p> <p>Todd Spanton tspanton@co.slo.ca.us 805-788-2518</p> <p>SLO PH DOC: 805-781-5531 SLO OAEOC: 805-781-1268</p> <p><i>Penny Borenstein, MHOAC / County Health Officer</i> Office: 805-781-5519 Cell: 805-602-6268 Email: pborenstein@co.slo.ca.us</p>
<p>MHOAC & PHER Santa Barbara</p> <p>300 North San Antonio Road Santa Barbara, CA 93110-1316</p> <p>24 HOUR:SB Sheriff Dispatch 805-692-5744</p> <p>Request EMS Duty Chief MHOAC.SantaBarbara@sbcphd.org</p>	<p><i>VACANT MHOAC/EMS Administrator</i></p> <p>John Eaglesham, back up MHOAC/Interim EMS Administrator Office: 805-681-5394 Cell: 805-896-1083 Email: John.Eaglesham@sbcphd.org</p> <p>PH DOC 805-681-5195; EOC M&H: 805-696-1154 Sat:254-381-7500</p> <p>Health Officer: Dr. Takashi Wada LHO Tele: 805-681-5105 Cell: 805-319-0474 Takashi.Wada@sbcphd.org</p>



OES MUTUAL AID REGION 1 MHOAC & PHER PROGRAMS

MHOAC & PHER Ventura

2220 East Gonzales Road, Ste. 130
Oxnard, CA 93036

**24 HOUR: 805-388-4279, Ask for
EMS Agency Duty Officer or
EMSAgencyDutyofficer@ventura.org**

Steve Carroll, MHOAC/EMS Administrator

Office: 805-981-5305 Cell: 805-207-9325

Pager: 805-671-0366

Email: steve.carroll@ventura.org

Chris Rosa, Back-Up MHOAC/Deputy EMS Administrator

Office: 805-981-5308 Cell: 805-617-5365

Pager: 805-230-4788

Email: chris.rosa@ventura.org

Dan Wall, PH Emergency Preparedness Manager

Office: 805-981-5307 Cell: 805-223-1030

Email: dan.wall@ventura.org

EMS Office Fax: 805-981-5300

M&H DOC: 805-981-5096 EOC: 805-654-
2551

Health Officer: Dr. Robert Levin

LHO Tele: 805-981-5101

Email: robert.levin@ventura.org



REGION I CITY PHER PROGRAMS

<p>City of Long Beach 2525 Grand Ave. Long Beach , CA 90815</p> <p>24 HOUR: (562) 435-6711 PH DOC: HE- PHEM@longbeach.gov</p>	<p>Diane Brown, PH Emergency Management Office: 562-570-4344 Cell: 562-704-2733 Email: diane.brown@longbeach.gov</p> <p>Mitchell Kushner, M.D., M.P.H., Health Officer Office: 562-570-4047 Cell: 562-533-5248 Email: mitchell.kushner@longbeach.gov</p> <p>24 HOUR: 562-435-6711 PH DOC: HE- PHEM@longbeach.gov</p>
<p>City of Pasadena 1848 N. Fair Oaks Ave. Pasadena, CA 91103</p>	<p>VACANT: LHD PHEP Coordinator Office: 626-744-6164 Cell: Email: abhatia@cityofpasadena.net Fax: 626-798-2199</p> <p>Eric Walsh, M.D., M.P.H. Director of Public Health/Health Officer Office: 626-744-6166 Cell: 626-831-2500 Email: ewalsh@cityofpasadena.net 24 HOUR: PH DOC:</p>



ADDITIONAL PARTNERS: EM EOCS	
M&H DOCs/EOCs	<p>LACo EOC 213-890-2102 LACo EMS DOC: 562-347-1550 or 1545 Riverside County: 951-358-7100/ RDMHS-VI VACANT Duty officer: 951-830-8041 San Bernardino: Inyo County: 760-878-0383 Mono County: 760-932-7549 Imperial County: 760-791-7521 Clark County: 702-229-3810 Kern County: 661-321-3000 OAEOC: 805-861-3200 REGION II Duty Officer: 925-260-8226 REGION III: SJCo EMS Office:209-468-6818; DO Pager:209-234-5032 24 Hour:209-236-8339 REGION IV: 209-468-0252 REGION V: 661-363-3862; Pager: 661-307-1154 24 Hour: 661-868-4055 REDDINET Tech Support: 800.440.7808</p>
Dialysis Centers ESRD– Network 18. 6255 Sunset Boulevard, Suite 2211 Los Angeles, CA 90028	Shean Strong MBA Southern California Renal Disease Council, Inc MAIN: 323-962-2020 FAX: 323-962-2891 sstrong@nw18.esrd.net www.esrdnetwork18.org
HASC Hospital Preparedness Coordinator	Ryan Burgess (LA County) Cell: 805-320-5809 rburgess@hasc.org
SITREP AND/OR RESOURCE REQUEST SUBMISSION Send simultaneously to M&H BRANCH / EMSA & CDPH Duty Officers via email: medicalandhealthbranchcoor-southernreoc@oes.ca.gov cdphdutyofficer@cdph.ca.gov emsadutyofficer@emsa.ca.gov	



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Appendix B: Legal Authority

- California Government Code, section 8550 et seq.
 - This section of statutes, the California Emergency Services Act, is the source of broad Health Officer authority in responding to a declared State emergency. This section allows the Health Officer to:
 - Carry out orders of the governor pursuant to this section, including, if necessary, commandeering of personal or real property.
 - Seek mutual aid in the case of a local declared emergency
- California Health and Safety Code sections 1797.204, 1797.220, 1798.2, 1798.6(c), and 1798.170
 - 1797.204. (EMS System Responsibilities) The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. (Added by Stats. 1980, Ch. 1260.)
 - 1797.220. (Local Medical Control Policies, Procedures) The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements. (Amended by Stats. 1988, Ch. 1390, Sec. 5.)
 - 1798.2. (Base Hospital Direction of Prehospital Personnel) The base hospital shall implement the policies and procedures established by the local EMS agency and approved by the medical director of the local EMS agency for medical direction of prehospital emergency medical care personnel. (Amended by Stats. 1988, Ch. 1390, Sec. 7.)
 - 1798.6. (Medical Control in an Emergency)
 - (c) Notwithstanding subdivision (a), authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks. (Added by Stats. 1983, Ch. 206, Sec. 2.)
 - 1798.170. (Development of Triage & Transfer Protocols) A local EMS agency may develop triage and transfer protocols to facilitate prompt delivery of patients to appropriate designated facilities within and without its area of jurisdiction. Considerations in designating a facility shall include, but shall not be limited to, the following:



- (a) A general acute care hospital's consistent ability to provide on-call physicians and services for all emergency patients regardless of ability to pay.
 - (b) The sufficiency of hospital procedures to ensure that all patients who come to the emergency department are examined and evaluated to determine whether or not an emergency condition exists.
 - (c) The hospital's compliance with local EMS protocols, guidelines, and transfer agreement requirements. (Amended by Stats. 1987, Ch. 1240, Sec. 16.)
- California Health and Safety Code, Section 101000 et. seq:
 - This section of the California Statutes outlines the powers and duties of the local Health Officer. These provisions state that:
 - Each county Board of Supervisors shall appoint a health officer
 - That the Health Officer may, upon consent by ordinance or resolution, orders, regulations, and statutes related to public health within incorporated cities.
 - The Health Officer shall enforce all rules, orders, and statutes related to public health in unincorporated areas.
 - The Health Officer may, in response to particular threats or if granted specific authority by the Board of Supervisors, declare a local emergency. Such a declaration allows for other political subdivisions to provide mutual aid and may confer some immunity on persons providing care.
- California Health and Safety Code, Section 120100, et seq.
 - This section of Statutes provides the Health Officer with broad powers as relates to the spread or threat of spread of communicable disease. Among the authorities granted are:
 - Action to "take measures as may be necessary" to prevent spread of disease,
 - Authority to require isolation or quarantine,
 - Authority to take actions to enforce rules or orders from the Department of Health Services
 - Authority to require healthcare facilities to disclose inventories of critical supplies, equipment, drugs, vaccines and other products.
 - Authority to carry out directives of the Department of Health Services to provide places for isolation or quarantine.
- California Code of Regulations, Title 22, Section 70809 (b)
 - Patient Accommodations
 - (a) No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the Director or his designee. Beds not used for overnight stay such as labor room beds, recovery beds, beds used for admission screening or beds used for diagnostic purposes in X-ray or laboratory departments are not included in the approved licensed bed capacity.



- (b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.
 - (c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been granted a fire clearance by the State Fire Marshal, except as provided in paragraph (a) above.
 - (d) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.
- California Penal Code, Section 409.5.
 - This statute allows the Health Officer to order evacuation for the protection of public health and safety.



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Appendix C: Pediatric Surge Considerations

OCEMS requires Orange County ERC hospitals to have equipment and capability to handle pediatric patients, including staff trained in Pediatric Advanced Life Support (PALS).

In Orange County, ERC hospitals could increase pediatric bed capacity under the California Code of Regulations, Title 22, Section 70809, which states “Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license.”

- Hospitals are allowed by CDPH to use 5% of their total licensed beds (known as Flex Beds) to accommodate patients of all types without special permissions, provided Title 22 standards of care are met for competency, equipment and staffing for the patients involved is met.
- If the number of patients cannot be managed using 5% flex, altered standards of care may be required, generating the need for additional permissions, interruptions in normal hospital operations (e.g. elective surgeries cancelled) and approval from CDPH Licensing and Accreditation prior to implementation. Hospitals who do not adhere to these strict requirements may be subject to fines and penalties.



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Appendix D: Emergency Receiving Centers (ERC) Capability List

Designated Emergency Receiving Centers Capability List																	
Facility Name (2015 updated)	ERC	Base	PTRC	CCERC	CCS PICU	C VRC	SNRC	Pediatrics	NICU	Perinatal	ICU	Coronary Care	Burn	Unspecified General Acute Care	Acute Psych	Rehab	Licensed Capacity
COUNTY TOTALS								208	269	602	596	111	15	3618	363	81	5863
Anaheim Regional Medical Center	X					X (2 CV's)			11	27	22	10		153			223
Chapman Medical Center	X										12			35	12		114
Children's Hospital At Mission					Tertiary				16		8			24			54
Children's Hospital of Orange County	X			X	Tertiary			130	54		54			130			279
Coastal Communities Hospital	X							9		12	9			79	23		178
Fountain Valley RHMC-Euclid	X				Ped Comm	X	X	13	23	38	36			183			293
Garden Grove Hospital and Medical Center	X								12	35	12			108			167
Hoag Memorial Hospital Presbyterian	X	X			Standard	X	X (2 NIR's)		21	70	45	12		329			443



Orange County Health Care Agency (OCHCA)
Medical Surge Plan

Designated Emergency Receiving Centers Capability List																	
Facility Name (2015 updated)	ERC	Base	PTRC	CCERC	CCS PICU	C VRC	SNRC	Pediatrics	NICU	Perinatal	ICU	Coronary Care	Burn	Unspecified General Acute Care	Acute Psych	Rehab	Licensed Capacity
Hoag Hospital Irvine	X					X		7	16	23	12			118			84
Huntington Beach Hospital	X	X									6	6		94	25		131
Kaiser Foundation Hospital, Anaheim	X				Ped Comm			11	14	36	12	10		117			262
Kaiser Foundation Hospital Irvine	X								6	28	20			96			174
La Palma Intercommunity Hospital	X									11	4	4		105	17		141
Los Alamitos Medical Center	X					X	X			12	9	8		113	25		167
Mission Hospital Regional Medical Center	X	X	II			X	X			43	36	27		214		25	345
Mission Hospital Laguna Beach	X									19	10			103	36		207
Orange Coast Memorial Medical Center	X					X			12	21	21			164			218
Placentia Linda Hospital	X										4	4		106			114



Orange County Health Care Agency (OCHCA)
Medical Surge Plan

Designated Emergency Receiving Centers Capability List																	
Facility Name (2015 updated)	ERC	Base	PTRC	CCERC	CCS PICU	C VRC	SNRC	Pediatrics	NICU	Perinatal	ICU	Coronary Care	Burn	Unspecified General Acute Care	Acute Psych	Rehab	Licensed Capacity
Saddleback Memorial Medical Center, LH	X					X (3 CV's)	X (3 NIR's)		19	39	31			151		12	252
Saddleback Memorial Medical Center, SC	X										7			66			73
St. Joseph Hospital, Orange	X				Gen Comm	X	X			57	32	20		379	37		463
St. Jude Medical Center	X	X			Standard	X	X	12	14	39	52			200		30	351
University of California, Irvine Medical Center	X	X	I		Gen Comm	X	X		30	26	68		8	209	67	14	411
West Anaheim Medical Center	X					X					10	10		147	30		219
Western Medical Center Hospital, Anaheim	X					X			5	14	22			56	91		189



Orange County Health Care Agency (OCHCA)
Medical Surge Plan

Designated Emergency Receiving Centers Capability List																	
Facility Name (2015 updated)	ERC	Base	PTRC	CCERC	CCS PICU	C VRC	SNRC	Pediatrics	NICU	Perinatal	ICU	Coronary Care	Burn	Unspecified General Acute Care	Acute Psych	Rehab	Licensed Capacity
Western Medical Center, Santa Ana	Yes	X	II		Special	X	X	26	16	52	42		7	139			282



Appendix E: Acronyms and Definitions

Acronym	Term
AAR	After Action Report
AHRQ	Agency for Healthcare Research and Quality
ARC	American Red Cross
Cal OES	California Governor's Office of Emergency Services
CDC	Center for Disease Control
CDPH	California Department of Public Health
CHF	Congestive Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
CSWC	California State Warning Center
DHCS	(California) Department of Health Care Services
DOC	Department Operations Center
EHD	(Local) Environmental Health Department
EMS	Emergency Medical Services
EMSA	California Emergency Medical Services Agency
EOC	Emergency Operations Center
EOM	(California Public Health and Medical) Emergency Operations Manual (CDPH)
EOP	Emergency Operations Plan
ERC	Emergency Receiving Center
ESA	(California) Emergency Services Act
FOUO	For Official Use Only
HCA	(Orange County) Health Care Agency
HAvBED	The Hospital Available Beds for Emergencies and Disasters (HAvBED) System is a real-time electronic system that tracks the numbers of beds available at hospitals in California. HAvBED information will be utilized in a medical surge event to assist in determining availability of suitable beds for patients.
HDM	Health Disaster Management (OCHCA)
HDSCS	Hospital Disaster Support Communication System (amateur radio)
HEOC	Health Emergency Operations Center
HERM	Health Emergency Response Manager (HCA)



Acronym	Term
ICS	Incident Command System
ICU	Intensive Care Unit
IP	Improvement Plan
JEOC	Joint Emergency Operations Center
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
MACC	Multi-Agency Coordination Center
MCI	Mass Casualty Incident
MHOAC	Medical Health Operational Area Coordinator
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NIMS	National Incident Management System
NRF	National Response Framework
OA	Operational Area
OCHCA	Orange County Health Care Agency
OCTA	Orange County Transportation Authority
Public Health and Medical System	An inter-connected system of public and private entities whose activities and responsibilities involve public health; environmental health; and medical services, including emergency medical services. The participants in the Public Health and Medical System include those involved in the delivery of health care in addition to those involved in the protection and promotion of public health and environmental health. (EOM)
RDMHC/S	Regional Disaster Medical Health Coordinator/Specialist or Coordination Program
REOC	Regional Emergency Operations Center
SEMS	Standard Emergency Management System
SEP	California State Emergency Plan
SOC	State Operations Center
WHO	World Health Organization