

# Operational Area EOC

## Medical/Health

### Branch

Developed through federal block grant funds.  
Sponsored by the California EMS Authority - Special Project #EMS-7023



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## INTRODUCTION

The Medical/Health Branch of a Local EOC manual was developed by a task force of the Mountain-Valley EMS Agency through Prevention 2000 federal block grant funds and sponsored by the California Emergency Medical Services Authority, project #EMS-7023.

This manual is intended to assist local medical/health officials during a disaster or state of emergency within a local Emergency Operations Center (EOC). The documents in this manual should assist in providing vital direction and organization to a potentially chaotic environment.

The Medical/Health task force elected to develop the position checklists for each position in a Medical/Health Branch, rather than a full Medical/Health Departmental Operations Center (DOC), because it seemed redundant to establish Logistics, Planning, and Finance sections apart from these operational area EOC functions. Therefore, these medical/health positions are intended to work within and report to the Operations Section of the Operational Area EOC. Medical/Health planning and resource ordering are also intended to be conducted and coordinated with the appropriate sections of the Operational Area EOC.

Since the organizational structure, physical plant structure, and other logistical considerations vary from county to county, these operational considerations have not been addressed in this manual. Consequently, this manual should be considered an adjunct to any existing Standard Operating Procedures for use within the local Operational Area EOC.

# CHARTS

**MEDICAL/HEALTH  
WORKSHEET**

### MEDICAL/HEALTH BRANCH WORKSHEET

INCIDENT NAME	DATE	TIME
INCIDENT COMMANDER	MEDICAL/HEALTH BRANCH DIRECTOR	
PUBLIC EDUCATION OFFICER	MEDICAL RESOURCES COORDINATOR	

OUTPATIENT GROUP SUPERVISOR
FIELD TREATMENT SITES UNIT
MEDICAL TRANSPORT UNIT
EMERGENCY DEPARTMENT UNIT
URGENT CARE UNIT
MEDICAL CLINICS UNIT

INPATIENT GROUP SUPERVISOR
HOSPITALS UNIT
SKILLED NURSING UNIT
REHAB UNIT
HOME HEALTH CARE UNIT

PUBLIC HEALTH GROUP SUPERVISOR
ENVIRONMENTAL RESOURCES UNIT
ANIMAL SERVICES UNIT
PUBLIC HEALTH NURSING UNIT
SHELTER TASK FORCE
IMMUNIZATIONS TASK FORCE
COMMUNICABLE DISEASES TASK FORCE

MENTAL HEALTH GROUP SUPERVISOR
CISD UNIT
SHELTER SUPPORT UNIT
INPATIENT UNIT
OUTPATIENT UNIT

ANCILLARY SERVICES GROUP SUPERVISOR
LABORATORY SERVICES UNIT
BLOOD BANK UNIT
RADIOLOGY SERVICES UNIT
PHARMACY SERVICES UNIT
SPECIALTY SERVICES UNIT

OTHER



**JOB  
ACTION  
SHEETS**

**MEDICAL/HEALTH BRANCH DIRECTOR**

Positioned Assigned To:
You Report To:

**Mission:** Organize and direct activities relating to the Medical/Health operations. Carry out directives of the EOC Director, local Health Officer, and EMS Agency Medical Director. Coordinate and supervise the medical and health resources within the operational area.

**Immediate**

- \_\_\_\_\_ **RECEIVE APPOINTMENT**  
Receive appointment from the Operations Section Chief or EOC Director. Obtain packet containing Section's Job Action Sheet and forms.
  
- \_\_\_\_\_ **REVIEW JOB SHEET**  
Read this entire Job Action Sheet and review organizational chart.
  
- \_\_\_\_\_ **OBTAIN BRIEFING**  
Obtain briefing from the Operations Section Chief or EOC Director, which should include times of future briefings.
  
- \_\_\_\_\_ **ESTABLISH EOC POST**  
Establish a post in the operational area EOC as the Medical/Health Branch Director. Clearly mark your post and identify yourself (e.g. name badge).
  
- \_\_\_\_\_ **APPOINT GROUP SUPERVISORS**  
Appoint Group Supervisors as needed to obtain information and liaison with various components of the medical and health community (e.g. Medical Transport Services, Public Health Services, Inpatient Services, Outpatient Services, Ancillary Services, Animal Services, Specialty Services). Distribute Job Action Sheets and forms to Group Supervisors.
  
- \_\_\_\_\_ **DEVELOP INITIAL ACTION PLAN**  
Brief all Medical/Health Group Supervisors on current situation and develop the section's initial action plan (for the first 12-hour operational period). Designate time for next briefing.
  
- \_\_\_\_\_ **INITIAL ASSESSMENT**  
Perform an initial assessment of the medical/health needs and possible impact on resources (RIM Medical/Health Status Report form).
  
- \_\_\_\_\_ **CONTACTS**  
Review county and municipal emergency organizational charts to determine appropriate contacts and message routing. Coordinate with the Logistics and Finance Sections regarding the process of obtaining needed supplies.
  
- \_\_\_\_\_ **RELAY STATUS REPORT**  
Contact state Medical/Health Officials, EMSA and DHS. Provide a brief overview of the event and forward RIMS Medical/Health Situation report to state officials through the operational area EOC Planning Section.
  
- \_\_\_\_\_ **RESOURCES NEEDS**  
Establish communication with the Operational Area Disaster Medical/Health

Coordinator (OADMHC) from within the E.O.C. Relay current status of medical and health resources and any resource needs to the OADMHC, using the RIMS Resource Request form.

Operational Area Emergency Operations Center  
Job Action Sheet

MEDICAL/HEALTH BRANCH DIRECTOR

_____	<b>PUBLIC INFORMATION</b> Coordinate with the Public Information Officer to issue periodic public health & safety information.
_____	<b>DOCUMENT</b> Assure that all communications and times are documented, as well as all actions and decisions.
<b><u>Intermediate</u></b>	<b>STAFF/SUPPLY</b> Ensure that each of the Group Supervisors has adequate staff for the next two operational periods (12-hour shifts) and adequate supplies. Relief staff should arrive 30 minutes early to allow for briefing prior to shift change.
_____	<b>BRIEFINGS/UPDATES</b> Conduct briefings and updates with all Groups Supervisors on a regular basis.
_____	<b>UPDATE ACTION PLAN</b> Develop the Medical/Health Action Plan for the upcoming operational period.
_____	<b>COMMUNICATE UP</b> Brief the Operations Section Chief routinely. Attend Planning Meetings as appropriate.
_____	<b>RESPOND TO PROBLEMS</b> Respond to requests and complaints from incident personnel regarding inter-organization problems.
<b><u>Extended</u></b>	<b>DOCUMENT</b> Assure that a system for logging and organizing all documentation is established
_____	<b>LONG-TERM STAFFING</b> Ensure that adequate staffing is being considered for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Operations Section Chief. Provide for staff rest periods and relief.
<b><u>Recovery</u></b>	<b>DISASTER RECOVERY</b> Ensure that information for public health and safety are used during disaster recovery stage. Notify public of: <ul style="list-style-type: none"><li>• safe drinking water requirements</li><li>• safe reoccupancy of damaged homes and buildings (structural integrity, gas leaks, etc.), appropriate personal protective clothing and equipment (gloves, masks, etc.)</li><li>• handling and disposal of foodstuffs, refuse, clothing, hazardous materials</li><li>• animal control</li></ul>
_____	<b>AFTER ACTION CRITIQUE</b> Participate in critique of activated medical/health disaster response plans and overall county disaster response plans.

# **RESOURCE REQUESTS**

# **MEDICAL/HEALTH STATUS REPORTS**

**INCIDENT  
ACTION  
PLAN**

# **ACTIVITY LOG**

# MAPS

# **MEDICAL/HEALTH DIRECTORY**

# **GLOSSARY**

<b>ACTIVITY LOG</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
	4. UNIT NAME/DESIGNATOR	5. UNIT LEADER (NAME & POSITION)	6. OPERATIONAL PERIOD

#	Time	Event - Situation
1		
2		
3.		
4		
5		
6		
7		
8		
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10		
11		
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**This form is intended for use by all individuals as an accounting of their personal action or the unit activity.**

## GLOSSARY

**CASUALTY COLLECTION POINT (CCP)**- Casualty Collection Points are sites predesignated by county officials for the congregation, triage, austere medical care, holding, and evacuation of casualties following a major disaster. CCPs are designed for the care of casualties who cannot be moved rapidly to medical care facilities within the affected area and as a holding area for stable hospital patients and casualties awaiting evacuation to unaffected portions of the state and county. CCPs also serve as sites for delivery of medical supplies, equipment, and personnel into the disaster area.

**DEPARTMENTAL OPERATIONS CENTER (DOC)**- A location from which centralized emergency management can be performed by a single department, agency or discipline. DOC facilities are established to coordinate the agency or jurisdictional response and support to an emergency and typically provide a representative to the EOC for overall system coordination.

**DISASTER CONTROL FACILITY (DCF)**- The agency that is responsible for medical control and the dispersal of patients during all Multi-Casualty Incidents (MCI).

**EMERGENCY OPERATIONS CENTER (EOC)**- A location from which centralized emergency management can be performed by local government, operational area or regional representatives. EOC facilities are established by a jurisdiction to coordinate the overall response and support to an emergency.

**INCIDENT ACTION PLAN (IAP)**- The plan developed at the field response level which contains objectives reflecting the overall incident strategy, specific tactical actions and supporting information for the next operational period. When complete, the Incident Action Plan will contain a number of attachments.

**INCIDENT COMMANDER**- The individual responsible for the command of all functions at the field response level.

**INCIDENT COMMAND SYSTEM (ICS)**- The nationally used standardized on-scene 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. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

**JOINT EMERGENCY OPERATIONS CENTER (JEOC)**- A Joint Emergency Operations Center of the State Department of Health Services and the EMS Authority. The JEOC locates, acquires, and arranges for the delivery of disaster medical supplies, equipment and personnel from unaffected areas of the state.

**LOGISTICS SECTION**- One of the five primary functions found at all SEMS or ICS levels. The section responsible for providing facilities, services and materials for the incident or at an EOC.

**MEDICAL UNIT**- Functional unit within the Service Branch of the Logistics Section at SEMS or ICS Field levels responsible for the development of the Medical Emergency Plan, and for providing emergency medical treatment of incident personnel.

**MESSAGE CENTER-** Collocated or adjacent to the Communications Center, the Message Center receives, records, and routes information about resources, resource status, and administration and tactical traffic.

**MOBILIZATION CENTER-** An off-incident location at which emergency service personnel and equipment are temporarily located pending assignment to incidents, release, or reassignment.

**MUTUAL AID REGION-** A mutual aid region is a subdivision of state OES established to assist in the coordination of mutual aid and other emergency operations within a geographic area of the state, consisting of two or more county (operational) areas.

**OPERATIONAL AREA-** An intermediate level of the state emergency organization, consisting of a county and all political subdivisions within the county area.

**OPERATIONAL AREA DISASTER MEDICAL/HEALTH COORDINATOR (OADMHC)-** A designated individual who directs the disaster medical care system within the county. Responsibilities include:

Providing the Regional Disaster Medical Health Coordinator and/or state medical authorities with data on the medical and health impact of the disaster, status of the medical response, and projected need for medical mutual aid.

Responding to requests from the Regional Disaster Medical Health Coordinator to provide medical mutual aid to counties affected by the disaster.

**OPERATIONAL PERIOD-** The period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan.

**OPERATIONS SECTION-** One of the five primary functions found at all SEMS or ICS levels. The Section responsible for all tactical operations at the incident, or for the coordination of operational activities at an EOC.

**OVERHEAD PERSONNEL-** Personnel who are assigned to supervisory positions which includes Incident Command Staff, General Staff, Directors, Supervisors and Unit Leaders.

**PLANNING MEETING-** A meeting, held as needed throughout the duration of an incident, to select specific strategies and tactics for incident control operations and for service and support planning.

**PUBLIC INFORMATION OFFICER (PIO)-** The individual at field or EOC level that has been delegated the authority to prepare public information releases and to interact with the media. Duties will vary depending upon the agency and SEMS level.

**PLANNING SECTION-** One of the five primary functions found at all SEMS or ICS levels. The Section responsible for the collection, evaluation, and dissemination of information related to the incident or an emergency, and for the preparation and documentation of incident or EOC Action Plans. The section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident. At the SEMS Field Response level, the Section will include the Situation, Resource, Documentation, and Demobilization Units, as well as Technical Specialists. Other units may be added at the EOC level.

**REGIONAL DISASTER CONTROL FACILITY (RDCF)-** Entity with the responsibility for

medical control and dispersement of patients during large MCI(s).

**REGIONAL DISASTER MEDICAL/HEALTH COORDINATOR (RDMHC)**- Develops and maintains a system to identify medical resources, transportation assets and communication resources within the region. At the request of the Operational Area Medical/Health Coordinator, coordinates the procurement and allocation of medical resources and communications assets to support medical care operations within the affected jurisdictions. Requests assistance, as needed, from the State Emergency Medical Services Authority.

**REGIONAL EMERGENCY OPERATIONS CENTER (REOC)**- Facilities found at State OES Administrative Regions. REOCs are used to coordinate information and resources among operational areas and between the operational areas and the state level.

**RENDEZVOUS POINT**- A location where resources can meet before convoying to a requesting jurisdiction. Allows leader to inventory all personnel, supplies, equipment leaving the providing Operational Area.

**RIMS** - Resource Information Management System

**STAGING AREA**- Staging Areas are locations set up at an incident where resources can be placed while awaiting a tactical assignment. Staging Areas are managed by the Operations Section.

**STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS)**- A system required by California Government Code for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of five organizational levels which are activated as necessary: Field Response, Local Government, Operational Area, Region, State.

**STATE OPERATIONS CENTER (SOC)**- An EOC facility operated by the Governor's Office of Emergency Services at the state level in SEMS.

**STRIKE TEAM**- Specified combinations (usually five) of the same kind and type of single resources, with common communications and a leader.

**TASK FORCE**- A combination of single resources assembled for a particular tactical need, with common communications and a leader.

**TRIAGE**- The screening and classification of sick, wounded, or injured persons to determine priority needs in order to ensure the efficient use of medical manpower, equipment, and facilities.

**UNIFIED COMMAND**- A unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.