

**OPERATIONAL AREA
DISASTER MEDICAL/HEALTH COORDINATOR
(OADMHC)**



SECTION CONTENTS

I. PURPOSE & SCOPE

- A. Introduction to OADMHC Functions
- B. Definitions
- C. OADMHC Checklists
- D. Local Medical/Health Provider Information Sheet

II. COMMUNICATIONS DIRECTORIES

- A. Medical/Health Coordinators
 - 1. Local
 - 2. OES Region IV OADMHCs
 - 3. OES Region IV RDMHC
 - 4. State
- B. Medical/Health Providers
 - 1. Hospitals/DCFs
 - 2. Public Health Departments
 - 3. Ambulance
 - 4. Environmental Health Departments
 - 5. Veterinarians
- C. Dispatch Agencies
- D. Amateur Radio Coordinators
- E. OES Coordinators
- F. Mutual Aid Coordinators
 - 1. Fire
 - 2. Law

III. FACILITIES & EQUIPMENT

- A. Supplies in the DOC
- B. Set-up of the DOC

IV. MAPS

- A. Mountain-Valley Member Counties (Regional Map)
- B. County Specific Maps

V. OADMHC 24-HOUR ACTIVATION POINT

VI. MEDICAL RESOURCE TRACKING

- A. Resource Typing
- B. Resource Tracking Form

VII. FORMS

- A. Status Summary (RIMS Forms)
- B. Resource Request (RIMS Forms)
- C. Operational Area Resources * Oasis Form #150
- D. Resource Card * Oasis Form #180

Section I

PURPOSE & SCOPE

- A. INTRODUCTION
- B. DEFINITIONS
- C. OADMHC CHECKLISTS
- D. LOCAL MEDICAL/HEALTH PROVIDER INFORMATION SHEET

A. INTRODUCTION

The role of the OADMHC is specific to the coordination of medical/health mutual aid resources for any operational area during a disaster or state of emergency. This simply means that when the medical or health resources within a local jurisdiction become overwhelmed, the OADMHC is activated to liaison with regional and state resource providers and to coordinate the allocation of incoming mutual-aid resources.

The OADMHC also receives requests for resources from outside of the county. If, for instance, another county requests medical or health resources through their local OADMHC, this request should be relayed via our Regional Disaster Medical/Health Coordinator to the local OADMHC, and the request would then be relayed to the local medical/health providers.

The OADMHC serves as a coordinating point for medical and health resources coming into and out of the county during a state of emergency. Typically the OADMHC works in close relationship with the local Office of Emergency Services, as most disaster situations do not only involve medical and health resources. If necessary, a staff person would be sent as a representative of the OADMHC to a local Emergency Operations Center.

Any local medical and health resource provider can request mutual aid via the OADMHC according to the state's Standardized Emergency Management System guidelines. These resource providers include:

- Hospitals
- Laboratories
- Veterinarians
- Ambulance Providers
- Environmental Services
- Mental Health (in some locations)
- Medical Clinics
- Public Health Services

DEFINITIONS

B. DEFINITIONS

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.

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. EOC facilities are established by an agency or jurisdiction to coordinate the overall agency or jurisdictional response and support to an emergency.

INCIDENT ACTION PLAN- 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. The plan may be oral or written.

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.

MEDICAL GROUP SUPERVISOR (MGS)- Staff person from the field responsible for medical operations. May assign communication officer to contact DCF.

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.

OASIS- Operational Area Satellite Information System

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.

PATIENT TRANSPORTATION GROUP SUPERVISOR (PTGS)- Pre-hospital person assigned to communicate with the DCF(s) for the dispersal and transport of patients.

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.

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.

REGIONAL DISASTER CONTROL FACILITY (RDCF)- Entity with the responsibility for medical control and dispersment 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.

CHECKLISTS

- **OADMHC (DOC DIRECTOR)**
- **OPERATIONS SECTION CHIEF
(LOCAL EOC MEDICAL/HEALTH BRANCH DIRECTOR)**
- **LOGISTICS SECTION CHIEF**
- **PLANNING SECTION CHIEF**
- **FINANCE SECTION CHIEF**

**NOTIFICATION OF THE
OPERATIONAL AREA DISASTER MEDICAL/HEALTH COORDINATOR
(OADMHC)**

BY LOCAL MEDICAL AND HEALTH PROVIDERS

The Operational Area Disaster Medical Health Coordinator (OADMHC) is part of the statewide medical mutual aid system of California. Government Code 8607 requires that the OADMHC represent the county and all political subdivisions (e.g. cities, districts) when processing mutual-aid requests to and from the region or state. Further, all requests for resources, status reports and other vital exchanges of information from local medical and health facilities must be processed by the OADMHC to the state during a state of emergency or disaster.

Medical and Health facilities include:

- Ambulance Provider Agencies
- Acute Care Hospitals
- Convalescent Hospitals
- Extended Care Facilities
- Public Health Departments
- Environmental Health Agencies
- Veterinarians
- Other health related agencies

The OADMHC can be activated 24-hours a day, seven days a week through their 24-hour Answering Point. The majority of OADMHC functions take place in the Departmental Operations Center (DOC) located in the main office of the EMS Agency.

WHEN TO NOTIFY THE OADMHC:

- Mutual-aid resources have been requested from outside the county (beyond normal response areas).
- Local resources are depleted or are anticipated to be soon depleted.
- Resource coordination is required among multiple jurisdictions.

HOW TO NOTIFY THE OADMHC:

- Complete the Resource Request Form and have ready to relay to the 24-hour Activation Point.
- Call the 24-hour designated OADMHC Activation Point for your operational area:

Alpine Co. (Sheriff's Dispatch): 916/694-2231
Calaveras Co. (Sheriff's Dispatch): 209/754-6500

Amador Co. (Sheriff's Dispatch): 209/223-6500
Mariposa Co. (Sheriff's Dispatch)
209/966-3614

Stanislaus Co. (Modesto Radio Center): 1-800-945-2273

Operational Area Disaster Medical/Health Coordinator

Mission: Give overall direction for the coordination of medical and health resources within the operational area. Organize and direct Operational Area Medical/Health Departmental Operations Center (DOC).

Immediate

RECEIVE REQUEST

Request for the Operational Area Disaster Medical/Health Coordinator (OADMHC) will normally be received via digital pager.

CONFIRM REQUEST

The OADMHC will attempt to confirm the request by telephone within 5 minutes of receiving the pager message. The RIMS *Resources Request Form* shall be completed as indicated. MUTUAL AID REQUESTS ARE UNDERSTOOD TO BE FOR NON-REIMBURSED VOLUNTARY RESOURCES UNLESS OTHERWISE INDICATED.

RELAY REQUEST

Requests for additional medical/health resources to the affected county will be relayed to the Regional Disaster Medical/Health Coordinator (RDMHC). Out-of-County requests: should be relayed to the appropriate provider agencies. The *Resource Request* form should be faxed, otherwise; the information shall be verbally relayed. (see section 2 *Communications*).

ACTIVATE DOC

Depending on the nature and size of the request, activation of the medical/health Departmental Operations Center (DOC) may be necessary. If this activation is indicated, implement call-back of staff to effectively respond to the request. Remain at original call-back number until staff has arrived at and activated the DOC. Agency staff shall proceed to the EMS Agency's main office. The first to arrive will assume the role of OADMHC.

ASSIGN CHIEFS AS NEEDED

Appoint Section Chiefs and distribute job action sheets. Assign someone as Documentation Recorder/Aide.

ASSESS COMMUNICATIONS EQUIPMENT

Assess all available communications devices (i.e. telephone, Fax, radio, modem).

NOTIFY OES/RDMHC

Notify the 24-hour designated dispatch center, the RDMHC and the local EOC of the DOC activation, relay the status of available communications equipment and preferred method of communications.

DCF COORDINATION

Contact the local Disaster Control Facility(s) to obtain status information regarding patient dispersal as indicated.

STATUS REPORTS

The medical/health resources status shall be communicated to the local OES Coordinator and/or the local Operational Area EOC Director. ANY REQUESTS FOR REIMBURSABLE MUTUAL AID SHALL BE SUBMITTED TO THE OPERATIONAL AREA EOC DIRECTOR (local OES Coordinator if no EOC activated) FOR APPROVAL.

EOC LIAISON

Provide one staff member, trained in SEMS EOC operations as liaison to local EOC as indicated. Standard activation of an EOC liaison will require 12-hour shift operational periods. Shift relief should be considered at this time.

Intermediate

AUTHORIZE RESOURCES

Authorize resources to be received or sent from within the operational area. All resources requested and received shall be documented, utilizing the MACS Form #420 (see section VI Medical Resource Tracking).

STATUS UPDATES

Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.

COMMUNICATE UP

The RDMHC and local EOC Director should be kept apprized of any changes to the medical/health action plan or to the status of medical/health resources. Copies of any of the incident related forms or paperwork will be provided to the RDMHC or local OES Coordinator upon request.

Extended

MEDIA RELEASES

Obtain approval for media releases from the chair of the EMS Board of Directors as needed.

OBSERVE STAFF

Observe all staff for signs of stress. Provide for rest periods and relief (usually based upon 12-hour shifts).

PLANNING SECTION CHIEF

Positioned Assigned To:
You Report To:

Mission: Organize and direct all aspects of Planning and Intelligence operations. Ensure the distribution of critical information/data. Compile scenario and status report information from medical and health facilities to assist in long range planning. Document and distribute Action Plan.

Immediate

- _____ **RECEIVE APPOINTMENT**
Receive appointment from DOC Director. Obtain packet containing Section's Job Action Sheet and forms.
- _____ **REVIEW JOB SHEET**
Read this entire Job Action Sheet.
- _____ **OBTAIN BRIEFING**
Obtain briefing from DOC Director.
- _____ **ACTION PLAN**
Ensure the formulation and documentation of an incident-specific medical/health Action Plan. Coordinate with any medical/health representatives at local EOCs. Distribute copies to DOC Director and all section chiefs.
- _____ **STATUS/CONDITION BOARD**
Establish a status/condition board in the DOC with a documenter. Ensure that this board is kept current.

Intermediate

- _____ **OBTAIN BRIEFINGS**
Obtain briefings and updates as appropriate. Continue to update and distribute the medical/health Action Plan.
- _____ **SCHEDULE MEETINGS**
Schedule planning meetings to include Section Chiefs and the DOC Director for continued updates of the medical/health Action Plan.
- _____ **UPDATE STATUS REPORTS**
Instruct staff to document/update status reports from all Sections Chiefs for use in decision making and for reference in post-disaster evaluation and recovery assistance applications.

Extended

- _____ **RECEIVE PROJECTED REPORTS**
Continue to receive projected activity reports from Section Chiefs at appropriate intervals.
- _____ **DOCUMENT**
Assure that all communications are documented, as well as all actions and decisions.
- _____ **OBSERVE STAFF**
Observe all staff for signs of stress and inappropriate behavior. Report concerns to DOC Director. Provide for staff rest periods and relief.

LOGISTICS SECTION CHIEF

Positioned Assigned To:
You Report To:

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the DOC operations.

Immediate

_____ **RECEIVE APPOINTMENT**

Receive appointment from the DOC Director. Obtain packet 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 DOC Director.

_____ **SET UP DOC**

Locate the DOC Supplies box and distribute appropriate supplies/equipment.

_____ **INITIAL EQUIPMENT/SUPPLIES ASSESSMENT**

Identify any equipment and supply needs. Make requests/needs known to DOC Director.

Intermediate

_____ **ADDITIONAL EQUIPMENT/SUPPLY NEEDS**

Identify additional equipment and supply needs. Make requests/needs known to DOC Director.

_____ **COMMUNICATE UP**

Communicate frequently with the DOC Director.

_____ **OBTAIN SUPPLIES**

Obtain needed supplies with assistance of the Finance Section Chief.

Extended

_____ **DOCUMENT**

Document actions and decisions on a continual basis. Ensure segregation of disaster related activities from normal work. Documents to be kept for three years after final payment.

_____ **OBSERVE STAFF**

Observe all staff for signs of stress and inappropriate behavior. Report concerns to DOC Director. Provide for staff rest periods and relief.

FINANCE SECTION CHIEF

Positioned Assigned To:
You Report To:

Mission: Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the medical/health mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate

_____ **RECEIVE APPOINTMENT**

Receive appointment from the DOC Director. Obtain packet 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 DOC Director.

Intermediate

_____ **TRACK EXPENSES**

Ensure that personnel log all expenses related to the incident including hours and overtime.

_____ **APPROVE STATUS REPORT**

Approve a "cost-to-date" incident financial status report every twelve hours summarizing financial data relative to personnel, supplies and miscellaneous disaster related expenses.

_____ **OBTAIN UPDATES**

Obtain briefings and updates from the DOC Director as appropriate. Relate pertinent financial status reports to appropriate chiefs.

_____ **MEETINGS**

Participate in planning meetings to discuss updating the section's incident action plan and termination procedures.

Extended

_____ **DOCUMENT**

Document actions and decisions on a continual basis. Maintain segregation of disaster related activities from normal work. Time sheets should include wages and benefits. Reimbursement forms include: 1) Notice of Interest, 2) List of Projects, 3) Damage survey report (to be completed by OES & FEMA inspectors). All questions should be directed to local OES not FEMA.

_____ **FEMA BRIEFINGS**

Attend FEMA briefings. Fill out required forms. Documentation must be kept for three years following reimbursement.

_____ **OBSERVE STAFF**

Observe all staff for signs of stress and inappropriate behavior. Report concerns to DOC Director. Provide for staff rest periods and relief.

SECTION II

COMMUNICATIONS DIRECTORY

A. MEDICAL/HEALTH COORDINATORS

1. LOCAL PERSONNEL
2. REGION IV OADMHCS
3. REGION IV RDMHC
4. STATE AGENCIES

B. MEDICAL/HEALTH PROVIDERS

1. HOSPITALS/DCFS
2. PUBLIC HEALTH DEPARTMENTS
3. AMBULANCE PROVIDERS
4. ENVIRONMENTAL HEALTH DEPARTMENTS

C. DISPATCH AGENCIES

D. AUXILIARY RADIO COORDINATORS

E. OES COORDINATORS

F. OTHER MUTUAL AID OPERATIONAL AREA COORDINATORS

1. FIRE
2. LAW

SECTION III

**FACILITIES
&
EQUIPMENT**

- A. SUPPLIES IN THE DOC**
- B. SET-UP OF THE DOC**

SECTION IV

MAPS

A. Mountain-Valley Member Counties (Regional Map)

B. County Specific Maps

SECTION V

24-HOUR ACTIVATION POINT

SECTION VI

MEDICAL RESOURCE TRACKING

SECTION VII

FORMS

- A. STATUS SUMMARY
- B. RESOURCE REQUEST (RIMS FORMS)
- C. OPERATIONAL AREA RESOURCES (RIMS FORMS)
- E. RESOURCE CARD (RIMS FORMS)