# County of San Bernardino

## Medical and Health
## Operational Area Coordinator
## (MHOAC)
## Program Manual and
## Memorandum of Understanding (MOU)

**Approved by San Bernardino Disaster Council**

**April 2013**

**County of San Bernardino**

**Medical and Health Operational Area Coordinator Program**

## INTRODUCTION

PURPOSE:

The purpose of the San Bernardino County Medical and Health Operational Area Coordinator (MHOAC) Program Manual is to provide detailed guidance to Inland Counties Emergency Medical Agency (ICEMA), which is the Local EMS Agency (LEMSA), Department of Public Health (DPH), and Department of Behavioral Health (DBH) staff responding to medical and public health emergencies. This plan is an annex to each department's emergency operations plan (DEOP) and an adjunct to the County of San Bernardino Emergency Operations Plan. This plan follows the principles of the Incident Command System (ICS), the National Incident Management System (NIMS), and California's Standardized Emergency Management System (SEMS). The MHOAC Program is based on the activities described in the Health and Safety Code §1797.153.

AUTHORITY:

The California Public Health and Medical Emergency Operations Manual (EOM) adopted in July 2011 by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) references the Health and Safety Code, Section §1797.153, which states that:

> In each operational area the county health officer and the local emergency medical services agency administrator may act jointly as the medical and health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fullfill these responsibilities.

DEFINITION:

In the event of a local emergency, the MHOAC shall coordinate disaster medical and health resources within the operational area (OA), and be the Point of Contact (POC) for coordination with the Regional Disaster Medical and Health Coordinator/Specialist (RDMHC/S) Program. Each California OA appoints a MHOAC to provide a 24-hour, seven day a week single POC for disaster medical and health operations.

ICEMA, DPH and DBH recognize that the MHOAC responsibilites may be too great for an individual and therefore have delegated initial POC for the MHOAC Program to ICEMA's Duty Officer (DO) Program. The ICEMA DO's report to the ICEMA EMS Administator who will assume Primary MHOAC duties and will confer with the County Health Officer as necessary. ICEMA

maintains a 24 hour, seven day a week (24/7) DO which can be accessed at: ICEMADutyOfficer@cao.sbcounty.gov *(for routine messaging)* or (909) 208-8618 *(for emergency contact).*

The MHOAC Program is responsible for ensuring the development of the Medical and Health Disaster Plan in coordination with the:

- County Office of Emergency Services (OES)
- Local EMS Agency (LEMSA)
- Local Health Officer
- Local Department of Public Health (DPH)
- Local Department of Mental [Behavioral] Health (DBH)
- Local Fire Department (911 Call Centers)
- Regional Disaster Medical and Health Coordinator (RDMHC),
- Regional Disaster Medical and Health Specialist (RDMHS), and
- Regional Office of Cal-EMA

The EOM further cites the Health and Safety Code, specifically Sections 8559 and 8560 of the Government Code that: ". . .at a minimum, the medical and health disaster plan, policy and procedures shall include all of the following:

1. Assessment of immediate medical needs.
2. Coordination of disaster medical and health resources.
3. Coordination of patient distribution and medical evaluation.
4. Coordination with inpatient and emergency care providers.
5. Coordination of out-of-hospital medical care providers.
6. Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services.
7. Coordination of providers of non-fire based pre-hospital emergency medical services.
8. Coordination of the establishment of temporary field treatment sites.
9. Health surveillance and epidemioligical analyses of community health status.
10. Assurance of food safety.
11. Management of exposure to hazardous agents.
12. Provision or coordination of mental health services.
13. Provision of medical and health public information protective action recommendations.
14. Provision or coordination of vector control services.
15. Assurance of drinking water safety.
16. Assurance of the safe management of liquid, solid, and hazardous wastes.
17. Investigation and control of communicable disease.

MHOAC PROGRAM DUTIES and RESPONSIBILITIES:

The MHOAC Program is responsible for assessing the needs for medical resources and commodities within the OA and requesting support for shortfalls through the RDMHC/S and the Regional Emergency Operations Center (REOC). The MHOAC Program is responsible for coordination with MHOAC Programs in the Mutual Aid Region (via the RDMHC/S) to maintain directories of public health, environmental health, behavioral health, and EMS resources, including equipment, supplies, personnel and facilities, within each OA.

Additionally, the MHOAC Program is responsible for:

- Ensuring a system (plan) for management of the Medical and Health Branch (M/HB) of the OA Emergency Operations Center (EOC), including staffing the M/HB of the OA EOC (see OA EOC Section for additional detail) is in place.
- Identifying resources and coordinating the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas.
- Communicating the medical and health status and needs within and outside of the OA to local, regional and state governmental agencies and officials, and to hospital and medical care entities and providers.
- Participating in periodic training and exercises to test plans, policies, procedures and structures for the activation and implementation of the disaster medical and health response system.
- Contacting the RDMHC/S to obtain mutual aid support from other OAs within the region or from state/federal resources if the MHOAC's OA is unable to meet needs from within the OA.

In the event of an emergency, the MHOAC shall assist the OES Operational Area Coordinator in the coordination of medical and health disaster resources within the OA, and be the POC in the OA, for coordination with the RDMHC/S, the regional office of the Cal-EMA, CDPH, and EMSA.

- The MHOAC or their designee (e.g., ICEMA DO) will deal with any and all medical and/or health related issues.
- The ICEMA DO will communicate any needs to the EMS Administrator, DPH (or its DO), and DBH respectively, based on the nature of the incident or need.
- The ICEMA DO also serves as the ICEMA and DPH representative in the EOC when the MHOAC (Health Officer/EMS Administrator) are not available. DPH and DBH staffing of the EOC M/HB is incident/event specific and will be determined accordingly.
- The MHOAC will help to coordinate medical/health resource requests that cannot be filled locally through routine channels during a significant event. This will be accomplished through local coordination and also through consultation and assistance from the Region VI RDMHC/S.

DUTY OFFICERS:

The ICEMA DOs shall act as the initial POC for the MHOAC Program as designated by the LEMSA and DPH. Their duties shall include, but not be limited to:

- Upon notification of an incident that may require MHOAC-related response, the DO shall contact the EMS Administrator to determine:
  - the level of response warranted
  - which department will be the lead and which will support
  - contact the DPH and DBH DO and provide status briefing
- Lead agency's DO will interface with RDMHC/S Program and be responsible for Situation Report (SIT-REP) development and frequency.*
- DOs will follow the guidelines and processes identified in the EOM to the degree possible during events.
- DOs will adhere to their respective departmental policies regarding approval of resource requests, EOC response/staffing, DOC activation, response to incidents in the field, contacting their administrations for policy-level decisions, etc.

**Note: ICEMA DO will develop the initial internal SIT-REP (see attachment) which will serve as the initial report to RDMHC/S. Formal EOM SIT-REP will be developed as described above.*

OPERATIONAL AREA - EMERGENCY OPERATIONS CENTER (OA EOC):

The San Bernardino County Office of Emergency Services, a divison of the San Bernardino County Fire Department, is responsible for the OA EOC. The M/HB is a branch of the Operations Section. Staffing for the M/HB will be provided by ICEMA, DPH and DBH as necessary.

The lead agency will be determined by the nature of the incident; e.g., in an infectious disease outbreak, the DPH would be lead, with ICEMA and DBH in support. In an MCI, ICEMA would be lead with DPH and DBH in support.

Upon OA EOC activation, the EMS Administator (or designee) and/or the DPH Director (or desginee) will contact the EOC to determine if response to the EOC is necessary. If response is warranted, the EMS Administrator and/or the DPH Director (or designee) will report to the EOC to assist in policy decisions and coordinate response activities. Upon arrival to the EOC, the EMS Administrator will assume the M/HB Director and MHOAC responsibilities (unless DPH is lead), will communicate with the ICEMA, DPH and DBH DOs and direct activation of Department Operations Centers (DOCs) if needed. DOC activities are described in the next section.

LEMSA, DPH AND DBH DEPARTMENT OPERATIONS CENTERS (DOC):

When the ICEMA, DPH, DBH DOCs are activated, they will act in support of the M/HB of the OA EOC and in accordance with the EOM, take direction from and receive approval for all resource requests and SIT-REPs from the M/HB at the EOC.

Coordination and communication is paramount to successful response to incidents. WebEOC is the primary method of communications between the M/HB and the respective DOCs. If WebEOC is not avaialble, alternate commincations methods will be utilized (e.g., radios, landlines, mobile phones, e-mail, couriers, etc.).

All resource requests will be processed via WebEOC utlizing the EOM resource request form. This form can be generated either at the EOC or in a DOC at the request of the M/HB Director. Once completed, the form must be sent via WebEOC to the EOC to be processed. This will ensure that the EOC Resource Manager receives the request and will start the mission number request process after obtaining written approval from the M/HB Director. The M/HB Director may forward the request to the Logistics Section at the EOC or directly to the Region VI RDMHC/S after ensuring the OPS Section Chief is apprised of the request and approves routing.

Due to the Life Safety nature of most medical/health resource requests, it is expected that the M/HB will provide the RDMHS/C an informal briefing regarding the imminent request while the formal request is being developed. This will prompt the RDMHS/C to start mobilizing the resources requested prior to reciept of the formal request to minimize delays.

PUBLIC INFORMATION:

All public information activity should be coordinated at the EOC Joint Information Center (JIC), if activated. If not, Public Information Officer (PIO) activities will be handled according to individual departmental policy.

The intent of this manual is to provide guidance and reference material to the ICEMA, DPH, and DBH DOs and the OA for initial response to incidents that may require MHOAC activation and intervention. It is not designed to be comprehensive, exhaustive nor to replace critical thinking.

Approved by:

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