

	5002	MHOAC Activation and LEMSA Support for its Programmatic Functions
Nor-Cal EMS Policy & Procedure Manual		Administration
Effective Date: 10/29/2020		Next Revision: 10/29/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority

California Health and Safety Code, 1797.150 – 1797.53, 1797.204, 1797.103 and 1797.250.

Purpose

To provide guideline for regional activation of the Medical Health Operational Area Coordinator (MHOAC) and upon request how Northern California EMS (Nor-Cal EMS) can support any incident, including catastrophic events, when local resources are deemed insufficient for their needs. These events include, but are not limited to, mass casualty incidents, emerging infectious disease outbreaks (including surge events), or catastrophic earthquakes.

MHOAC Responsibilities

As part of the California Medical Health Mutual Aid System, an individual appointed as MHOAC works collaboratively with various agencies to ensure adequate planning and availability of resources should a medical or health-related crisis occur inside or outside their operational area (OA). These duties shall follow the Standard Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Outlined below are the seventeen (17) designated areas/programmatic functions of MHOAC responsibility as written in California Health and Safety Code:

1. Assessment of immediate medical needs.
2. Coordination of disaster medical and health resources.
3. Coordination of patient distribution and medical evaluations.
4. Coordination with inpatient and emergency care.
5. Coordination of out-of-hospital medical care providers?
6. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services.
7. Coordination of providers of non-fire based prehospital emergency medical services.
8. Coordination of the establishment of temporary field treatment sites.
9. Health surveillance and epidemiology 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 diseases.

Nor-Cal EMS Support for the MHOAC Programmatic Functions

Nor-Cal shall provide assistance for all 17 programmatic functions when requested. Of these functions, the following functions have been identified as key areas of collaborative support:

1. Assessment of immediate medical needs.

Upon the request of a MHOAC, Nor-Cal EMS support can respond to requests made by an OA compiled from the needs of facilities within their county. These include, but are not limited to hospitals, providers, and medical facilities (i.e., skilled nursing facilities and the Board of Care Homes). Additionally, Nor-Cal EMS can assist in the deployment field or alternate treatment sites when acute care facilities are overwhelmed (See #2). This includes patients requiring focused care (i.e., patients with special needs, frail elderly, or those requiring ventilator support or therapeutic dialysis) who will require distribution to facilities within and without the affected OA. Accuracy of polling data and analysis of availability within EMResource is essential (See #3).

2. Coordination of disaster medical and health resources.

Upon the request of a MHOAC, Nor-Cal EMS will work collaboratively with a county's Emergency Operations Center (EOC) and/or Department Operations Center (DOC) to assist in the coordination and

distribution of resources, including—but not limited to— temporary field treatment sites and alternative care facilities when requested. Further, requests can be made for the deployment of mass casualty incident (MCI) trailers and caches, as well as Disaster Medical Support Units (DMSUs). Assistance in requesting Disaster Healthcare Volunteers (DHV), California Medical Assistance Teams (CAL- MAT), and Federal Disaster Medical Assistance Teams can be provided to staff care sites and shelters.

3. Coordination of patient distribution and medical evaluations.

Upon the request of a MHOAC, Nor-Cal EMS can assist in polling EMS provider resources within the afflicted OA, its neighbors, or state. Polling data can include, but is not limited to, the following data:

- A. Quantity and type of transporting and non-transporting units available, or that could be activated.
- B. Quantity of units en route to the incident.
- C. Quantity of staff on reserve.
- D. Quality and type of units available for coverage when a regions resources are committed.
- E. Number of hospital beds available, including type and capacity. (See Nor-Cal Policy [#13-0101 Emergent Polling of Hospital Bed Availability during Emergencies and Disasters \(EMResource Hospital Bed Availability Polling System\)](#)).

4. Coordination with inpatient and emergency care.

Upon the request of the MHOAC, Nor-Cal EMS will assist in collecting polling data through EMResource of facilities with in-patient and emergency care capabilities for receiving or transferring specialized patients to either fill need or free beds in facilities in close proximity to a catastrophic or infectious disease event. Pre-hospital transfer and emergency care can thereby be directed to the most appropriate facilities.

5. Coordination of out-of-hospital medical care providers.

Upon the request of a MHOAC, and upon the declaration of a public health emergency, the Nor-Cal EMS Medical Director can work directly with a designated Public Health Officer to modify protocols and policies to become “Crisis Guidelines” allowing increased flexibility and decrease of burden.

6. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services.

Upon the request of a MHOAC, Nor-Cal EMS can assist in identifying resources and coordinate the procurement of fire-based resources.

7. Coordination of providers of non-fire based prehospital emergency medical services.

Upon the request of a MHOAC, Nor-Cal EMS can assist in identifying resources and coordinate the procurement of public, private, and non-fire-based resources.

8. Coordination of the establishment of temporary field treatment sites.

See #2 above.

Procedure for MHAOC Activation and/or Nor-Cal EMS Notification

Any incident where the number of injured or ill exceeds the day-to-day operating capacity of an OA, when local mutual aid resources are insufficient, should prompt MHOAC and Nor-Cal EMS notification.

MHOAC Activation

Local healthcare providers should contact the MHOAC during any events that:

1. Significantly impact/anticipated to impact public health or safety.
2. Currently (or anticipated) disrupt of the public health, medical, and/or EMS system capabilities.
3. Cause significant media attention.
4. Are highly politically sensitive.
5. Require the request of medical or health resources from State, regional, and/or county resources beyond an OA's capabilities.

Nor-Cal EMS Notification

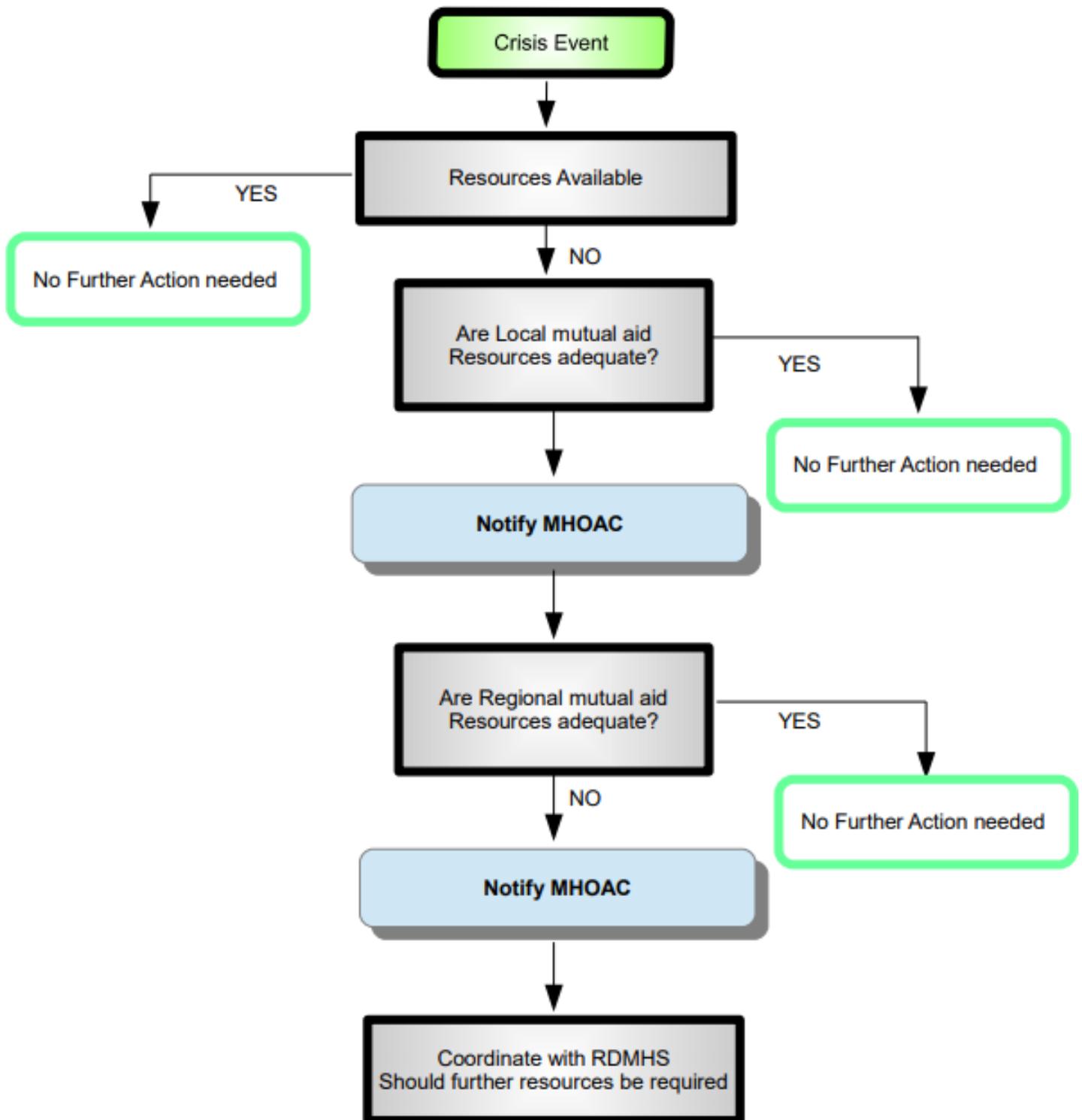
1. Both providers and the MHOAC should contact Nor-Cal EMS during any event where needed resources are beyond the capabilities of the provider or through the routine mutual aid process.

2. Nor-Cal EMS should be contacted with any questions regarding personnel scope of practice, policy, protocol, or procedure questions or issues.

Resource Considerations

1. When ordering resources, it is better to anticipate and request more than is needed, and cancel what is later not required, than to be under-resourced.
2. EMS providers and Incident Command have the ultimate authority to order to activate any resources deemed appropriate and required.
3. EMResource allows for quick data polling of resources in real time.

MHOAC Activation and Nor-Cal EMS Notification Algorithm



MHOAC Notification of Nor-Cal EMS

Upon requesting Nor-Cal EMS support, conveyance of an event(s) status and resources (local, state, and federal) will be beneficial in determining the appropriate personnel and resource response.

MHOAC Contact List

County	MHOAC	MHOAC Alternate	Health Officer
Lassen	Jim Uruburu Office: 530 251 8186 Cell: 530 251 7052 Emergency: 530 257 6121 Emergency #2: 530 310 2428	Maryann Kiar Office: 530 251 8547 Cell: 530 250 8846 Emergency: 530 257 6121 Emergency #2: 530 310 6046	Dr. Ken Korver Office: 530 251 8183 Emergency: 530 257 6121 Emergency #2: 530 310 6046
Modoc	Dr. Edward R. Richert Office: 530 233 6311 Cell: 530 640 1235 Emergency: 530 640 1235	Stacy Sphar Office: 530 233 6311 Cell: 530 640 1109 Emergency: 530 640 1109	Dr. Edward R. Richert Office: 530 233 6311 Cell: 530 640 1235 Emergency: 530 640 1235
Plumas	Tina Venable Office: 530 283 6346 Cell: 530 249 3679 Emergency: 530 249 3679	Andrew Woodruff Office: 530 283 6342 Cell: 775 733 5734 Emergency: 530 283 6425	Dr. Mark Satterfield Office: 530 283 6330 Cell: 530 249 2274 Emergency: 530 283 6110
Sierra	Dr. Celia Sutton-Pado Office: 530 993 6700 Cell: 530 414 6075 Emergency: 530 289 3700	LeTina Vanetti Office: 530 993 6737 Cell: 916 995 8202 Emergency: 530 289 3700	Dr. Celia Sutton-Pado Office: 530 993 6700 Cell: 530 414 6075 Emergency: 530 289 3700
Trinity	Dr. David Herfindahl Cell: 530 414 6075 Emergency: 530 623 1305	Amanda Braxton Office: 530 623 2974 (ext 118) Cell: 530 638 5158 Emergency: 530 623 1297	Dr. David Herfindahl Cell: 530 414 6075 Emergency: 530 623 1305
		Marci Cudziol Office: 530 623 8224 Cell: 530 739 9574	

Nor-Cal EMS Contact Information:

Office: (530) 229 3979

After hours: (530) 691 1321