OPERATIONAL PLAN

NPC-4D Level 1 Evaluation

Sharp Memorial Hospital (HCAI Facility #12364)

Long Term Care

BLD-01139

Operational Plan per CAC 2022, Chapter 6, Article 11, Section 11.2.3.f. has been prepared and authorized by the Owner of Sharp Memorial Hospital.

Authorized Representative

Sharp Memorial Hospital

Tim Crowe

Sr Project Manager

Operational Plan for NPC-4D Level 1 Reclassification

Sharp Memorial Hospital, HCAI Facility # 12364
4/10/2023

CAC 2019, Chapter 6, Article 11, Section 11.2.3.2.f
Nonstructural Performance Category 4D Operational Plan (Operational Plan) for Levels 1, 2, and 3
areas required for continuous operations. For mini-mum compliance with NPC 4D the facility must prepare an owner-approved Operational Plan specifying how it will repair nonstructural damage and bring systems and services back on line, or provide them in an alternative manner to accommodate continuation of critical care operations. This plan may include any other units or departments that hospitals may wish to keep operational for a minimum of 72 hours after a seismic event or other natural or human-made disaster. The Operational Plan shall be filed with the Office and shall include an executive summary, a detailed narrative of management of utilities, provisions, sustainability, and alternate means. The Operational Plan shall include, but is not limited to, the following topics for each unit or service that is not in compliance with NPC 4:

	In-Patient Rehab (Long Term Care Building) NPC-4D Level 1
Code Provisions	***Completed by facility***
1. LEVEL 1 AREAS *(NPC-3 areas per CAC Table 11.1)*	
Critical care areas, clinical laboratory service spaces, pharmaceutical service spaces, radiological service spaces, and central and sterile supply areas	
i. As-built plans, schematic, or other means showing the routing for all utilities serving the areas from their source to the areas they serve	No NPC- 3 areas are present in this building. Utility routing plan not required.
ii. Materials on hand to make necessary repairs to these systems in the event of failure, breakage, or other causes of nonoperational status.	The Sharp Memorial Hospital Engineering Department keeps an inventory of spare parts (motors, fuses, breakers, belts etc.) to repair and maintain the utility systems. The Dept. also maintains service relationships with large electrical and mechanical contractors for assistance in urgent and emergent repairs of these systems.
iii. Prioritize the restoration of the essential electrical system.	Restoration of essential electrical systems is prioritized by: 1. Critical Branch Emergency Power, 2. Life Safety Branch Emergency Power, 3. Equipment Branch Emergency Power, and 4. Normal (Commercial) Power circuits. The Sharp Metropolitan Medical Campus is provided with dual feeds of 12KV electrical power service directly from SDGE SCADA (remotely controlled) switch. If power is lost on one circuit, the utility provider can quickly switch remotely to the other circuit for restoration of power. Further, the campus has dual power distribution lines to allow for manual shifting of power from one circuit to another should power be lost internally on the campus distribution lines.

iv. Facility has a plan to maintain the areas in operation, including all necessary utilities and equipment for functionality.	The Emergency plan is followed per Section 6 of Utilities Management, of the Emergency Operations. System Failure Response Plan. See attached Section 6 System Failure Response Plan.
v. An arrangement is in place to transfer the services in the event the hospital's services are not operational or cannot be made operational immediately.	This transfer plan is addressed in Annex D of the San Diego County Emergency Operations Plan. See attached Annex D file and also available at: 2018-Annex D - MCI Operations_080418 (sandiegocounty.gov).
2a. CENTRAL SUPPLIES	
Facility has a means to obtain additional medical equipment and supplies for the areas in the event in-house central or sterile supplies storage is damaged or unusable.	Central and Sterile Supplies are not located in this building and by 2030 will be located in Mary Birch (NPC-4 building). Supply chain has a relationship with Medline Industries, it's primary distributor. In the event that in-house central or sterile supply storage is damaged or unusable, Sharp would rely on Medline as the primary source for resupply, which could be substantially achieved in less than 48 hours. Sharp Supply Chain also has a business continuity plan which is attached as a reference.
2b. STERILE SUPPLIES	
Facility has a means to obtain additional medical equipment and supplies for the areas in the event in-house central or sterile supplies storage is damaged or unusable.	Central and Sterile Supplies are not located in this building and by 2030 will be located in Mary Birch (NPC-4 building).
3. DIETARY	
Facility has a means to obtain food service for the areas in the event in-house dietary is damaged or unusable.	There are no dietary services in this building.
4. PHARMACEUTICAL SERVICE	
Facility has means to obtain pharmaceutical services for the areas in the event in-house pharmaceutical services are damaged or unusable.	There are no Pharmaceutical services in this building. A completely renovated Pharmacy with all components seismically braced within HCAI Project # H211870-37 to be located in South Tower Building.

5. EMERGENCY POWER	
i. Reliable emergency power generating capacity for the areas is provided.	The Campus will be provided with reliable emergency power at 12 KV by 4 generators and paralleling switch gear distributed from the new Central Energy Plant scheduled to open in late 2023.
ii. Emergency power is adequate to provide for all essential services for 72 hours of continuous, full-load demand before replenishment is needed.	As part of the NPC-5 upgrade project to be completed by 2030, the new emergency power supply system and supporting underground storage tanks are sized to provide for essential services for 72 hours of continuous supply at full load.
iii. Facility has a means for emergency fuel replenishment.	Facility has an established service relationship with SOCO Fuel for diesel fuel replenishment, both routine and emergency. SOCO Fuel is a registered vendor of Sharp HealthCare. There is currently no signed contract or letter of agreement LOA, but it is being looked in to. Can provide invoicing information from SOCO to demonstrate ongoing business relationship. By 2030 a 72 hr emergency generator capacity will be added
iv. Facility has a means of providing essential electrical power in the event of its generator(s) failure.	Facility has an established service relationship with Hawthorne Power, Global Energy, and Chula Vista Electric for provisioning of trailer mounted 2,000 KW generators. The Central Energy Plant is set up with quick connection points to route the rented generator through the paralleling switch gear and to the hospitals. Also, rental generators can be connected directly at the hospital's main electrical room should the campus electrical distribution system fail. Facility requests an LOA from generator rental companies. Many of the available trailer mounted 2,000 KW generators are rented by PGE and SDGE when needed under the Public Safety Power Shutoffs (PSPS).
v. Stat Lab and blood bank have been identified as essential services.	Stat lab and blood bank are not located in this building and by 2030 will be located to the New Tower (NPC-5 Building)
6. WATER SUPPLY	
Facility has a means to obtain water service for the areas in the event normal water service is not available.	This building has no current provisions for on-site bulk water or waste storage. There are three bulk potable water suppliers in the San Diego area who are able to provide water trucks in the event that normal water service from the City of San Diego is not available. This building is included in the final NPC-5 compliance plan for connection to the new below grade storage tanks to be completed by 2030 under HCAI Project # H211870-37.

7. MEDICAL GASES	
Facility has a means to obtain medical gases for areas in the event normal medical gas systems and supplies are not available	Medical gas is stored in a yard outside of the building along with the oxygen from the bulk tank on site. This facility is equipped with an emergency point of connection for tie in of either oxi-lifeline or a self-contained truck mounted bulk oxygen system. Air-Gas, Certified Medical Sales, and/or FS Medical will provide bottle gas and temporary header system for back feeding of essential medical gas in the event of a compressor, header, or distribution system failure. The facility has a signed contract with AirGas for the supply of medical gases.
8. VENTILATION	
i. Facility can isolate and shut down Heating, Ventilation, and Air Conditioning (HVAC) system zones in an emergency.	The facility maintains a modern Building Automation System (BAS) with centralized control for isolation and/or shutdown of Heating, Ventilation, and Air Conditioning (HVAC) system zones in the event of an emergency. Due to limited size of this facility, as a single in-patient unit it is on a single zone.as a single in-patient unit is on a single zone.
ii. Guidelines are in place for emergency shut-down.	Stationary Engineers are on duty 24/7 at the facility who are trained in HVAC shutdown via the BAS.
iii. Sections of the facility can be isolated.	This facility maintains a modern Building Automation System (BAS) with centralized control for isolation and/or shutdown of Heating, Ventilation, and Air Conditioning (HVAC) system in the event of an emergency. In the event of fire or smoke intrusion, the Fire/Smoke Dampers are designed to isolate the ventilation between the two smoke compartments for this single in-patient unit.
iv. Individuals are identified who have authority for ordering HVAC shutdown 24/7.	Under the Hospital Incident Command System the Incident Commander has the authority to order an HVAC system shutdown should an emergency occur.
v. Air intakes are protected from tampering.	Air intakes are located on rooftops, which are protected by elevation and key controlled access.
vi. Facilities and Engineering staff have knowledge of HVAC zones and shutdown procedures.	The Facilities' Engineering staff are trained on the locations of HVAC systems, HVAC zones, and procedures for shutdown through the BAS or manually at the Air Handler Units.
9. WASTE DISPOSAL	
Procedures for management and disposal of an increased volume of contaminated wastes, goods, and fluids for 72 hours are in place.	Currently this building has no provisions for on-site waste storage. By 2030 as part of the NPC-5 upgrade project, the facilities will be provided with emergency sewer waste storage tanks to hold waste for up to 72 hours on site. The new loading dock will be equipped with a stericycle autoclave for the treatment of redbag biohazardous waste, which then will be disposed of in the Miramar Landfill located 3.7 miles away and accessible by surface streets.

Systems Failure Response

(See Department Policies and Procedures for Additional Details)

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System Failure	What to Expect	Who to Contact	Response Actions
Access Control & Surveillance Systems	1. Security cameras not working 2. Card access readers not working (doors not opening with access card) 3. Infant tagging system not working 4. Card readers on battery backup (average 7 hours but dependent on usage – may be less). After 7 hours, doors will remain	1. Security 2. Administrative Liaison	1. Identify security sensitive areas that need additional monitoring 2. Inform staff of need for increased vigilance 3. Verify if security cameras functioning. If not notify Security and affected locations. 4. Evaluate need for additional staffing to open doors ***Additional considerations in clinical environments*** 1. Evaluate for impact in behavioral health units.

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	locked (and will have to be manually opened)		
Computer systems	1. System down 2. Group paging/texting not available through email	1. Administrative Liaison 2. Information Systems	1. Use backup manual/paper system 2. Plan for recovery and entry of downtime information. ***Additional considerations in clinical environments*** 1. Implement downtime procedures 2. Identify and use Cerner downtime computers if operational. Refer to downtime binder on unit as guide to downtime process/accessing downtime applications 3. Pharmacy to implement downtime procedures (including open Pyxis manually; relocate controlled substances) 4. Evaluate need for additional staff for charting and data entry once power is restored.
***Normal Power* Electrical Power Failure (Emergency Generators operational)**	1. Many lights are out 2. Only red or orange outlets work 3. Emergency generators are operational	1. Administrative Liaison 2. Plant Operations 3. Respiratory Therapy 4. Safety Officer 5. Security	1. Activate Emergency Operations Plan 2. Ensure that critical medical equipment is on emergency power (red outlets) 3. Check for trapped persons in elevators 4. Consider: a. Relocating services to unaffected areas if possible b. Use downtime procedures c. Utilize flashlights, headlamps etc. d. Deliver portable lights to public restrooms 5. Turn off equipment to prevent damage from unexpected surge 6. Prepare for resumption of power ***Additional considerations in clinical environments*** 1. Verify that life support systems are on emergency power (red outlets). a. Utilize ventilator battery back-up & monitor time period of functionality b. Ventilate patients by hand as necessary.

Systems Failure Response

(See Department Policies and Procedures for Additional Details)

			c. Restrict use of emergency (red) outlets to critical medical equipment only d. Complete surgical cases ASAP. 2. Assure adequacy of O2 and PEEP 3. Request additional respiratory supplies/equipment as needed 4. Do not start new cases in Surgery/procedural areas 5. Evaluate impact to Dialysis 6. Notify Pharmacy to implement downtime procedures (manually open Pyxis; relocate controlled substances etc.)
***Emergency Generator* Electrical Power Failure**	Normal power is working but the emergency generators are not working so should there be a failure to the normal power, the facility would be without any back up power.	1. Administrative Liaison 2. Plant Operations 3. Respiratory Therapy 4. Safety Officer 5. Security	1. Activate Emergency Operations Plan 2. Assess critical areas 3. Check for trapped persons in elevators 4. Consider: a. Relocating services to unaffected areas if possible b. Finishing cases in progress, not starting, postponing or rescheduling cases/procedures c. Use downtime procedures d. Utilize flashlights, headlamps etc. e. Deliver portable lights to critical areas, public restrooms 5. Turn off equipment to prevent damage from unexpected surge 6. Prepare for resumption of power 7. If failure is prolonged, arrange for back-up generator to be delivered
***Total* Electrical Power Failure**	Failure of all electrical systems: no normal or emergency generator power. No lighting. No electrical power to any outlet for devices	1. Administrative Liaison 2. Plant Operations 3. Respiratory Therapy 4. Safety Officer 5. Security	1. Activate Emergency Operations Plan 2. Assess critical areas affected 3. Check for trapped persons in elevators 4. Consider: a. Relocating services to unaffected areas if possible b. Use downtime procedures c. Utilize flashlights, head lamps etc. d. Deliver portable lights to critical areas 8. Prepare for resumption of power

			9. Notify Pharmacy to implement downtime procedures (manually open Pyxis; relocate controlled substances etc.) ***Additional considerations in clinical environments*** 1. Utilize ventilator battery back-up & monitor time period of functionality 2. Ventilate patients by hand as necessary. 3. Manually regulate IV's 4. Complete surgical cases ASAP. Do not start new cases in surgery/procedural areas 5. Assure adequacy of O2 and PEEP 6. Request additional respiratory supplies/equipment as needed 7. Evaluate impact to Dialysis. AL to notify as needed 8. Evaluate visitation and facility security 9. If power outage is community-wide prepare for "worried well" and persons in need of electricity for oxygen etc.
Elevators Stopped Between Floors (possible entrapment)	Elevator alarm bell sounding	1. Administrative Liaison 2. Plant Operations	1. Check for trapped persons in elevators (see elevator entrapment procedures) 2. Contact Elevator Contractor and/or fire department ***Additional considerations in clinical environments*** 1. Postpone transfers of patients 2. Keep OR patients in PACU. Increase staffing as needed.
Elevators Entrapment	Elevator alarm bell sounding Trapped persons calling CIC	1. Administrative Liaison 2. Plant Operations	1. Identify who is in the elevator (i.e. patient, employee, visitor) 2. If patient, determine status 3. Assess status of all in elevator: are they calm? Panicky? 4. Keep verbal contact with persons in the elevator 5. Let them know help is on the way 6. Contact elevator company or request fire department assistance as needed based on event (Note: AL makes determination) 7. Contact elevator contractor and/or fire department 8. Request additional support as needed for persons in elevator (i.e. code blue team etc.)

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Elevators Out of Service	All vertical movement will have to be done by stairwell	1. Administrative Liaison 2. Plant Operations 3. Department Managers If elevator is out of service for scheduled maintenance, notify all facility personnel	1. Review fire and evacuation plans. 2. Check for trapped persons in elevators (see elevator entrapment procedures) 3. Secure access to the elevator (e.g. barriers, lock out etc.) 4. Post signage 5. Request fire department assistance as needed 6. Contact Elevator Contractor and/or fire department *Note: If all elevators are out of service:* • Prepare to transport patients via alternate methods (e.g. evacuation sleds) • Postpone discharges if possible • Evaluate means for delivering supplies • If outage is prolonged, evaluate need to notify licensing ***Additional considerations in clinical environments*** 1. Postpone transfers of patients 2. Keep OR patients in PACU. Increase staffing as needed.
Fire Alarm System/ Sprinkler System	No alarms or fire sprinklers	1. Administrative Liaison 2. Plant Operations 3. Safety Officer	1. Implement a fire watch (if outage 4 hours or more for fire alarm system or 10 hours or more for fire sprinkler system) 2. Round to minimize fire hazards 3. Use phone and runners to report fire. ***Additional considerations in clinical environments*** 1. Staff to be alert for fires.
Medical Gases	1. Gas system in alarm 2. No 0_2 or medical air	1. Administrative Liaison 2. Plant Operations 3. Respiratory Therapy 4. Safety Officer	1. Provide portable tanks & regulators to all patients who require medical gases 2. Surgical/ procedural areas review cases in progress. ***Additional considerations in clinical environments*** 1. Activate backup oxygen system/plan 2. Delay/cancel new cases

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(See Department Policies and Procedures for Additional Details)

Medical Vacuum	1. No suction at wall outlets 2. System in alarm	1. Administrative Liaison 2. Plant Operations 3. Respiratory Therapy 4. Supply Chain Services 5. SPD 6. Safety Officer	1. Surgical/ procedural areas review cases in progress. ***Additional considerations in clinical environments*** 1. Finish surgical cases in progress 2. Delay/cancel new cases 3. Call central supply and/or SPD for portable suction
Natural Gas Leak or Failure	1. Odor 2. No flames on burners, etc.	1. Plant Operations 2. Administrative Liaison 3. Food and Nutrition Services 4. Safety Officer	1. Open windows or doors to ventilate 2. Turn off gas equipment 3. Do not use any spark producing devices, electric motors, switches, etc.
Nurse Call System	No patient contact	1. Administrative Liaison 2. Clinical Engineering	***Additional considerations in clinical environments*** 1. Obtain hand bells and distribute to patients 2. Designate a rover to continually check patients on each patient care unit
Patient Care Equipment Defective Device with Possible Adverse Patient Event	Device is defective and involves a patient	1. Administrative liaison 2. Patient Safety Officer 3. Safety Officer	1. Replace and tag defective equipment and sequester 2. Save all packaging and supplies 3. Do not change settings or attempt to repair 4. Notify Manager, AL or Patient Safety Officer if patient event 5. Complete RL ***Additional considerations in clinical environments*** 1. Monitor patients
Patient Care Equipment Equipment/ System Issue	Equipment/system does not function properly	Clinical Engineering (Biomed)	1. Replace and tag defective equipment and sequester 2. Save any packaging and supplies 3. Do not change settings or attempt to repair 4. Notify Manager 5. Complete RL

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(See Department Policies and Procedures for Additional Details)

Sewer **Stoppage or Disruption**	1. Drains backing up 2. Sewer line has ruptured	1. Administrative Liaison 2. Plant Operations 3. EVS 4. Food and Nutrition Services 5. Infection Prevention 6. Safety Officer	1. Do not flush toilets 2. Do not use water 3. Bag toilets (use regular trash bags) 4. Transfer patients as needed 5. Prepare for additional storage of waste 6. Notify waste hauler of increased volume 7. Obtain portable toilets 8. Prepare alternate meals ***Additional considerations in clinical environments*** 1. Discontinue shower/bathing activities as possible 2. Implement waterless oral hygiene 3. Use cleansing wipes for bathing 4. Request delivery of drinking water 5. Use hand sanitizer 6. Evaluate impact to Dialysis. AL to notify as needed.
Steam Failure	1. No building heat 2. No hot water 3. Limited cooking 4. Loss of steam sterilizers	1. Administrative Liaison 2. Plant Operations 3. Infection Prevention 4. Food and Nutrition Services 5. Safety Officer	1. Prepare alternate meals. 2. Use self-generated flash autoclave 3. Determine impact to equipment sterilization ***Additional considerations in clinical environments*** 1. Provide extra blankets to patients as needed 2. Evaluate the need to delay/cancel cases
Telemetry/ Patient monitoring systems	Monitors inoperative	1. Administrative Liaison 2. Clinical Engineering 3. Medical Staff 4. Information Systems	1. Use portable equipment if problem cannot be resolved quickly. 2. Conduct clinical assessment of patient. 3. Consider increase of staffing.
Telecomm Land-Line Down	1. No phone service 2. Heavy phone congestions	1. Administrative Liaison 2. Telecomm Site Support	1. Use: a. Overhead paging b. Direct line phones c. Personal cell phone

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(See Department Policies and Procedures for Additional Details)

Cell Phones Down Cell Tower Down		3. Safety Officers	d. Pay phones e. Emergency cell phones f. Emergency 'red' phones g. Satellite phones h. Runners i. Use GETS cards ***Additional considerations in clinical environments*** 1. Deliver radios and/or cell phones to each nursing unit. 2. Assign runners to each unit.
Ventilation	1. No ventilation 2. No heating or cooling	1. Administrative Liaison 2. Plant Operations 3. Infection Prevention 4. Safety Officer	1. Open windows, if appropriate 2. Promote cooling activities (close window coverings, portable fans etc.) 3. Restrict use of hazardous materials 4. Monitor temperature of data rooms ***Additional considerations in clinical environments*** 1. Open windows, if appropriate for patient 2. Obtain blankets as needed 3. Delay/cancel surgical procedures 4. Evaluate the need to delay/cancel cases
Water Disruption	1. Sinks and toilets inoperative 2. No fire sprinkler system	1. Administrative Liaison 2. Plant Operations 3. EVS 4. Supply Chain Services 5. Safety Officer 6. Infection Prevention	1. Institute fire watch (if outage 4 hours or more for fire alarm system or 10 hours or more for fire sprinkler system) 2. Use: a. Bottled water for drinking b. Plastic bags in toilets c. Hand sanitizer for hand hygiene d. Box water for lab chemistry systems 3. Call for delivery of emergency bottled water supply 4. Call for delivery of portable toilets ***Additional considerations in clinical environments*** 1. Discontinue shower/bathing activities as possible

			2. Implement waterless oral hygiene 3. Use cleansing wipes for bathing 4. Request delivery of drinking water 5. Bag toilets/commodes. 6. Use hand sanitizer 7. Evaluate impact to Dialysis. AL to notify as needed
Water Non-potable	Tap water unsafe to drink.	1. Administrative Liaison 2. Plant Operations 3. Food and Nutrition Services 4. Supply Chain Services 5. Safety Officer 6. Infection Prevention	1. Place "*do not drink*" signs on all drinking fountains and sinks 2. Label ice machines "*not for human consumption*" 3. Call for delivery of emergency bottled water supply ***Additional considerations in clinical environments*** 1. Implement waterless oral hygiene 2. Use cleansing wipes for bathing 3. Request delivery of drinking water 4. Use hand sanitizer 5. Evaluate impact to Dialysis. AL to notify as needed
Wireless communications network	No wireless internet	1. Administrative Liaison 2. Information Systems 3. IS Site Support Coordinator	1. Evaluate situation. ***Additional considerations in clinical environments*** 1. Functionality issues related to iPad Interpreting services

Systems Failure Response

(See Department Policies and Procedures for Additional Details)

Key Contacts

Entity	SCOR	SCVMC	SGH	SMH/ SMBHWN	SMV	SMC	System Services
Administrative Liaison	(619) 805-5910	(858) 296-0163 "O" (619) 502-5800	(619) 740-6139	(858) 939-6201 SMBHWN weekends & after hours (AL) (858)939-3079	(858) 603-6641 (cell) (858) 836-8386 (office)	(858) 637-6920 (858) 603-6641 (cell)	NA
Customer Information Center (CIC)	"0", (619) 522-3600	"0", (619) 502-5800	"0", (619) 740-6000	"0", (858) 939-3400	"0", (858) 278-4110 or (858) 836-8434	(858) 637-6920 24/7	(858) 499-4000
Clinical Engineering (Biomed)	(619) 522-3796 After hours: (800) 874-8862	(619) 502-3663 (619) 502-6046 After hours: (800) 874-8862	(619) 740-4136 After hours: (800) 874-8862	(858) 939-3563 After hours: (800) 874-8862	After hours: (800) 874-8862	After hours: (858) 637-6920	NA
Emergency Preparedness (Director Emergency Preparedness)	(858) 499-5144	(858) 499-5144	(858) 499-5144	(858) 499-5144	(858) 499-5144	(858) 499-5144	(858) 499-5144
Emergency Preparedness (Disaster Coordinator)	(858) 499-5141	(858) 499-5141	(858) 499-5141	(858) 499-5141	(858) 499-5141	(858) 499-5141	(858) 499-5141
Environmental Services (EVS)	(619) 209-0249 See also Service Center	(619) 502-5493	(619) 740-4747	(858) 939-3707	(858) 603-6641 (AL cell)	(858) 637-6920	(858) 499-4000
Food & Nutrition Services (FANS)	(619) 522-3800 (619) 522-3634	(619) 502-5951	(619) 740-4632	(800) 225-9267	(858) 603-6641 (AL cell) (619) 581-2647 (619)519-0304 FANS Mgrs.	(858) 637-6920 (619) 581-2647 (619)519-0304 FANS Mgrs.	(800) 225-9267

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Entity	SCOR	SCVMC	SGH	SMH/ SMBHWN	SMV	SMC	System Services
Infection Prevention	(619) 522-3741	(619) 502-5884, (619) 502-6053, (619) 502-5343 After Hours AL (619) 502-5800	(619) 740-5020	(858) 939-3273	(858) 939-5636 (858) 939-3273	(858) 939-5636 (858) 939-3273	NA
Information Systems	(619) 522-3641 (858) 627-5000	(619) 502-4053 (858) 627-5000	(858) 627-5000	(858) 627-5000	(858) 627-5000	(858) 627-5000	(858) 627-5000
Patient Safety Officer	(619) 522-3677	(619) 502-4010	(619) 740-4694	(858)939-3797	(858) 939-3797	(858) 939-3797	NA
Plant Operations	(858) 395-6113 See also Service Center	(619) 502-3610 (619) 502-3673	(619) 740-4130	(858) 939-3550 After hours: (800) 939-3554	(858) 836-8402 (858) 603-6641 (AL cell)	(858) 836-8402 (858) 603-6641 (AL cell)	NA
Respiratory Therapy	(619) 708-4593	(619) 502-3614	(619) 740-4158	(858) 939-3366	N/A	N/A	NA
Safety	(619) 522-3635	(619) 502-3486 (619) 502-4043 (858) 271-2360	(619) 740-4722 (619) 740-4585	(858) 939-3526 (858) 939-3345 (858) 939-3509	(858) 493-4838 Safety Pager	(858) 493-4838 Safety Pager	(858) 499-5238
Security	(619) 578-1172	"0" or (619) 502-5800	"0"	(858) 939-3535	(858) 939-3535	(858) 939-3535	(858) 499-4000
Telecommunications	(619) 522-3641 (858) 627-5800	(858) 627-5800	(858) 627-5800	(858) 627-5800	(858) 627-5800	(858) 627-5800	(858) 627-5800
Service Center (Engineering/EVS)	(619) 522-3800	(619) 502-3553	N/A	N/A	N/A	N/A	N/A
SPD	(619) 522-3642	(619) 502-5890	(619) 740-6092	(858) 939-3247	N/A	N/A	N/A
Supply Chain Services/Supply Distribution/Central Supply	(619) 522-3628	(619) 502-6103	(619) 740-4860	(858) 939-3666	(858) 939-3666	(858) 939-3666	(858) 499-4573
Regulatory	(619) 522-3677	(619) 502-5348	(619) 740-5344	(858) 939-3274 (858) 939-3125	(858) 939-3274 (858) 939-3125	(858) 939-3274 (858) 939-3125	N/A
Command Center	(619) 522-3899	(619) 502-5891	(619) 740-3947	(858) 939-3797	(858) 654-0474 (858) 836-8618	(858) 654-0474 (858) 836-8618	(858)499-5789

Systems Failure Response

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Entity	SCOR	SCVMC	SGH	SMH/ SMBHWN	SMV	SMC	System Services
Command Center Red Phone	(619) 435-3028	(619) 421-6112	(619) 668-3471	SMH (858) 268-5676 SMB: Admin (858) 268-5663 4th Floor Conference Rm (858) 268-5664	N/A	N/A	N/A

ANNEX D

Mass-Casualty Incident (MCI) Operations

ACKNOWLEDGEMENTS

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Carlsbad Fire Department

EXECUTIVE SUMMARY

In San Diego County Annex D is the Mass Casualty Incident (MCI) Operations Annex of the Emergency Operations Plan (EOP). The term Annex D is also used synonymously as the declaration of a mass casualty incident. The Annex is intended to assist and direct any agency that is confronted with any incident that results in enough patients that would strain or overwhelm the responding agency as determined by the Incident Commander (IC). The activation of an Annex D emergency allows the emergency resources of the County to be mobilized at the necessary level to support the incident.

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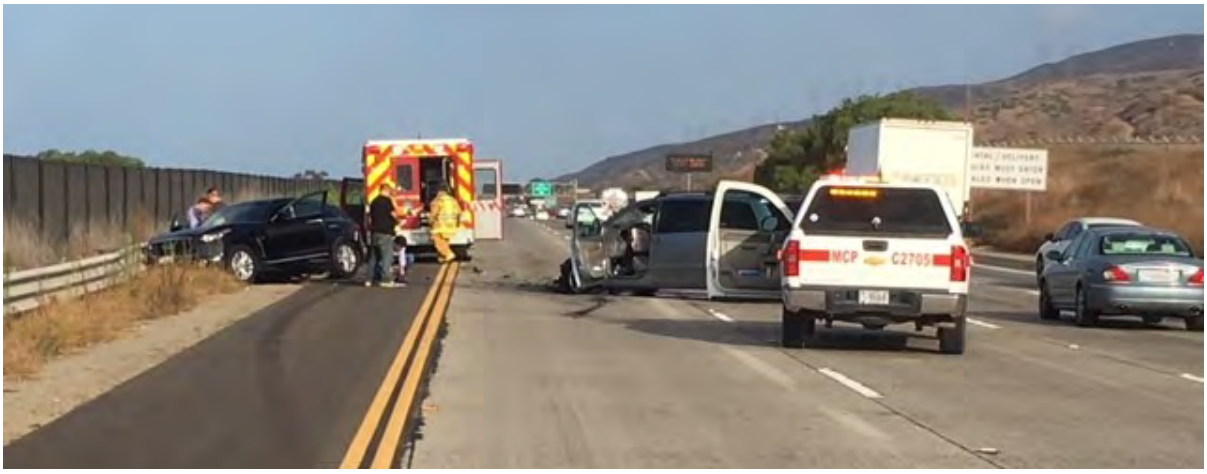
Annex D identifies the system of first responders, base hospitals, trauma facilities and satellite hospitals in the San Diego County Operational Area, and how this system works in the context of a Mass-Casualty Incident. Annex D also defines the role of paramedics, emergency medical technicians (EMTs), hospital personnel, law enforcement, fire and hazardous materials specialists, and other impacted personnel in such an emergency. Annex D defines communications links between the field and medical providers and facilities, and the roles played by agencies and individuals in these communications. Annex D also describes the National Disaster Medical System (NDMS), which can be activated in the event of a major emergency where the number of injured exceeds local capabilities.

As a result of the many aspects of the Annex it becomes uniquely available as a reference for use during an emergency, in disaster exercises by hospitals, clinics and medical facilities to meet accreditation requirements and for the training of healthcare professionals unfamiliar with the practice of mass casualty care.

GENERAL

INTRODUCTION

The Mass-Casualty Incident (MCI) Operations Annex to the San Diego County Operational Area Emergency Operations Plan (OA EOP), Annex D, describes the basic concepts, policies and procedures for providing a coordinated medical care response to any mass-casualty incident. This annex serves as the unifying document for the emergency plans of local hospitals, jurisdictions and public safety agencies in responding to such an incident. The Emergency Services Agreement, between and among the County of San Diego and the jurisdictions in the OA, provides for a countywide emergency services program.



The provision of safety and protection of life, including the treatment and rapid transportation of injured persons to appropriate medical facilities, shall have the highest priority in emergency operations. Due to the priorities placed on immediate care and transportation, reunification must be considered as a goal, but not the primary objective of emergency operations. Reunification of patients with their families remains an important part of disaster planning (or mass casualty incident management); however, it is recognized that due to the need for accurate patient identification and restrictions required by privacy laws and medical protocol, providing immediate information to enable reunification can be a challenge.

The "*New Normal*" associated with Mass Casualty Incidents specifically refers to non-traditional but now common methods of patient transport of the ill and injured that have been identified through analysis of recent MCIs. These methods include transport in law enforcement or bystander vehicles; drive-sharing services, by foot, and others. These "new normal" transportation modalities significantly affect how patients are distributed and tracked across the existing emergency medical services and hospital system.

SCOPE

Annex D describes the policies, concepts of operations, roles and responsibilities, and capabilities associated with responding to MCI's within the geographic boundaries of San Diego County, California. This Annex serves as the unifying document for the emergency plans of local hospitals, jurisdictions and public safety agencies in responding to an MCI. This document works in concert with the San Diego County Fire Chief's, Emergency Medical Services (EMS) Section MCI Plan. It identifies who will oversee the incident and provides guidelines for coordinating County government emergency response resources during an MCI. It also describes how the on-scene incident command agency will coordinate with County, State, and Federal agencies, local jurisdictions and volunteer organizations.

ANNEX D – GUIDING PRINCIPALS
• Incidents within the Operational Area are to be responded to according to local policy. Once the response needs become greater than the available resources and/or threatens to overwhelm existing emergency systems, Annex D will be activated. • Annex D is activated to authorize and provide County of San Diego Health and Human Services Agency (HHSA) support to an MCI. • Patients are best served by immediate and appropriate transportation to an appropriate medical facility. On scene treatment is only necessary when transport is not sufficiently available to save lives. • Patients should be distributed strategically so receiving facilities are not overwhelmed.

PUBLIC HEALTH & MEDICAL SERVICES FALL UNDER EMERGENCY SUPPORT FUNCTION-8 (ESF-8), THE STATE OF CALIFORNIA EMERGENCY SUPPORT FUNCTION-8 (ESF-8) EMERGENCY MEDICAL SERVICES WHICH APPLIES TO ALL INDIVIDUALS AND ORGANIZATIONS THAT MAY BE INVOLVED IN EMERGENCY MEDICAL RESPONSE ACTIVITIES IN THE COUNTY.

The overall scope of ESF- 8 involves the supplemental assistance to local governments in identifying and meeting the public health and medical services needs to victims of a major emergency or disaster.

The current ESF- 8 can be found here:
https://www.fema.gov/media-library-data/20130726-1825-25045-8027/emergency_support_function_8_public_health___medical_services_annex_2008.pdf

DEFINITIONS (FOR THE PURPOSES OF THIS ANNEX)

- A **Mass Casualty Incident (MCI)** is any single incident that results in enough patients to cause strain or overwhelm the responding agency as determined by the Incident Commander (IC). The situation is limited in scope and potential impact of the overall system.
- An **emergency** incident is a situation larger in scope and more severe in terms of actual or potential effects that may involve a large area, significant population or critical facilities resulting in a sizable multi-agency response under the on-scene Incident Commander.
- A **disaster** involves the occurrence or threat of significant mass casualties and/or widespread property damage that is beyond the capability of local government to handle.
- **Medical Surge** describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

Photo by Walter Wallenborn

GOALS AND OBJECTIVES

The overall goal of disaster medical operations is to:

- Safely minimize loss of life, injury, and human suffering by ensuring, through an all-hazards approach, timely and coordinated medical assistance, to include evacuation of severely ill and injured patients.
- Coordinate the utilization of medical facilities and the procurement, allocation, distribution of medical personnel, supplies, accessible communications, and specialized equipment to meet the needs of people with disabilities and other access and functional needs and other resources.

The objectives of this Annex are to:

- Describe the concept of operations, organization, and medical response system to implement this Annex.
- Establish procedures for activating and deactivating this Annex.
- Provide a system for the provision of prompt medical treatment of disaster victims.
- Provide a system for the management of medical services, facilities, activities, and resources.
- Provide a basis with which County departments and local agencies establish support plans and standard operating procedures.

WHOLE COMMUNITY APPROACH

The San Diego Operational Area is committed to achieving and fostering a whole community emergency management system that is fully inclusive of individuals with disabilities and others with access and functional needs. For further details on our whole community approach to emergency management, which includes the integration of inclusive emergency management practices, refer to the EOP Basic Plan.

AUTHORITIES, ASSUMPTIONS AND COMMAND RESPONSIBILITIES

AUTHORITY TO ACTIVATE MASS-CASUALTY INCIDENT (MCI) PLAN (ANNEX D)

Annex D is primarily activated by the field responders which can include but are not limited to the on-scene Incident Commander or first arriving fire/medical personnel (EMT or Paramedic) through the agency's communication center or the Facilitating Base Hospital.

The IC or his/her designee shall notify their Communications Center to Alert or Activate Annex D. The Communications Center will notify the County of San Diego HHSA's Public Health Preparedness and Response /Emergency Medical Services (EMS/PHPR) Duty Officer of the MCI and activation of Annex D.

A request to activate Annex D can also come from the County Chief Administrative Officer (CAO), the Public Health Officer (PHO), the EMS Administrator, or the EMS/PHPR Duty Officer or their designees. In all activations, the cumulative impact of one or multiple events should be assessed in the consideration of additional resource requests from inside or outside of the County.

IMPLEMENTATION OF THE ANNEX

Once the request for an Annex D activation has been communicated, the EMS/PHPR Duty Officer monitors the situation via the Regional Communications System (RCS) or other communication methods. The EMS/PHPR Duty Officer will continuously assess the situation for adequate resources and the efficiency of the operations of the incident. If the situation warrants the activation of the EMS/PH Departmental Operations Center (DOC) [MOC], this may be activated by the EMS/PHPR Duty Officer at their discretion, or at the direction of the Public Health Officer, Chief Medical Officer, EMS Administrator or EMS Medical Director or their designee (e.g. EMS Public Health Nurse Manager, MHOAC).

PLAN ASSUMPTIONS

- Transportation of medical patients to receiving facilities will be accomplished ideally based on priority of care and severity of patients' injuries. Initial medical destination of patients will be determined by predetermined protocol or base hospital in the case of a burn or pediatric surge.
- The Region VI Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) will communicate and coordinate with the San Diego Medical Health Operational Area Coordinator (MHOAC) program on communications, asset / personnel requests, coordination and providing situational awareness updates.
- Populations who are at risk or those with access and functional needs such as children, elderly and medically fragile may depend on government assistance during disaster situations.
- The existing medical system has the capability to rapidly expand its capacity in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications or loss of life.
- Emergency Medical Services and hospitals are a part of the critical infrastructure within the County.
- A disaster may result in increased demands on the EMS and healthcare systems requiring healthcare resources as well as supplemental and/or specialized resources.
- A disaster may impact the county's communications and/or transportation systems, impeding emergency medical services.
- In some situations, people attempting to go to area hospitals will not have symptoms or need for immediate treatment and can be advised or triaged to be seen in other clinical settings (e.g., "worried well").
- While hospitals, skilled nursing facilities, assisted living centers and other medical facilities are required by regulation or law to have developed and maintained emergency plans and resources, an extraordinary disaster situation may require local government support and guidance.
- On some occasions, it may be necessary or in the best interest of the patient to be transported to hospitals outside of the OA.
- During emergencies the Operational Area Emergency Operations Center (OA EOC) and the Emergency Medical Services Department Operations Center (Medical Operations Center or MOC) may be opened to support the incident(s). Doing so will allow EMS/PHPR to appropriately plan healthcare communications and evacuation plans; this is implemented through the appropriate communication center.

INCIDENT COMMAND RESPONSIBILITIES

- At the scene of a Mass Casualty Incident or medical surge incident, the responsibility for on-scene management falls under the jurisdiction of the local department best qualified to conduct the rescue, recovery, evacuation, and control operations. The local jurisdiction lead may delegate authority according to situational needs.

- A unified or area command structure may be utilized during complex operations involving law, fire, hazardous material and/or medical responses.
- Various agencies and departments under the direction of the OA EOC will conduct emergency operations.

IN THE ABSENCE OF APPROVED LOCAL POLICY FOR MCIS, THE OPERATION IS ACCOMPLISHED IN ACCORDANCE WITH CALIFORNIA FIRESCOPE, FIELD OPERATIONS GUIDE (ICS 420-1).

- The OA EOC, City EOCs, County agencies and agencies providing emergency medical services response utilize Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and Incident Command System (ICS) trained personnel.

COMMUNICATIONS

Medical personnel at scene will contact the Facilitating Base Hospital at the earliest opportunity and advise them of the MCI incident and that an Annex D Alert or Activation is being declared. The EMS/PHPR Duty Officer will be notified of an Alert/Activation and should be given pertinent information (such as the nature of the emergency, the location and the number of dead or injured).

Inter-jurisdictional and inter-agency coordination will be conducted through the jurisdictional Incident Command Posts (ICPs), jurisdictional EOC's, and may require assistance from the County of San Diego EMS/PH Departmental Operations Center (DOC) [MOC] or activation of the OA EOC, utilizing available communications equipment and infrastructure. Situational awareness will be supported through data-sharing systems such as WebEOC to expedite the transfer of information regarding the status of the incident and operational capacities.

- Hospitals in the OA are part of the San Diego County Regional Communications System (RCS). Please refer to Annex I, for more information regarding the RCS.
- Pre-hospital personnel responding to an MCI will be assigned to a common talk group. This talk group is to be used by the medical transportation coordinator to direct incident assigned resources. This talk group is assigned by the local communication center directing operations. This identified talk group should be available to responders countywide.
- Upon notification of an Annex D Alert or Activation, the San Diego County Sheriff's Communications Center may assign a countywide talk group to the County Ambulance Coordinator for the purpose of coordinating the provision of medical transportation resources to the incident.

ACTIVATIONS

THE OBJECTIVE OF ANNEX D IS TO PROVIDE RESOURCES TO THE MCI RESPONSE THAT WILL SUPPORT LIFE, SAFETY, INCIDENT STABILIZATION, AND INCIDENT MITIGATION WHILE DOING THE GREATEST AMOUNT OF GOOD FOR THE GREATEST NUMBER OF PEOPLE.

ACTIVATION OVERVIEW

- Annex D will follow basic protocols set forth in the Operational Area Emergency Operations Plan (OA EOP), California Master Mutual Aid Agreement, and California Public Health and Medical Emergency Operations Manual (EOM) that dictate who is responsible for communications and how regional resources will be requested and coordinated.
- All jurisdictions, agencies and organizations within the OA will operate according to NIMS and SEMS and respond utilizing the ICS.
- Response to an MCI is managed at the lowest level possible. Accordingly, local governments / agencies have primary responsibility for preparedness and response activities and must develop individual plans and annexes in coordination with the OA EOP.

Note: The coordination of the general population in a disaster is the primary responsibility of the OA EOC, while coordination of population requiring medical and health services is primarily done through the EMS/PH Departmental Operations Center (DOC) [MOC]. The EMS/PH Departmental Operations Center (DOC) [MOC] reports to the OA EOC through the Medical Health Branch Coordinator of the OA EOC Operations Section.

ANNEX D "ALERT"

When an MCI is suspected but not confirmed, the affected agencies/health care providers are notified of an Annex D Alert. At this point, designated hospitals and agencies may consider notifying their personnel and making other preparations.

ANNEX D "ACTIVATION"

The IC or designee shall notify their communications center of the Alert or Activation of Annex D. The communications center managing the incident notifies the EMS/PHPR Duty Officer of the Alert or Activation of Annex D.

Upon notification, agencies should follow their Standard Operating Procedures (SOP) for activation and respond if requested. After the initial Annex D notification is received, additional notification activities take place:

- EMS/PHPR Duty Officer notifies the County Ambulance Coordinator who notifies other ambulance companies as needed and coordinates resources.
- EMS/PHPR Duty Officer notifies designated hospitals to notify their specialized teams and stand-by staff if requested and available.
- EMS/PHPR Duty Officer notifies the EMS Medical Director, the local Medical Health Operational Area Coordinator (MOHAC), Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), if needed, and other medical/health staff as necessary.

Photo by Walter Wallenborn

HOSPITAL ACTIONS

- Normally, the IC will declare the existence of an MCI event and notify the agency's Communication Center, which will then notify the EMS/PHPR Duty Officer via the designated communications pathway. The IC or their designee, or the Medical Communications Coordinator (MEDCOM) at the scene, will announce the size and nature of the event to the Facilitating Base Hospital.
- Alternately, if the Facilitating Base Hospital feels that the incident being reported by the medical coordinating unit in the field meets the criteria for an alert or activation, and/or if the receiving hospitals within the OA are/or may soon be overwhelmed with incoming patients, the Facilitating Base Hospital shall have the additional responsibility of notifying the EMS/PHPR Duty Officer of the MCI plan alert or activation.
- Once notified by the field to "activate" this plan, the Facilitating Base Hospitals are responsible for notifying the satellite receiving hospitals in their area and trauma system hospitals to obtain a status report. The Facilitating Base Hospital initiates bed counts from receiving hospitals and identifies the number of immediately available beds available.
- During a surge event the Facilitating Base Hospital will determine the number of patients being assigned to each receiving hospital(s) based on the surge plans/protocols of each hospital. Surge plans may require the assignment of "surge" patients to each receiving hospital(s) without regard to capacity or "available beds". Two immediate patients per facility must be accepted following an event. Pediatric Surges and Burn Surges are examples of unique levels of care. In these instances, the patient should be directed to the most appropriate facility.
- During an MCI event, hospitals may elect to initiate internal surge plans.
- After the initial response is made, and if the EMS/PH Departmental Operations Center (DOC) [MOC] is operating, the Facilitating Base Hospitals are responsible for providing updates to the EMS/PH Departmental Operations Center (DOC) [MOC] and satellite hospitals at periodic intervals.

FIELD TREATMENT SITES (FTS)

Under extenuating circumstances, opening a Field Treatment Site (FTS) could be considered for implementation at the request of the Incident Commander. The MHOAC representative will be contacted to see if such a request is feasible.

STATE MEDICAL MUTUAL AID

MUTUAL AID REGION

The State of California is divided into six mutual aid regions. The San Diego OA is in Region VI which also includes the Inyo, Mono, San Bernardino, Riverside and Imperial Counties and their respective OAs.

In the event local medical resources are unable to meet the medical needs of disaster victims, the OA may request assistance from neighboring jurisdictions via the MHOAC program through the Region VI - Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), and/or the California Governor's Office of Emergency Services (Cal OES) regional office. The Region VI Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) coordinates the provision of medical resources to the OA and the distribution of casualties to unaffected areas as conditions permit.

Information is consolidated at the OA EOC and provided to the San Diego MHOAC who communicates it to the RDMHC/S, Emergency Medical Services Authority (EMSA) and California Department of Public Health staff at the Regional Emergency Operations Center (REOC), the Medical Health Coordination Center (MHCC) or State Operations Center (SOC) (See Appendix A Figure 1).

The San Diego Medical Health Operational Area Coordinator (MHOAC) will:

- Coordinate the acquisition and allocation of critical public and private medical and other resources required to support disaster medical care operations.
- Coordinate medical resources in unaffected counties in the region for acceptance of casualties.
- Request assistance from the Emergency Medical Services Authority (EMSA) and/or California Department of Public Health (CDPH), as needed.

FEDERAL MEDICAL MUTUAL AID

Federal aid is normally available only upon declaration of a national disaster requested by the governor when local, regional and state assets are inadequate to cope with a situation. Upon such a declaration, the Federal Emergency Management Agency (FEMA) would set up a Disaster Field Office (DFO) with a Federal Coordinating Officer (FCO) in charge. The DFO staff would have access to resources in all 15 Emergency Support Functional areas including medical. Through California state officials, local requests for federal assistance would be submitted to the DFO.

Part of the federal medical support under Emergency Support Function (ESF-8) is the National Disaster Medical System (NDMS). As a federal resource, NDMS has established and maintains a network of hospital beds across the Country. NDMS assistance consists of the Disaster Medical Assistance Teams (DMAT) and Disaster Mortuary Operational

Response Team (DMORT), the Medical Support Unit, the Mental Health and Stress Management Teams and the Veterinary Medical Assistance Teams (VMAT).

DMATs consists of medical and support personnel with self-supported equipment to set up field treatment stations or to augment medical infrastructure as needed. If a DMAT team were activated to assist, it would most probably be one from another area of the country as opposed to the San Diego team. Casualty evacuation for definitive medical care (hospitals) in other areas of the country is another NDMS function. Should NDMS assistance be required, it would be requested through the DFO, normally via state officials.

Naval Medical Center San Diego (NMCSD) is the Federal Coordinating Center (FCC) for San Diego County. The FCC coordinates incoming regulated patients and continues to track them within accepting facilities until discharge or repatriation.

If a disaster occurs in this area, The NDMS may be activated to evacuate victims from San Diego. Stabilized patients would be taken from the scene to a location designated by the FCC for transport to other counties or states.

MEDICAL EVACUATION

Medical evacuation of casualties may become necessary when one or more of the following conditions exist:

- Healthcare facilities are severely damaged and potentially degraded; or
- Healthcare facilities may be impacted by an imminent life safety threat; or
- The overall Operational Area hospital bed capacity is overwhelmed and needs to be redistributed.

RESOURCE PROCUREMENT

County of San Diego EMS and PHPR develop and maintain a capability for identifying medical resources, transportation and communication services within the OA. Additionally, County of San Diego EMS and PHPR coordinate the procurement, allocation and delivery of these resources, as required to support disaster medical operations.

DEACTIVATION / DEMOBILIZATION

The deactivation of the Annex is recommended to be a cooperative decision of the IC, the Facilitating Hospital and the EMS/PHPR Duty Officer. It is the final responsibility of the EMS/PHPR Duty Officer to declare the Annex D activation concluded.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

SUPPORT FUNCTIONS

The operations described in Annex D address levels of disaster management from the scene to medical receiving facilities and the OA EOC. The plan enables agencies involved in the medical response and their respective roles to provide for an effective disaster medical system.

The control of the scene is kept local until such time the Incident Commander declares that resources have been overwhelmed and assistance from other agencies and departments is

needed. With this declaration, Annex D should be activated by the local Incident Commander and/or Base Hospital.

AT THE SCENE

In the absence of approved local policy for MCIs, the operation is accomplished in accordance with California FIRESCOPE, Field Operations Guide (ICS 420-1).

The Mass-Casualty Branch operates as part of ICS. As mass-casualty incidents overwhelm the initial responding resources, the IC delineates and expands operational procedures. This system assures that emergency pre-hospital care is provided to victims and aims to prevent further injury to victims, the public and public safety personnel.

The medical organizational structure is designed to utilize all aspects of emergency medical service response resources.

EMERGENCY OPERATIONS CENTERS (EOC)

CITY EOCS

Each City has a central facility designated as an EOC from which disaster operations are coordinated. City plans may call for a medical liaison representative to be present when their EOC is activated. In each city, the City Manager is designated as Director of Emergency Services, by ordinance, and manages emergency operations from the EOC.

Emergency Medical Services and Public Health Preparedness and Response Departmental Operations Center (DOC) and Medical Operations Center (EMS / PHPR DOC/ MOC).

The Emergency Medical Services (EMS) Department Operation Center (DOC) is commonly known as the “Medical Operations Center” (MOC). The EMS/PH Departmental Operations Center (DOC) [MOC] is responsible for communications and coordination for pre-hospital EMS services and health care provider operations.

The EMS/PH Departmental Operations Center (DOC) [MOC] reports through OA EOC Medical Health Branch and serves an extension of those functions. The EMS/PH Departmental Operations Center (DOC) [MOC] includes community liaisons based on situational need (e.g. Ambulance Coordinator, Base Hospital Nurse Coordinator, Skilled Nursing Facility Coordinator, Clinic Coordinator, Public Health Nursing, Hospital Public Information Officer, American Red Cross, etc.).

THE EMS/PH DEPARTMENTAL OPERATIONS CENTER (DOC) [MOC]:

- Coordinates disaster medical operations within the OA, including hospital evacuations, medical system functionality and capacity and maintains communication with region and state agencies.
- Coordinates the procurement and allocation of the medical resources required to support disaster medical operations which provides support to medical activities at the scene.
- Coordinates the transportation of casualties and medical resources to health care facilities, including FTS’s, within the area and to other areas, as requested.

- Develops and maintains a capability for identifying medical resources, transportation, and communication services within the OA.
- Assists with contacting and coordinating critical incident stress management providers through County Behavioral Health Services.
- Coordinates Specialty Surge clinical expert support from the specialty hospitals for impacted hospitals and works with specialty centers to coordinate transfers to appropriate levels of care within or outside of San Diego County.

SUPPORT AGENCIES / ORGANIZATIONS

Local Support Agencies/Organizations provide essential services by:

- Preparing Standard Operating Procedures (SOP's) and functional checklists for response to a mass-casualty incident, including a system for automatic reporting of pre-designated personnel to assigned disaster posts. Participating agencies must comply with State and Federal training requirements for the effective use of the SEMS, NIMS, and ICS.
- Training personnel and alternates.
- Maintaining an active liaison with the San Diego Healthcare Disaster Coalition, the Unified Disaster Council (UDC), San Diego County Fire Chiefs Association (SDCFCA) and other Operational Area planning committees.
- Maintaining an active liaison with EMS/PH Departmental Operations Center (DOC) [MOC].

Local Support Agencies support functions include, but are not limited to:

- **Fire Agencies** – acts as IC or as part of the UC, (Unified Command).
- **First Responders** –provide scene situational awareness, communications, triage, treatment and transport.
- **Law Enforcement** – If a UC structure is appropriate, law enforcement may have a role in the Command component. Law provides security, perimeter control, crowd and traffic control and evacuation routes.

Local Support Organizations and support functions include but are not limited to:

- **Amateur Radio Emergency Support (ARES)** – are amateur radio (HAM) back-up/ redundant communications support for the medical system EMS/PH Departmental Operations Center (DOC) [MOC], hospitals, DOC/EOCs and if necessary at the scene.
- **Ambulance Agencies** – provide victim triage, treatment and transportation.
- **Ambulance Association (Private)** – Coordinates private ambulance resources through the County Ambulance Coordinator who, during activation, can fill a position stationed at the EMS/PH Departmental Operations Center (DOC) [MOC].
- **American Red Cross San Diego & Imperial Counties Chapter** – Coordinates and staffs general population shelter operations. ARC assists with locating missing family and exchanging family messages.

- **Clinical Disaster Service Workers (CDSW) & Medical Reserve Corps (MRC)** – are variety of medical, veterinary and associated health provider volunteers registered through State Disaster Health Volunteer (DHV) network and members of the local Medical Reserve Corps (MRC) managed by PHPR.
- **Facilitating Base Hospital** – coordinates medical communications between field and hospitals for medical control, hospital operational status, bed counts and bed availability.
- **Free Standing Clinics** – provides an alternate transportation location for individuals who may not meet criteria for an acute care facility.
- Hospital Association of San Diego & Imperial Counties – assists in coordination between hospitals.
- **Hospitals** – provide definitive medical care, subject matter expertise, and field treatment teams for catastrophic events.
- **MPERT** – Mobile Pediatric Emergency Response Team (MPERT) is a specialty team of the San Diego MRC consisting of licensed and trained medical professional volunteers who may be called upon to address the needs of the pediatric population in a disaster or public health emergency. Authorization to use MRC volunteers must be granted by the Public Health Officer.
- **Regional Amateur Civil Radio Service (RACES)** – mission is to operate the EOC and maintain amateur, Public Safety, and other communications systems, and to perform unique, accurate, and efficient communication services to assist government officials in the protection of life and property.
- **SNFs** – Skilled Nursing Facilities – provides long term placement of patients that can be discharged from local acute care facilities.
- **San Diego Blood Bank** – mobilizes resources to meet blood product demands within the County.
- **San Diego County Medical Society** – assists in notification of and recruitment of volunteer physicians.
- **San Diego Health Care Disaster Coalition (SDHDC)** – Provides coordination among health care coalition partners

STATE

- Responds to requests for resources from the OA EOC once the incident has escalated and local resources are overwhelmed and coordinates medical mutual aid within the State.
- Coordinates and maintains directory of medical personnel statewide through the Disaster Health Volunteers (DHV) Program.
- **California Highway Patrol (CHP)** has primary responsibility for interstate ground transport of medical teams and emergency medical supplies.
- **National Guard** may assist in OA functions when assigned by the State.

- **CAL-MAT Team** – is a state-coordinated, rapid deployment teams of health care and support professionals modeled after Federal teams (DMATs) for use in catastrophic and other local emergency or potential emergency events. CAL-MAT units would be activated at the request of local government or at the State-level through the State Medical and Health Coordination Center in conjunction with the Governor's Office of Emergency Services. The response time standard for Team mobilization is 12 hours (or less) from activation.

FEDERAL GOVERNMENT

- As shortfalls occur in State resources, Federal agencies make their resources available, coordinated by the Federal Emergency Management Agency (FEMA) or through the Department of Homeland Security (DHS).
- In a major disaster, the NDMS may be activated, and patients from this OA may be sent to other counties and states for treatment.
- **Disaster Medical Assistance Teams (DMAT**) – may be activated through NDMS and Emergency Support Function (ESF-8) via request to the State of California EMS Authority (EMSA), California Department of Public Health (CDPH) or the California Office of Emergency Services (Cal OES). Find current information regarding DMAT at the below link: https://www.phe.gov/Preparedness/responders/ndms/ndms-teams/Pages/dmat.aspx
- Other response assistance teams available from the NDMS are:
    - **DMORT** – Disaster Mortuary Operations Response Team.
    - **Mental Health Specialty Teams** – for large scale Critical Incident Stress Debriefing.

- **Federal Military** – may provide supplies, equipment, personnel and air-sea lift logistical supports and technical advisory assistance.
- **FEMA Urban Search and Rescue (US&R) Response System** – provides coordinated response to disasters in the urban environment with emphasis on capability to locate and extricate victims trapped in collapsed buildings.

ADMINISTRATION, FINANCE, AND LOGISTICS

Under SEMS, special districts are considered local governments. As such, they are included in the emergency planning efforts throughout the OA. The OA Emergency Organization, in accordance with SEMS, supports and is supported by:

- The County of San Diego Operational Area, including tribal lands, cities, military, unincorporated areas and special districts.
- Other counties
- The State of California
- The Federal Government

NIMS provides a consistent nationwide template to enable Federal, State, local, and tribal governments and private-sector and nongovernmental organizations to work together effectively. NIMS also enables these entities to efficiently prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terrorism.

Mutual aid, including personnel, supplies, and equipment, is provided in accordance with the California Master Mutual Aid Agreement, and other local Mutual Aid Agreements.

There are some City and County personnel who do not have specific task assignments. They are automatically designated by State Law as Disaster Service Workers (DSWs) during a disaster and serve in the response effort.

OES maintains a list of pre-registered volunteers affiliated with volunteer organizations that have been signed up as DSWs.

It is imperative that local government maintain duplicate records of all information necessary for restoration of normal operations. This process of record retention involves offsite storage of vital computerized and paper-based data that can be readily accessible.

Vital records of the Unified Organization are routinely stored in records storage rooms at OES. Computer records are routinely backed up and stored separately from the hard drives. All personnel records are stored by the County Department of Human Resources at several locations throughout the OA.

ANNEX DEVELOPMENT AND MAINTENANCE

Annex D is a product of the OA Emergency Operations Plan (EOP). As such, the policies, procedures, and practices outlined in the OA EOP govern Annex D. The Office of Emergency Services coordinates the maintenance and updates of this annex every four years, in accordance with the maintenance schedule established for the OA EOP. Record of changes, approval, and dissemination of the OA EOP will also apply to Annex D.

Updates to the appendices of this annex can be made before such time for multiple reasons, including but not limited to changes in policy/procedure, improvements and recommendations based on real life events or exercises, etc. Recommended changes should be submitted to the Office of Emergency Services at oes@sdcounty.ca.gov

Maintenance of this annex is the responsibility of OES, EMS and PHPR. Annex D revisions are approved by the Emergency Medical Care Committee (EMCC).

AUTHORITIES AND REFERENCES

- The California Health and Safety Code, Division 2.5, Chapter 4 – Local Administration, provides the authorities for the development and implementation of this annex by Office of Emergency Services and County Emergency Medical Services Agency (Sections 1797.103, 1797.204, 1797.250 and 1797.252).
- Within the Public Health and Medical System, coordinating functions exist at the level of the Operational Area, Mutual Aid Region, and State.

- Medical Health Operational Area Coordinator (MHOAC) program coordinates the functions identified in statute under the Health & Safety Code §1797.153. Within the Mutual Aid Region, the Regional Disaster Medical Health Coordinator (RDMHC) program coordinates the functions identified in Health and Safety Code §1797.152.
- Southern California Cooperative Medical Assistance Agreement (Intra-County Cooperative Agreement) – California Office of Emergency Services (Cal-OES) Regions I and VI.
- Unified San Diego County Emergency Services Agreement (Joint Powers Agreement) 5th Amended.
- Hospital – Hospital MOA's are in place to share supplies and resources if an event warrants this.
- County Ambulance Coordinator MOA.
- National Disaster Medical System (NDMS) MOA between hospitals and Navy.
- Southern California Cooperative Medical Assistance Agreement (Intra-County Cooperative Agreement) - California Office of Emergency Services (Cal-OES) Regions I and VI.

APPENDICES LIST

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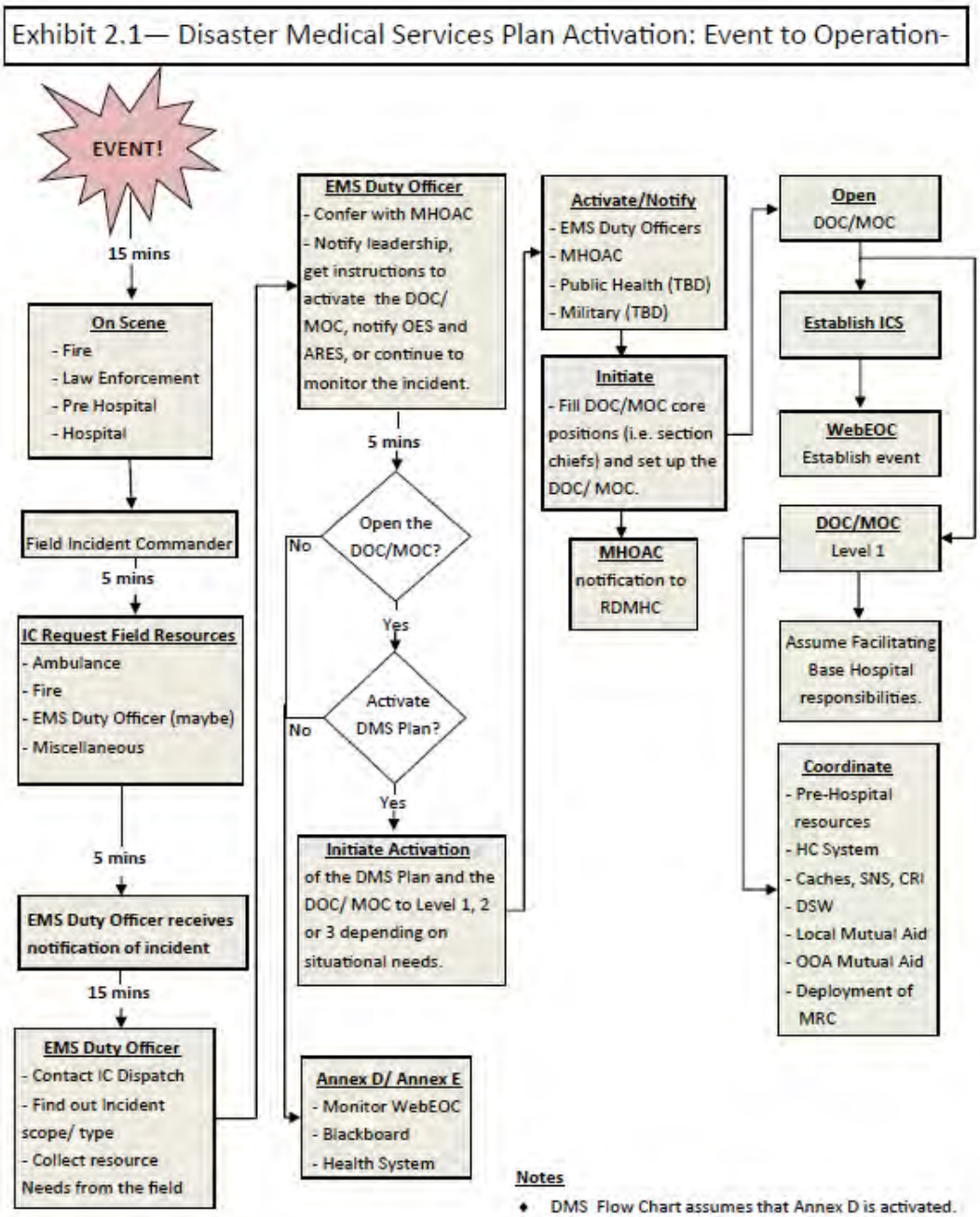
APPENDIX A: DISASTER MEDICAL SERVICES (DMS) RESPONSE PLAN (EXHIBIT 2.1)



Criteria for Activation

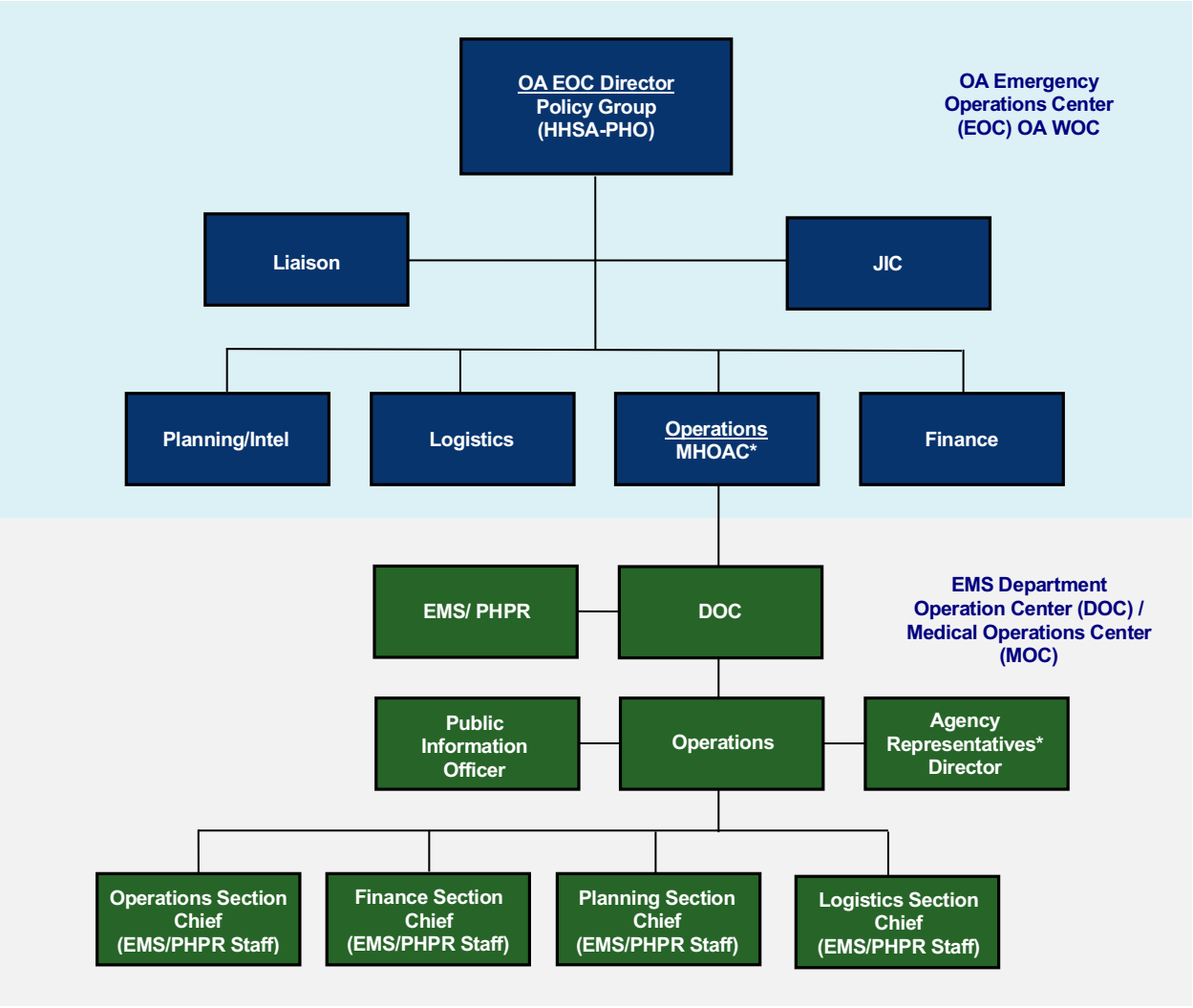
- Local Health system will be overwhelmed;
- Need for coordination of local mutual aid and resources;
- Potential need to request resources from outside the OA;
- Potential influx of patients from outside of the OA.

Notes

- DMS Flow Chart assumes that Annex D is activated.
- Actual times will vary in relation to incident scope, information available and conditions.
- The Flow Chart outlines key steps to activate the Disaster Medical Services (DMS) Plan and opening the DOC/MOC.
- Health System (Emergency Contacts)- Notify hospitals, clinics, SNFs, and other responders to activate ICS, initiate communication via WebEOC and to activate surge plans if necessary.

APPENDIX B: ORGANIZATIONAL STRUCTURE AND OVERVIEW OF MEDICAL HEALTH INCIDENT COMMAND FRAMEWORK

Figure 1: Medical Health Operations at the San Diego County EMS Departmental Center (DOC) / Medical Operations Center (MOC) and the Operational Area Emergency Operations Center.



***Medical Health Operational Area Coordinator (MHOAC):**
Is the link for situational awareness updates, resource requests of Medical & Health assets/personnel within their Operational Area (OA) and coordinates with the Mutual Aid Region VI Region Disaster Medical and Health Coordinator/Specialist (RDMHC/S) and the Southern Regional Emergency Operations Center (REOC) Medical & Health Desk for resources from other OAs, regions and the State of California EMSA & CDPH and the Medical Health Coordination Center (MHCC).

***Agency Representatives:**

- Base Hospital Nurse Coordinator (BHNC)
- Hospital Association of San Diego & Imperial Counties (HASDIC)
- Council of Communities Clinics (CCC)
- American Red Cross (ARC)
- County Ambulance Coordinator
- Skilled Nursing Facilities (SNF)

APPENDIX C: MASS CASUALTY OPERATIONAL RESPONSIBILITIES

Figure 2: Mass Casualty Agency Operations Responsibility

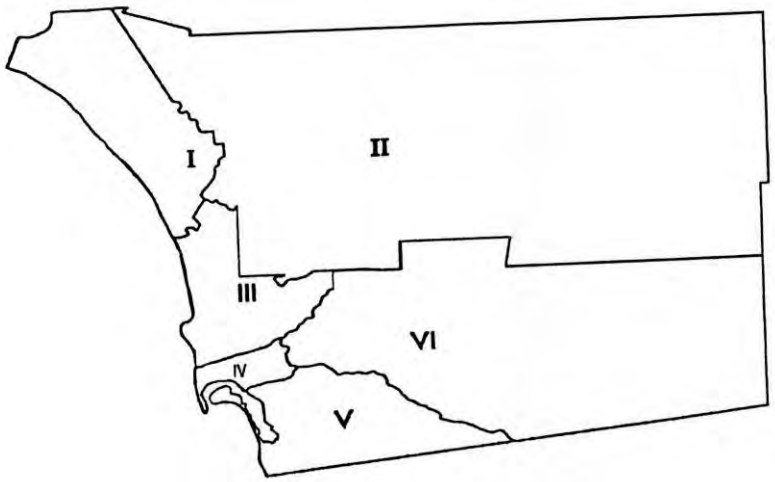
AGENCIES	Planning, training & exercising	Notifications	Communications	Incident Command/ Scene Management	Triage & Treatment	Transportation	Field Treatment Site	First Aid Stations	Medical Evacuation	Special Resources	OA EOC	Medical Mutual Aid
All Affected Agencies	X											
Aeromedical	X		X		X	X			X			
Ambulance Coordinator			X			X			X			
American Red Cross – San Diego & Imperial Counties Chapters	X							X		X	X	
ARES		X	X									
California Emergency Medical Services Authority (EMSA)		X	X	X	X	X	X		X	X		X
California Highway Patrol (CHP)				X		X			X			
California Office of Emergency Services (Cal-OES)		X	X	X		X			X	X	X	X
California Department of Public Health (CDPH)		X	X	X	X	X	X	X	X	X		X
Community Health Centers					X							
County of San Diego Emergency	X	X	X	X			X		X	X	X	X
County of San Diego Office of	X	X	X							X	X	X

AGENCIES	Planning, training & exercising	Notifications	Communications	Incident Command/ Scene Management	Triage & Treatment	Transportation	Field Treatment Site	First Aid Stations	Medical Evacuation	Special Resources	OA EOC	Medical Mutual Aid
County of San Diego Public Health	X	X	X	X			X	X		X	X	
County of San Diego Public Health	X	X	X	X			X		X	X	X	X
County of San Diego Sheriff's		X	X									
Federal Agencies		X	X	X						X		X
Healthcare Association of San Diego & Imperial Counties			X								X	
Healthcare Community Partners		X	X									
Local Base Hospitals	X	X	X		X		X		X			
Local Fire Departments	X	X	X	X	X	X	X			X	X	X
Local Hospitals	X	X	X		X		X		X			
Local Law Enforcement	X	X	X	X		X			X	X	X	
Local Military / National Guard		X	X							X		X
San Diego Blood Bank			X							X		
San Diego County Medical Society		X	X									
San Diego Healthcare Disaster Coalition (SDHDC)	X											

Public School Districts							X	X				

APPENDIX D: BASE HOSPITALS

Figure 3: Base Hospitals by EMS Planning Area



EMS Radio Area	Base Hospital
I	Tri City Medical Center 4002 Vista Way Oceanside, CA 92056
II	Palomar Medical Center 2185 Citricado Parkway Escondido, CA 92029
III	Scripps Memorial Hospital La Jolla 9888 Genesee Ave. La Jolla, CA 92037
III	Sharp Memorial Hospital 7901 Frost St. San Diego, CA 92123
IV & V	UCSD Medical Center-Hillcrest 200 West Arbor Dr. San Diego, CA 92103
IV & V	Scripps Mercy Hospital San Diego 4077 Fifth Ave. San Diego, CA 92103
VI	Sharp Grossmont Hospital 5555 Grossmont Center Dr. La Mesa, CA 91941

APPENDIX E: HOSPITAL LOCATIONS

Table 1 San Diego County Hospitals

Hospital Name (Full)	Address	Designation*	Public Safety Sub-Grid
Alvarado Hospital	6655 Alvarado Rd., San Diego, 92120	ED	**2329-C2** 2329-B2
Kaiser Permanente Hospital – San Diego Medical Center	9455 Clairemont Mesa Blvd, San Diego, CA 92123	ED	2427-C1
Kaiser Permanente Hospital - Zion	4647 Zion Ave., San Diego, 92120	ED	2427-C1
Naval Hospital-Camp Pendleton	200 Mercy Circle, Camp Pendleton, CA	ED	**6312-D1** 6312-D2
Naval Medical Center-San Diego	34800 Bob Wilson Dr., San Diego, 92134	ED	**1824-D1** 1824-D2 1825-A1 1825-A2 1924-D2 1925-A2
Palomar Medical Center	2085 Citricado Pkwy, Escondido, CA	ED B T	**5426-B1** 5426-B2 5426-C1
Paradise Valley Hospital	2400 E. 4th St., National City, 91950	ED	**1428-A1** 1428-B1
Pomerado Hospital	15615 Pomerado Rd., Poway, 92064	ED	**4329-C2** 4329-D2
Rady Children's Hospital San Diego	3020 Children's Way, San Diego, 92123	ED T	2524-C2
Scripps Green Hospital	10666 N. Torrey Pines Rd., San Diego, 92037	UC	3420-A2
Scripps Memorial Hospital-Encinitas	354 Santa Fe Dr., Encinitas, 92024	ED	**4718-A2** 4717-D2
Scripps Memorial Hospital La Jolla	9888 Genesee Ave., San Diego, 92037	ED B T	**3321-A2** 3320-D2 3220-D1
Scripps Mercy Hospital-Chula Vista	435 H St., Chula Vista, 91910	ED	1028-A2
Scripps Mercy Hospital San Diego	4077 Fifth Ave. San Diego, 92103	ED B T	**2024-A1** **2024-B1** **2124-A1** **2124-A1**

Sharp Chula Vista Medical Center	751 Med. Center Ct., Chula Vista, 91911	ED	**0831-A1** **0831-B1**
Sharp Coronado Hospital and Health Care Center	250 Prospect Pl., Coronado, 92118	ED	**1523-D1** 1523-C1
Sharp Grossmont Hospital	5555 Grossmont Center Dr., La Mesa, 91942	ED B	**2332-A1** **2332-A2** 2331-D1 2331-D2
Sharp Mary–Birch Hospital	3003 Health Center Dr., San Diego, 92123	L&D	**2524-C2** 2524-B2
Sharp Memorial Hospital	7901 Frost St., San Diego, 92123	ED B T	**2524-C2** 2524-B2
Tri-City Medical Center	4002 Vista Way, Vista, 92056	ED B	6017-D1
UCSD Medical Center-Hillcrest	200 West Arbor Dr., San Diego, 92103	ED B T Burn	**2123-D2** 2124-A2
Thornton Hospital	9300 Campus Point Dr., La Jolla, 92037	ED	**3220-D1** **3221-A1** 3220-D2
Veteran's Affairs San Diego Medical Center	3350 La Jolla Village Dr., San Diego 92161	Veterans	3220-C2

*(B) Designated Base Hospital (T) Designated Trauma Hospital (ED) Emergency Department (Burn) Designated Burn Center (UC) Urgent Care (L&D) Labor and Delivery (Veterans) No emergency department for persons other than veterans

APPENDIX F: LOCAL MEDICAL SUPPORT FUNCTIONS

AEROMEDICAL

- Provides aeromedical assistance, which may be in the form of treatment, Triage Teams, or transportation, as requested.

AMBULANCE AGENCIES/FIRST RESPONDERS

- Upon request, will provide appropriate personnel to staff role or position under ICS structure.
- Coordinates medical communications at the scene, triage, treatment, and transportation.

AMBULANCE COORDINATOR

- Reports to and provides staff for the EMS PHPR DOC upon request and coordinates private industry ambulance resources.

AMERICAN RED CROSS SAN DIEGO & IMPERIAL COUNTIES CHAPTER

- HHSA may provide personnel to assist with staffing American Red Cross (ARC) Mass Care (general population) Shelters.
- Upon request, from federal Health and Human Services (HHS), or designee, blood and blood products are made available for disaster victims through the nearest Red Cross regional blood center under separate agreement with the American Red Cross Blood Services Division.
- Clinical Disaster Service Workers and/or Medical Reserve Corps (MRC) may provide care in ARC First Aid Stations in conjunction with HHSA personnel and trained ARC volunteers.

BEHAVIORAL HEALTH SERVICES

- Coordinate activities that fall under the County of San Diego Emergency Plan, **Annex M – Behavioral Health Operations.**

CLINICAL DISASTER SERVICE WORKERS

- Clinical Disaster Service Workers (CDSW): It is the policy of the County of San Diego, Health and Human Services Agency (HHSA), that upon the orders of the Public Health Officer (PHO), the Medical Health Branch Coordinator at the EOC, EMS Administrator or designee, the EMS DOC (MOC) will activate Clinical Disaster Service Workers (CDSW) volunteers during an event in which local established clinical resources are exceeded.

COMMUNITY HEALTH PARTNERS (CLINICS)

- Maintains Continuity of Operations during a disaster event, coordinates medical communications, triage and treatment.

COUNTY OF SAN DIEGO, OFFICE OF EMERGENCY SERVICES (OES)

- Acts as the lead agency for disaster preparedness and coordination.
- Develops and provides disaster preparedness materials for the public.
- Alerting and notifying appropriate agencies.
- Assists with medical mass-casualty planning and training.
- Is responsible for the development, maintenance and testing of the OA EOP.
- Activates and manages the Operational Area EOC.
- Activates the Joint Information Center (JIC) with adequate representation from impacted sectors.
- Approves release of warnings, instructions, and other emergency public information related to the Mass Casualty Incident (MCI) event.
- Supports the American Red Cross, HHSA, local municipalities and School Districts in the coordination and planning activities.
- Coordinates efforts to obtain resources, both within and outside of the Operational Area, including supplies and logistical support.
- Reports situational status to the Governor's Office of Emergency Services (Cal-OES).
- Requests/obtains military assistance in accordance with military plans and procedures.
- Serves as Operational Area Coordinator for mutual aid other than fire, law enforcement, medical and medical examiner.
- Assists with recovery efforts, particularly in obtaining State and Federal reimbursement funds.
- Oversees regional (mobile) Mass-Casualty Incident (MCI) caches/trailers readiness.
- Develops plans and procedures for recovery from disasters.

EMERGENCY MEDICAL SERVICES (EMS) AND PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR), COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

- Writes and updates the Mass-Casualty Incident (MCI) Operations (Annex) and any other medical emergency plans and procedures.
- Jointly maintains an EMS/PHPR Duty Officer (7/24/365) on-call program under the Medical Health Operational Area Coordinator (MHOAC) program.
- The Medical Health Operational Area Coordinator (MHOAC) point of contact is located within Public Health Services – Public Health Preparedness & Response.
- Provides staff to the San Diego County Healthcare Disaster Coalition (SDHDC), San Diego County Fire Chiefs Association (SDCFCA) – other planning and response committees for assistance in coordinating area exercises.
- Coordinates disaster medical operations within the Operational Area.

- Coordinates the procurement and allocation of the medical resources required to support disaster medical operations.
- Coordinates the transporting of casualties and medical resources to health care facilities, including FTS's, within the area and to other areas, as requested.
- Develops and organizes a system for staffing and operation of FTS's and Disaster Support Areas (DSA) which can include Clinical Disaster Service Workers (CDSW).
- Requests and responds to requests from the Regional Disaster Medical/Health Coordinator/Specialist) (RDMHC/S) for disaster assistance.
- Develops and maintains a capability for identifying medical resources, transportation, and communication services within the Operational Area.
- Maintains liaison with the American Red Cross (ARC), volunteer service agencies, Clinical Disaster Services Workers (CDSW), and other representatives within the Operational Area.
- Maintains liaison with the coordinators of other emergency functions such as communications, fire and rescue, health, law enforcement, military and traffic control, transportation, care and shelter, etc.
- Coordinates and provides support to medical activities at the scene.
- Assists with contacting and coordinating critical incident stress management providers through County Behavioral Health Services.
- Participates in the development and planning of operational area exercises/drills.
- EMS and the San Diego Healthcare Disaster Coalition maintain a Hospital/Healthcare EOC contact list that is updated regularly or as needed.
- Coordinates Specialty Surge clinical expert support from the specialty hospitals for impacted hospitals and works with specialty centers to coordinate transfers to appropriate levels of care within or outside of the County of San Diego
- Activates and manages the EMS/PH Departmental Operations Center (DOC) [MOC].
- Provides staff to OA EOC.

FACILITATING BASE HOSPITAL (SEE APPENDIX D)

- Upon activation from the Field Medical Coordinating Unit / Medical Communication Leader, the base coordinates area hospital disaster response, including utilization of the regional trauma system.
- Coordinates medical communications with Medical Communication Leader and hospitals and provides hospital resource information and status to the Medical Communication Leader (MEDCOMM).
- Provides medical direction of care. During an MCI event (Annex-D) activation, personnel deliver care under standing orders (SO). Base Hospital Orders and Base Hospital Physician Orders may become Standing Orders.
- Activates the Specialty Surge Plan for burns and pediatrics based on volume criteria and system conditions (See Appendix G, Specialty Surge).

- Facilitates use of the Regional Communication System (RCS) pre-hospital/hospital 800 MHz radio communication network.
- In conjunction with the EMS Administrator or their designee, assists in coordinating community medical resources for evacuation of medical facilities.

HOSPITAL

- Provides care for victims from the incident.
- Advises Facilitating Base Hospital of bed capacity and other status information.
- Provides Field Treatment Sites (FTS)/CCP with medical staff when/if staffing permits.
- Provides Treatment/Triage Teams when/if staffing permits, if the Incident Commander (IC) requests.
- Provide care for victims from the incident as appropriate in a primary care setting.
- Activates internal Specialty Surge Plans when a specialty surge is activated.
- Advises the PHPR on triage capability, non-urgent care as well as current victim numbers.
- Provides volunteer physicians, nurses and other staff when/if staffing permits.
- Maintain up to date evacuation plans.

HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES

- Assists with coordination of hospitals and provides current hospital resource directory.

MEDICAL RESERVE CORPS

- Associated health provider pre-credentialed volunteers registered through State Disaster Health Volunteer (DHV) network and members of the local Medical Reserve Corps (MRC) managed by PHPR.
- MRC Volunteers can be deployed to assist at shelters, alternate care sites and hospitals once a disaster has been proclaimed by the County.

PUBLIC HEALTH (SEE ANNEX E – PUBLIC HEALTH OPERATIONS FOR ADDITIONAL INFORMATION)

- The overall goal of Public Health disaster operations is to minimize loss of life and human suffering, prevent disease and promote optimum health for the population by controlling public health factors that affect human health, and by providing leadership and guidance in public health disaster related activities.
- The overall objectives of Public Health disaster operations are to:
    - Provide preventive health services.
    - Coordinate health-related activities among other local public and private response agencies or groups.
    - Maintains Continuity of Operations for essential services during a disaster event.

- Advise in the rapid assessment or evaluation of disease or exposure potentially related to Bioterrorism or public health threats of uncommon origin.
- Has primary responsibility for the activation, organization, and staffing of mass medical care in shelters. As well as providing an accurate assessment of people with disabilities and other access and functional needs in congregate care shelters.
- Provide trained personnel to mass care shelters (see **Annex G – Care and Shelter Operations**).
- Provides staff to the Operational Area EOC Care and Shelter Branch positions and Medical and Health Public Health liaison position.
- Coordinate activities that fall under the County of San Diego Emergency Plan, Annex E.

SAN DIEGO BLOOD BANK

- Upon contact, mobilizes resources to cope with disaster needs, according to its disaster plan.
- Provides blood in coordination with American Association of Blood Banks (AABB), America's Blood Centers (ABC) and California Blood Bank Society (CBBS) to designated disaster treatment facilities/locations.
- Performs the duties of the Southern California - CBBS Area Emergency Operations Center (AEOC) as outlined in the CBBS Disaster Response Plan.

APPENDIX G: SPECIALTY SURGE

Specialty Surge occurs when an event impacts the community in such a way that an excessive number of children under the age of 15 or burn victims are in immediate need of specialized care. If possible, all pediatric and burn patients should be sent to Tier I classified hospitals, then Tier II, and finally Tier III while following the algorithm detailed below. The most severe cases should go to Specialty hospitals whenever possible.

Tier I -Specialty Hospital (e.g. burns or pediatrics)

Tier II -Trauma Centers (<29 patients)

Tier III – Hospitals (30-79 patients)

All Hospitals (=>80 patients)

Specialty Tier I	Trauma Center (Tier II)	Tier III
UCSD Hillcrest Regional Burn	UCSD Hillcrest Medical Center	Non-Trauma Center 9-1-1- Receiving Hospitals
Rady Children's Hospital	Rady Children's Hospital (<15 years)	
	Scripps Memorial – La Jolla	
	Sharp Memorial	
	Palomar Medical Center	
	Scripps Mercy – San Diego	