Santa Cruz County Operational Area

MEDICAL HEALTH BRANCH OPERATIONS HANDBOOK

Version 1.0

May 2013

COUNTY OF SANTA CRUZ
HEALTH SERVICES AGENCY
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SANTA CRUZ, CA 95060

Acknowledgements

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EXECUTIVE SUMMARY

This <u>Medical Health Branch Handbook</u> is intended for use with the *Santa Cruz Operational Area Emergency Operations Plan (EOP)* and the *California Public Health and Medical Emergency Operations Manual* (EOM). When used in conjunction with the EOP and EOM, these procedures and checklists will assist the staff of the Medical Health Branch to support a coordinated response to a large medical or public health emergency, or disaster.

The response to a large-scale medical or health emergency should be an integrated response by the government of Santa Cruz County, incorporated cities and towns, special districts, private sector health care providers located in Santa Cruz County and other elements such as community-based organizations (CBOs). Assistance from external sources will be requested as needed through the Santa Cruz OA Emergency Operations Center in accordance with the California Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Treatment of victims will be coordinated among health care providers, public safety personnel and ad-hoc facilities through the Medical Health Branch of the OA EOC using standard Incident Command System (ICS) procedures.

Available mental health resources will be utilized in support of response activities. The goal is to provide culturally competent services to mitigate disaster-related stress responses and to accelerate the normal recovery of emergency service workers and citizens to disaster-related psychological reactions.

During a mass casualty incident or public health emergency, existing medical and public health resources may be overwhelmed. Additional medical and public health personnel, facilities, supplies, and equipment will be brought to bear. Operational Area resources will be used until exhausted, at which point, state and federal aid will be requested.

Depending upon the nature and severity of the event, normal standards of medical care may not be available. In order to save as many lives as possible and in order to maximize scarce resources, altered standards of care may be instituted.

Aggressive risk communication and public information will be necessary. The type of risk communication response will be dependent on the level of the event and whether or not the EOC is activated. The risk communication response will be designated by the appropriate leadership position consistent with the event (e.g., the Director of Emergency Services, EOC Public Information Officer, Chief of Public Health, or the Public Health Officer.

Early prophylaxis of first responders is intended to help safeguard critical public safety, medical and emergency medical infrastructure for management of the event. Prophylaxis of these groups should be rapidly administered in order of their respective risk of exposure to the disease. Once a determination has been made that mass chemoprophylaxis/vaccination is a necessary component of a response to a public health emergency, the Medical Health Branch will oversee distribution of antibiotics or vaccinations. Targeted groups could range from a few hundred to the entire population of Santa Cruz County.

INTRODUCTION

This Medical Health Branch Handbook is to be used as guidance to Medical Health Branch staff in supporting medical health disaster response in emergencies and disasters. Activities described in these procedures are to be conducted on an as needed basis and are not dependent upon formal activation of the Santa Cruz Operational Area Emergency Operations Center (EOC).

The Medical Health Branch of the Operational Area EOC is critical to a successful response to a large-scale EMS or Public Health emergency. The Medical Health Operational Area Coordinator and the Public Health Officer also provide support and direction to the Public Health DOC staff. Aggressive risk communication and public information programs will be implemented.

Santa Cruz County Health Services Agency, Division of Public Health, is responsible for updating or revising these procedures as necessary. They may be modified as a result of post-incident analyses or post-exercise critiques. They will also be revised if responsibilities, procedures, laws, or regulations pertaining to emergency management change.

PLANNING ASSUMPTIONS

- A medical or public health emergency and its impacts may develop slowly over days and weeks, or could occur suddenly and without warning.
- Any large-scale emergency will likely overwhelm baseline medical and heath resources.
- Any major disaster with medical or public health implications in Region 2 will affect the Santa Cruz Operational Area (OA). Mutual aid will be impacted.
- State and federal resources/support may be available, but only after a delay of at least 48-96 hours.
- Biological agents and toxins may contaminate/infect staff, equipment, and facilities. This will impair response by EMS, hospitals and labs.
- The Santa Cruz OA Emergency Operations Center (EOC) may not be fully activated or staffed during the early stages of a medical or public health event.
- The Strategic National Stockpile (SNS) of pharmaceuticals and equipment will be available.
- In a pandemic, up to 40% of the workforce may not be able to report to work.

CONCEPT OF OPERATIONS

The response to any large-scale medical or health emergency will be an integrated response by the government of Santa Cruz County, incorporated cities and towns, special districts, private sector health care providers, and other partners such as community-based organizations (CBOs). Assistance from external sources will be requested as needed through the Santa Cruz Operational Area EOC using the Standardized Emergency Management System (SEMS).

Within the Santa Cruz OA EOC Operations Section, the Medical Health Branch coordinates and prioritizes requests from local responders and obtains medical and health personnel, supplies, and equipment. The Medical Health Operational Area

Coordinator (MHOAC) coordinates medical and health mutual aid, including both emergency medical and public health resources.

ROLES AND RESPONSIBILITIES

<u>Medical Health Operational Area Coordinator</u>
The Medical Health Operational Area Coordinator (MHOAC) coordinates medical health mutual aid resources for the operational area during a disaster or state of emergency. When the medical or health resources within a local jurisdiction are depleted, the MHOAC will work with local, regional and state partners to coordinate the allocation of mutual aid resources. Statutory responsibilities of the MHOAC (H&SC Div. 2.5, Section 1797.153) include the following:
- Assessment of immediate medical needs
- Coordination of disaster medical and health resources
- Coordination of patient distribution and medical evaluations
- Coordination with inpatient and emergency care providers
- Coordination of out-of-hospital medical care providers
- Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
- Coordination of providers of non fire-based prehospital emergency medical services
- Coordination of the establishment of temporary field treatment sites
- Health surveillance and epidemiological analyses of community health status
- Assurance of food safety
- Management of exposure to hazardous agents
- Provision or coordination of mental health services
- Provision of medical and health public information protective action recommendations
- Provision or coordination of vector control services
- Assurance of drinking water safety
- Assurance of the safe management of liquid, solid, and hazardous wastes
- Investigation and control of communicable disease

<u>Public Health Officer</u>
The Public Health Officer (PHO) has unique powers and legal authorities granted specifically to the PHO during a public health emergency or disaster. These include the authority to:
- Declare a local health emergency or recommend proclamation of a local emergency to the Santa Cruz County Board of Supervisors, or to the Santa Cruz County Administrative Officer.
- Act as a Special Staff and provide technical advice and recommendations to the EOC Director and Incident Commander.
- Take measures to control the spread or further occurrence of any contagious infections, or communicable disease of which he or she is aware.
- Ensure that exclusion criteria and other infection control measures are developed for the EOC and other critical response facilities when appropriate.
- May inspect any place or person to enforce health regulations.
- Prevent or restrict persons from entering or leaving a quarantined area.
- Prevent or restrict movement of vehicles, commodities, household goods, and animals from entering or leaving a quarantined area.
- Prevent or restrict direct contact between persons under quarantine and those not affected.
- Order disinfection of persons, houses or rooms, and animals and structures where animals are quartered.

- Order destruction of beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe.
- Take any other action considered necessary to eradicate a public nuisance.
- Take any other action considered necessary to prevent spread or additional occurrences of a disease.
- Take any other action necessary to preserve the public health.
- Order the proper disposal of contaminated animal carcasses.

Medical Health Branch Director

The Medical Health Branch Director is assigned by the OA EOC Operations Section Chief and provides oversight and management for Medical Health Branch activities. The Branch Director may assign and direct staff as needed for the: Public Health Unit, Mental Health Unit, EMS Unit or Environmental Health Unit. The Medical Health Branch Director, who may also be the MHOAC, and is responsible for:
- Evaluating the need for additional medical or health resources (e.g., Field Treatment Site(s), Alternate Care Site, Marin Medical Reserve Corps, etc.)
- Requesting and deploying field treatment sites
- Coordinating additional personnel needs and where deployment will occur
- Activating the Marin Medical Reserve Corps
- Coordinating with the PHO in the event of need for mass dispensing
- Regional requests for additional aid, including the SNS if necessary
- Requesting regional/state resources for hospitals
- Setting up of alternative care sites
- Working closely with both Fire and Law Enforcement Branches in the Operations Section for ambulance staging
- Planning for and deliver the medical needs of special populations

Public Health Unit

The Public Health Unit is assigned as needed to:
- Gather information regarding threats to public health.
- Provide advice and recommendations to the PHO and Medical Health Branch on the threat to public health
- Make recommendations to the PHO and Medical Health Branch Director on how to define when the event is cleared.

Mental Health Unit

The Mental Health Unit is assigned as needed to:
- Gather information regarding the mental health needs in the operational area.
- Provide advice and recommendations to the PHO and Medical Health Branch on the threat to mental health and appropriate actions to mitigate long term impacts.
- Make recommendations to the PHO and Medical Health Branch as needed regarding mental health services and related questions.

Environmental Health Unit

The Environmental Health Unit is assigned as needed to:
- Gather information regarding the biological agent used in coordination with the Hazmat Response Team and the PHO.
- Provide advice and recommendations to the PHO and Medical Health Branch on the threat to public health of any biologic, explosive, chemical, radiologic, or other agent; appropriate protective actions such as shelter-in-place and evacuation; the extent and geographical areas affected; conditions for lifting protective actions and reentry procedures; environmental and public health implications of clean-up operations, and decontamination

- Make recommendations to the PHO and Medical Health Branch on how to determine when the threat is cleared.
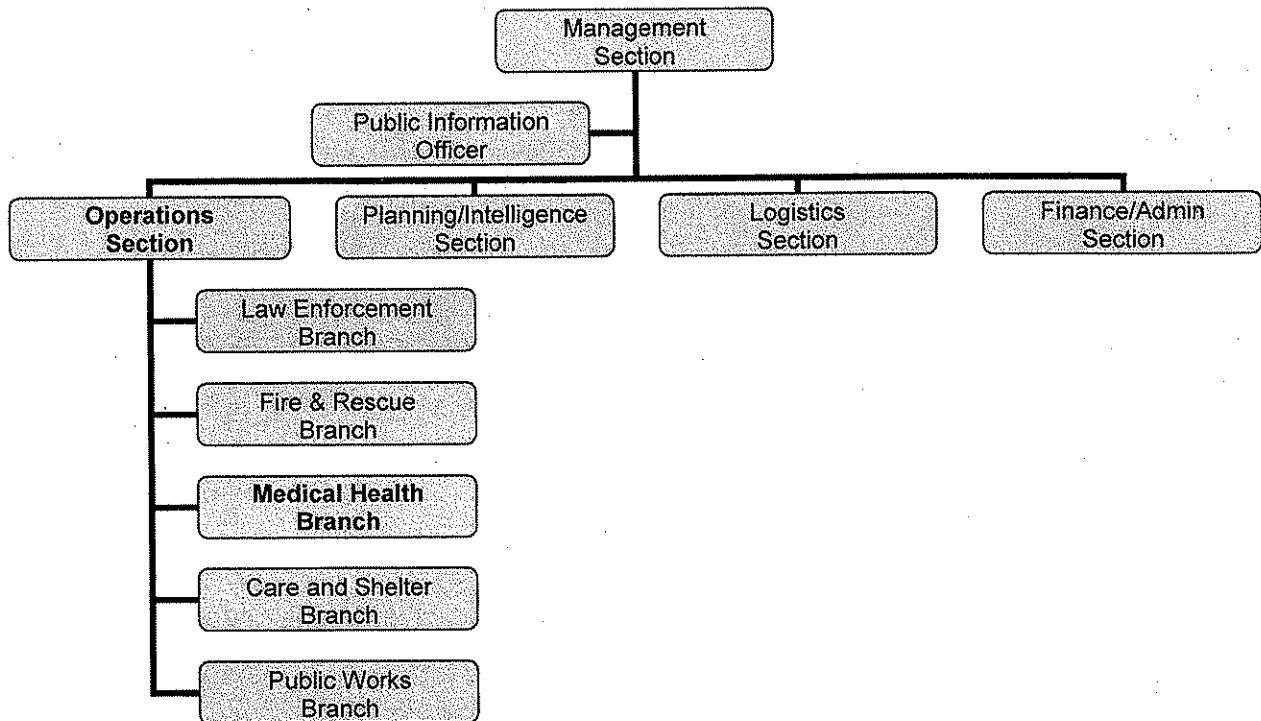
<u>Emergency Medical Services Unit</u>
The EMS Unit is assigned as needed to:
- Gather information regarding the needs of the EMS and health care system.
- Address resource requests from the EMS community.
- Provide advice and recommendations to the PHO and Medical Health Branch on hospital and field EMS operations
- Depending upon the nature and severity of the event, normal standards of medical care may not be available and altered standards of care may be instituted.

MEDICAL HEALTH BRANCH ACTIVATION

The Medical Health Branch will be activated by the MHOAC or PHO when deemed necessary to coordinate the County's medical and/or health response to a disaster or other emergency. Staff assigned to the Medical Health Branch will be alerted and requested to report to a designated location via CAHAN (see CAHAN Alerting & Messaging on p. 25). The Medical Health Branch may be deployed to the Santa Cruz County Department Operations Center (DOC) if the OA EOC has not been activated. When activated, the Medical Health Branch becomes part of the Operations Section of either the DOC or Operational Area EOC. See organizational chart below:

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         │     Branch       │
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Once the Medical Health Branch is activated, the Medical Health Operational Area Coordinator (MHOAC) requests additional resources, personnel, and supplies from within the County, then from the region and the state.

Medical Health Branch activities may also include:
- Assessing available Operational Area medical equipment, personnel, and supplies
- Establishing Field Treatment Sites
- Deployment of Epidemiologic Surveillance Response Teams
- Establishing dispensing sites for mass chemoprophylaxis/vaccination
- Requesting and deploying additional hospital personnel
- Deployment of the Santa Cruz County Medical Reserve Corps (MMRC)
- Deployment of CHEMPACK or a Local Pharmaceutical Cache
- Deploying or ordering additional medical equipment and supplies
- Establishing an Alternate Care Site (ACS)
- Requesting out-of-county medical health resources (i.e., ambulance strike teams, Strategic National Stockpile assets, Disaster Medical Assistance Teams, etc.)

MEDICAL SURGE

During a mass casualty incident or public health emergency, existing medical and public health resources may be overwhelmed. Additional medical and public health personnel, facilities, supplies, and equipment will be brought to bear. Operational Area resources will be used until exhausted, at which point, state and federal aid will be requested.

The Santa Cruz County *Multiple Casualty Incident Plan* (MCIP) guides the actions of dispatch, fire, paramedics, EMS, and hospital emergency departments and addresses normal daily function up to, and including, multi-casualty/disaster events.

All licensed hospitals are required by the California Department of Health Services to have an internal medical surge plan.

RESOURCE MANAGEMENT

In a large-scale disease outbreak, disaster or other emergency that requires medical and/or pharmaceutical resources, which exceed local capacity, additional personnel, supplies, equipment and resources will be requested by the MHOAC/Medical Health Branch.

The MHOAC, in collaboration with the PHO, will request resources through California's Medical Health Mutual Aid System via the Region II Disaster Medical Health Coordinator (RDMHC) or designated staff (i.e., RDMHS). If regional resources are inadequate or delayed, the RDMHC will forward the request to the state. If in-state resources are unable to fill the request in a timely manner, the state will request Federal assistance through the California Emergency Management Agency (CalEMA). Acting through CalEMA, the Governor will request Strategic National Stockpile (SNS) or other medical health assets from the CDC via the Department of Homeland Security.

For more information on local resource ordering, see *Resource Requesting Procedure* beginning on page 24.

LEGAL AUTHORITIES

Federal
- 18 U.S.C. § 2331, Defines International and Domestic Terrorism.
- 18 U.S.C. § 178, Defines possible agents used for biological weaponry.
- 42 U.S.C. §6961, Duty of Federal facilities to comply with state and local requirements regarding hazardous wastes. There are exceptions to this.
- HSPD 8, December 17 2003. Defines the term "first responder".

State of California
- Government Code, Title 3 §24000 et seq., PHO as county officer & deputy PHO.
- Government Code, Section 8695, Immunity of Physicians and Nurses.
- Health and Safety Code Sections: 120100-120115, 120125-120150, 120175-120250, and 120275-120305, Communicable Disease Control and Prevention.
- Health and Safety Code Sections 100170-100180: Establishes authority of CDHS to enforce the H&S Code regulations to address threats to the public health.
- Health and Safety Code Sections 120125-120140: Establishes authority of CDHS to investigate and control communicable disease within the state.
- Health and Safety Code Sections 120145-120150: Establishes authority of CDHS to take actions related to persons, animals, or property to control threats to public health, including quarantine, isolation, inspection, disinfection, and destruction of property.
- Business and Professions Code, Section 2727.5, Practice of nursing in an emergency.
- Business and Professions Code, Sections 4008 and 4227.1, Pharmacy.
- Code of Regulations, Title 17 Section 2500, et seq, Disease Reporting Regulations.
- Food and Agriculture Code 9562: Establishes provisions for the State Veterinarian to quarantine animals or animal products and to take appropriate disease control action to control or eliminate diseases from animal populations.

OTHER REFERENCES

- Marin County HHS Disaster Medical Health Preparedness Plan.
- Marin County Environmental Services Emergency Response Plan.
- Marin County Multi-Patient Management Plan.
- Mental Health Services Emergency Response Plan.
- Marin OA Bio-Terrorism Threat Response Protocol for Suspicious Envelopes, Packages, or Spills.
- Memorandum of Understanding: County of Marin and school districts for use of school facilities.
- Disaster Manual for Public Health Nursing in California.
- State of California Disaster Field Manual for Environmental Health Specialists.
- California Department of Health Services, *Emergency Response Plan and Procedures,* November 2005
- State of California Emergency Medical Services Authority, *Health and Medical Emergency Operations Manual,* July 2011.
- State of California Regional Medical Health Coordinator Emergency Plan
- State of California Emergency Medical Services Authority Guidelines for Personal Protective Equipment for First Responders, June 2005
- Health Officer Practice Guide for Communicable Disease Control in California (California Public Health Law Group, December 2005)

Santa Cruz County Operational Area

Medical Health Branch

Job Action Sheets

MEDICAL HEALTH BRANCH DIRECTOR

IMMEDIATE ACTIONS

☐ **Receive Appointment**
Receive appointment from EOC Director or Operations Section Chief. Obtain packet containing Job Action Sheets and forms for Medical Health Branch positions.

☐ **Review Job Sheet**
Read this entire Job Action Sheet and review organizational chart.

☐ **Obtain Briefing**
Obtain briefing from the EOC Director or Operations Section Chief. Note schedule for future briefings.

☐ **Establish EOC Post**
Establish a post in the operational area EOC as the Medical Health Branch Director. Clearly mark your post and identify yourself (e.g., name badge).

☐ **Appoint Unit Leaders**
Appoint Unit Leaders as needed to obtain information, provide liaison and serve as a source of technical advice on various medical and health components. Likely configuration would include Unit Leaders for EMS, mental health, public health, and environmental health.

☐ **DOC Activation**
Determine degree of activation of the HHS DOC. Obtain initial status reports from DOC (if activated).

☐ **Initial Assessment**
Perform an initial assessment of the medical/health needs and resources of the Operational Area. Complete RIMS Medical Health Situation Report Form.

☐ **Develop Initial Action Plan**
Brief all Medical/Health Unit Leaders on current situation and develop the Branch's initial objectives for the first period. Designate time for next briefing.

☐ **Contacts**
Review emergency organizational charts to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated). Coordinate with EOC Logistics and Finance Sections regarding the process of obtaining needed supplies and services for the operation of the Medical Health Branch.

☐ **Relay Status Report**
Contact state Medical Health Officials at the EMS Authority and Department of Public Health and the RDMHC. Provide a brief overview of the event and forward RIMS Medical Health Situation Report to state officials and the RDMHC through the operational area EOC Planning Section.

☐ **Resource Needs**
Coordinate requests for medical health resources from outside the operational area with the RDMHC.

☐ **Public Information**
Coordinate with the EOC Public Information Officer to issue periodic public health & safety information.

☐ **Documentation**
Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.

INTERMEDIATE AND ONGOING ACTIONS

☐ **Briefings/Updates**
Conduct/receive periodic briefings and updates with Unit Leaders and Section Chief.

☐ **Update Action Plan**
Develop the Medical Health Branch objectives for the upcoming operational period. Distribute to Unit Leaders and Operations Chief.

☐ **Communicate Up**
Brief the Section Chief or EOC Director routinely.

☐ **Staff/Supply**
Ensure that each of the Unit Leaders has adequate staff for next two operational periods (12-hours shifts) and adequate supplies. Relief should arrive 30 minutes in advance to allow for briefing prior to shift change.

☐ **Resource Needs**
Assess and respond to requests from DOC and other Branches for Medical Health resources. Coordinate resource acquisition from outside Operational Area through RDMHC.

☐ **Respond to Problems**
Respond to requests and complaints from incident personnel regarding inter-organization problems.

EXTENDED ACTIONS

☐ **Document**
Assure that a system for logging and organizing all documentation is established.

☐ **Long-Term Staffing**
Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Operations Chief. Provide staff with rest periods and relief.

RECOVERY PERIOD ACTIONS

☐ **Disaster Recovery**
Ensure that information for public health and safety is disseminated during disaster recovery stage. Notify public of:
- Safe drinking water sources or requirements
- Procedures for safe reoccupancy of damaged homes and buildings (e.g., structural integrity, gas leaks, need for protective clothing and equipment)
- Requirements for handling and disposal of foodstuffs, refuse, clothing, hazardous materials
- Public Health risks and mitigation (contamination, vaccination, prevention, safety)

☐ **Documentation**
Ensure appropriate documentation of Medical Health response actions and expenses is gathered and submitted to the Operations Section Chief.

☐ **After-Action Report**
Contribute to EOC After Action Report and participate in post-event debriefings.

Public Health Unit Leader

IMMEDIATE ACTIONS

☐ **Receive Appointment**
Receive appointment from Medical Health Branch Director. Obtain packet containing Job Action Sheets and forms for Public Health Unit positions.

☐ **Review Job Sheet**
Read this entire Job Action Sheet and review organizational chart.

☐ **Obtain Briefing**
Obtain initial briefing from the Medical Health Branch Director. Note schedule for future briefings.

☐ **Establish EOC Post**
Establish a post in the operational area EOC as the Public Health Unit Leader. Clearly mark your post and identify yourself (e.g., name badge).

☐ **DOC Status**
Obtain initial status report from DOC (if activated).

☐ **Initial Assessment**
Perform an initial assessment of the public health needs and resources of the Operational Area.

☐ **Develop Unit Objectives**
Develop objectives for Public Health Unit for current operational period.

☐ **Contacts**
Review emergency organizational charts to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).

☐ **Resource Needs**
Coordinate requests for public health resources from outside the operational area with the MHOAC.

☐ **Public Information**
Coordinate with the Medical Health Branch Director to release periodic public health & prevention information.

☐ **Documentation**
Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.

INTERMEDIATE AND ONGOING ACTIONS

❑ **Briefings/Updates**
Participate in periodic briefings and updates with Unit Leaders and Branch Director.

❑ **Update Action Plan**
Develop the public health unit objectives for the upcoming operational period.

❑ **Communicate Up**
Brief the Branch Director routinely.

❑ **Resource Needs**
Assess and respond to requests from DOC for Public Health resources. Coordinate resource acquisition from outside Operational Area with the Branch Director.

❑ **Respond to Problems**
Respond to requests and complaints from incident personnel regarding inter-organization problems.

EXTENDED ACTIONS

❑ **Document**
Complete documentation of unit and personal activities related to the event by the end of each operational period.

❑ **Long-Term Staffing**
Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.

RECOVERY PERIOD ACTIONS

❑ **Disaster Recovery**
Ensure that information for public health and safety is disseminated during disaster recovery stage.

❑ **Documentation**
Ensure appropriate documentation of Public Health Unit response actions and expenses is gathered and submitted to the Branch Director.

❑ **After-Action Report**
Contribute to EOC After Action Report and participate in post-event debriefings.

Emergency Medical Services Unit Leader

IMMEDIATE ACTIONS

☐ **Receive Appointment**
Receive appointment from Medical Health Branch Director. Obtain packet containing Job Action Sheets and forms for EMS Unit positions.

☐ **Review Job Sheet**
Read this entire Job Action Sheet and review organizational chart.

☐ **Obtain Briefing**
Obtain initial briefing from the Medical Health Branch Director. Note schedule for future briefings.

☐ **Establish EOC Post**
Establish a post in the operational area EOC as the EMS Unit Leader. Clearly mark your post and identify yourself (e.g., name badge).

☐ **DOC Status**
Obtain initial status report from DOC (if activated).

☐ **Initial Assessment**
Perform an initial assessment of EMS needs and resources of the Operational Area.

☐ **Develop Unit Objectives**
Develop objectives for EMS Unit for current operational period.

☐ **Contacts**
Review emergency organizational charts to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).

☐ **Resource Needs**
Coordinate requests for EMS resources from outside the operational area with the MHOAC.

☐ **Public Information**
Coordinate with the Medical Health Branch Director to issue periodic EMS information.

☐ **Documentation**
Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.

INTERMEDIATE AND ONGOING ACTIONS

☐ **Briefings/Updates**
Participate in periodic briefings and updates with Unit Leaders and Branch Director.

☐ **Update Action Plan**
Develop the EMS Unit objectives for the upcoming operational period.

☐ **Communicate Up**
Brief the Branch Director routinely.

☐ **Resource Needs**
Assess and respond to requests from DOC for EMS resources. Coordinate resource acquisition from outside Operational Area with the Branch Director.

☐ **Respond to Problems**
Respond to requests and complaints from incident personnel regarding inter-organization problems.

EXTENDED ACTIONS

☐ **Document**
Complete documentation of unit and personal activities related to the event by the end of each operational period.

☐ **Long-Term Staffing**
Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.

RECOVERY PERIOD ACTIONS

☐ **Documentation**
Ensure appropriate documentation of Public Health Unit response actions and expenses is gathered and submitted to the Branch Director.

☐ **After-Action Report**
Contribute to EOC After Action Report and participate in post-event debriefings.

Mental Health Unit Leader

IMMEDIATE ACTIONS

☐ **Receive Appointment**
Receive appointment from Medical Health Branch Director. Obtain packet containing Job Action Sheets and forms for Mental Health Unit positions.

☐ **Review Job Sheet**
Read this entire Job Action Sheet and review organizational chart.

☐ **Obtain Briefing**
Obtain initial briefing from the Medical Health Branch Director. Note schedule for future briefings.

☐ **Establish EOC Post**
Establish a post in the operational area EOC as the Mental Health Unit Leader. Clearly mark your post and identify yourself (e.g., name badge).

☐ **DOC Status**
Obtain initial status report from DOC (if activated).

☐ **Initial Assessment**
Perform an initial assessment of the mental health needs and resources of the Operational Area.

☐ **Develop Unit Objectives**
Develop objectives for Mental Health Unit for current operational period.

☐ **Contacts**
Review emergency organizational charts to determine appropriate contacts and message routing. Ensure communications link with DOC (if activated).

☐ **Resource Needs**
Coordinate requests for mental health resources from outside the operational area with the MHOAC.

☐ **Public Information**
Coordinate with the Medical Health Branch Director to issue periodic mental health information.

☐ **Documentation**
Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.

INTERMEDIATE AND ONGOING ACTIONS

☐ **Briefings/Updates**
Participate in periodic briefings and updates with Unit Leaders and Branch Director.

☐ **Update Action Plan**
Develop the mental health unit objectives for the upcoming operational period.

☐ **Communicate Up**
Brief the Branch Director routinely.

☐ **Resource Needs**
Assess and respond to requests from DOC for Mental Health resources. Coordinate resource acquisition from outside Operational Area with the Branch Director.

☐ **Respond to Problems**
Respond to requests and complaints from incident personnel regarding inter-organization problems.

EXTENDED ACTIONS

☐ **Document**
Complete documentation of unit and personal activities related to the event by the end of each operational period.

☐ **Long-Term Staffing**
Ensure that adequate staffing is available for the projected duration of the incident. Observe all staff for signs of stress. Report concerns to the Branch Director.

RECOVERY PERIOD ACTIONS

☐ **Disaster Recovery**
Ensure that information for mental health and safety is disseminated during disaster recovery stage.

☐ **Documentation**
Ensure appropriate documentation of Mental Health Unit response actions and expenses is gathered and submitted to the Branch Director.

☐ **After-Action Report**
Contribute to EOC After Action Report and participate in post-event debriefings.

Environmental Health Unit Leader

IMMEDIATE ACTIONS

☐ **Receive Appointment**
Receive appointment from Medical Health Branch Director. Obtain packet containing Job Action Sheets and forms for Environmental Health Unit positions.

☐ **Review Job Sheet**
Read this entire Job Action Sheet and review organizational chart.

☐ **Obtain Briefing**
Obtain initial briefing from the Medical Health Branch Director. Note schedule for future briefings.

☐ **Establish EOC Post**
Establish a post in the operational area EOC as the Environmental Health Unit Leader. Clearly mark your post and identify yourself (e.g., name badge).

☐ **DOC Status**
Obtain initial status report from DOC (if activated).

☐ **Initial Assessment**
Perform an initial assessment of the environmental health needs and resources of the Operational Area.

☐ **Develop Unit Objectives**
Develop objectives for Environmental Health Unit for current operational period.

☐ **Contacts**
Review emergency organizational charts to determine appropriate contacts and message routing. Ensure communications link with EHS DOC (if activated).

☐ **Resource Needs**
Coordinate requests for environmental health resources from outside the operational area with the MHOAC.

☐ **Public Information**
Coordinate with the Medical Health Branch Director to issue periodic environmental health & safety information.

☐ **Documentation**
Assure that all communications and times are documented, as well as all actions and decisions. Use ICS-214 form if available.

INTERMEDIATE AND ONGOING ACTIONS

☐ **Briefings/Updates**
Participate in periodic briefings and updates with Unit Leaders and Branch Director.

☐ **Update Action Plan**
Develop the environmental health unit objectives for the upcoming operational period.

☐ **Communicate Up**
Brief the Branch Director routinely.

☐ **Resource Needs**
Assess and respond to requests from DOC for Environmental Health resources.
Coordinate resource acquisition from outside Operational Area with the Branch Director.

☐ **Respond to Problems**
Respond to requests and complaints from incident personnel regarding inter-organization problems.

EXTENDED ACTIONS

☐ **Document**
Complete documentation of unit and personal activities related to the event by the end of each operational period.

☐ **Long-Term Staffing**
Ensure that adequate staffing is available for the projected duration of the incident.
Observe all staff for signs of stress. Report concerns to the Branch Director.

RECOVERY PERIOD ACTIONS

☐ **Disaster Recovery**
Ensure that information for environmental health and safety is disseminated during disaster recovery stage. Notify public of:
- Safe drinking water sources or requirements
- Procedures for safe reoccupancy of damaged homes and buildings (e.g., structural integrity, gas leaks, need for protective clothing and equipment)
- Requirements for handling and disposal of foodstuffs, refuse, clothing, hazardous materials

☐ **Documentation**
Ensure appropriate documentation of Environmental Health Unit response actions and expenses is gathered and submitted to the Branch Director.

☐ **After-Action Report**
Contribute to EOC After Action Report and participate in post-event debriefings.

Santa Cruz Operational Area

Medical Health Branch

Procedures

Medical Health Branch

CAHAN ALERTING & MESSAGING

Introduction

During an emergency or disaster, Medical Health Branch staff will be alerted using the California Health Alert Network (CAHAN). This statewide communications system can be accessed via the Internet for both messages and alerting. To activate the Medical Health Branch, the MHOAC or his/her designee will send a "high level" alert to staff with information on when and where to report.

Logging into CAHAN

1. Open an internet browser and navigate to https://cahan.ca.gov/ . The CAHAN Login Page will appear on your screen with a **Login** button near the upper-left-hand corner.

It may be helpful to bookmark this address under your Favorites for quick reference in the future. Using the **Favorites** menu of your browser window menu bar, click **Add to Favorites** to bookmark the page. If you have been enrolled in CAHAN, but do not have your login information, contact your local HAN coordinator.

2. Click on the Login button

3. When prompted, enter your CAHAN user ID and password to enter. The password field IS case sensitive.

Note: *For security purposes if asked "Do you want to save this password?" select **No** or do not check the box to select that option if this is a public or shared computer.*

The first time you log in, you will see a brief splash page before being sent directly to CAHAN Gateway Page. At the CAHAN Gateway Page, please click CAHAN portal, on the left hand side of the screen.

Note: *If you have forgotten your user ID, or if you have forgotten your password please contact the local CAHAN coordinator.*

Sending a CAHAN Alert to Staff

When you look at the CAHAN Homepage, to send an alert, click on "Alerts" in the top blue stripe. Under "Alerts Menu", click Send Alert By Role.

1. Alert recipients
In the left pane, in the Alertable Roles tree, select the roles and role groups you would like to alert. Only the roles and role groups you have permission to alert appear in the tree. To verify which users are assigned to a particular role, right-click the name of the role and View Role.

2. Priority
Alerts may be sent via CAHAN for any number of scenarios. The priority will be based on the nature of emergency, exercise, drill, or test.

Low – important but not urgent; informational purposes only

Medium – important; regarding a moderate threat to the public health; usually requires an action

High – important and urgent; regarding a serious threat to the public health; response and action required

3. Sensitive
This field indicates whether an alert contains content deemed "sensitive". Sensitive content would be any information that, when used inappropriately, would hamper the organization's ability to operate or damage the organization's reputation.

4. Duration
The duration of an alert dictates how long the alert stays active. An active alert appears on the receiver's CAHAN Homepage. When an alert expires, it is no longer active and it disappears from the homepage of the receiver. The duration is a function of the nature of the emergency itself.

5. Alert Type
In the Alert Type, you may select one of the following methods:
- Use Alert Profiles – alert will be sent to each user Based upon their active alerting profile
- Fax Only Alert – alert will be sent to each user's designated work fax number.
- Work Email Only Alert – alert will be sent to each user's work email address.

6. Event Status
This field indicates whether the alert refers to a true event or a test scenario. Based on the nature of the alert, please select one of the following:
- Actual – the alert refers to a live event
- Exercise – the recipients are participating in a training exercise or drill
- Test – the alert is a technical system test

7. Jurisdictional Level
This indicates the jurisdictional level of the alert recipients.

8. Enable Signature
Select the checkbox to include a custom signature with this alert.

9. Subject and Message
Type in the subject and message of the alert.

10. Send Alert
After an alert is sent, you will want to monitor the alert to see who has confirmed and who has not. See appendix A for instructions.

MEDICAL HEALTH BRANCH

EMSystems Communications

EMSystems is a computer program that streamlines communication between medical response teams and healthcare providers by monitoring healthcare assets. Emergency department capacity, and behavioral health and dialysis bed status. This program facilitates National Disaster Medical System (NDMS) and HAvBED reporting. Incident-specific resources can be easily tracked, such as decontamination capability, ventilators, pharmaceuticals, and specialty services.

To access EMSystems, go to this link: https://emresource.emsystem.com/login.htm

Login using your assigned username and password. The generic username is DOC1 with the password DOCdoc1.

You will see a window that has Dominican and Watsonville Hospitals. You need to change this view to Region Default. Hover over the view tab at the top of the page with your cursor and click on Region Default.

To update the DOC's status, click on the lock icon.

The system is designed so that you can easily navigate throughout the application and readily locate the information you need or the view or task page you want. While each page contains information specific to your current need, the basic layout of each page remains constant so that you can become familiar with the application in a short period of time.

Medical Health Branch

RESOURCE REQUESTING

Introduction

During an emergency or disaster, health and medical facilities and providers (i.e., hospitals, clinics, SNFs, physician offices, EMS providers, etc.) are expected to obtain needed personnel, supplies and equipment from regular vendors, emergency supply caches, a corporate supply chain, or via mutual aid agreements from other healthcare facilities/agencies. If required resources cannot be obtained through these sources, the Medical Health Operational Area Coordinator (MHOAC) should be contacted.

The MHOAC coordinates resource ordering within the Santa Cruz County Operational Area and through all available suppliers and local caches. If the MHOAC cannot fill a request using local sources, he/she may request health and medical resources from outside the Santa Cruz Operational Area. While every effort will be made to obtain resources as quickly as possible, requesting entities should anticipate that time from acceptance of a request to actual receipt of the resource may be 48-96 hours or even longer, depending on the type and scope of the emergency.

Resource Requesting Process

All health and medical resources ordered through the Operational Area must be approved by the MHOAC. Prior to accepting a resource request, the MHOAC will confirm the following with the requesting entity:

- ☑ Is the resource need immediate and significant (or anticipated to be so)?
- ☑ Has the supply of the requested resource been exhausted, or is exhaustion imminent?
- ☑ Is the resource available from the internal, corporate supply chain?
- ☑ Is the resource or an acceptable alternative available from other vendors?
- ☑ Is the resource available through pre-existing agreements?
- ☑ Have payment/reimbursement issues been addressed?

All resource requests should be made on an approved <u>Medical and Health Resource Request Form</u> (see pages 28-32), and shall include the following information:

- ☑ Describe the current situation.
- ☑ Describe the requested resource(s).
- ☑ Specify the type of service the resource(s) will be used for.
- ☑ Provide the name of the requesting entity and contact person.
- ☑ Indicate the time frame needed and estimated duration of use.
- ☑ Provide delivery location with a common map reference.
- ☑ Indicate if logistical support is required (e.g., food, shelter, fuel, etc.)

Resource Tracking

The local requesting entity will track all resources received from the Santa Cruz Operational Area, including the receipt of the resource, condition of the resource, and anticipated return dates/times. The MHOAC tracks all resources sent to other Operational Areas from Santa Cruz, and the Regional Disaster Medical Health Coordinator or Specialist (RDMHC/S) tracks all resources between Operational Areas within his/her region and to other regions. In addition, a local entity providing resources may send an Agency Representative along with the resource(s) to coordinate with the respective Liaison at the receiving agency or organization.

Resource Management

The local requesting entity will track the receipt, use, and distribution/dispensing of all equipment or supplies received from the Operational Area. Upon arrival at the designated reporting location, personnel should check in with the requesting entity. It becomes the responsibility of the established Incident Command or Unified Command to provide support, to coordinate the use of the resource personnel, and to continuously track the resource personnel in accordance with established policies and procedures.

Resource Demobilization

Prior to being released from their assignment, resource personnel provided to the incident will be demobilized and follow local checkout procedures. Personnel and equipment may be reassigned to another mission, but the requesting entity must submit a formal resource request for the reassignment and the providing agency and/or organization must accept. The reassignment needs to be communicated to the medical health operational area.

The resource tracking system, e.g., Cal EMA's *Response Information Management System* (RIMS), should be updated and the personnel and/or equipment remain under the control of the requesting jurisdiction. When resources have returned to their point of origin, the providing agency and/or organization should notify the MHOAC.

Notification of Resource Receipt, Status and Demobilization

The receipt, status, and demobilization/release of resources must be communicated through the medical health operational area. The following activities should occur upon change in resource status:

<u>Requesting Local Entity</u>
☑ Notify the MHOAC regarding resource status.

<u>MHOAC</u>
☑ Notify the RDMHC/S regarding resource status when resources are requested from outside the Operational Area.

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Cancellation of Resource Request

Resource requests may be cancelled following mobilization but prior to arrival and check-in. The following activities should occur if it is determined that a resource is no longer needed:

Requesting Local Entity
☑ Notify the MHOAC that the resource(s) is/are no longer needed.

MHOAC
☑ Immediately notify the RDMHC/S that the resource(s) is/are no longer needed if the resources came from outside the Operational Area.
☑ Submit a formal cancellation of the resource request to the Operational Area OES Duty Officer (or Operational Area EOC if activated) and request cancellation in RIMS or other resource tracking system.
☑ When cancellation of the resource request has been confirmed by the RDMHC/S, notify the resource(s) at the contact numbers previously provided for the resource(s), advise them of the cancellation order, and obtain an estimated time of return (ETR) to their point of origin.
☑ Provide formal notification that the resource(s) have been contacted and acknowledged cancellation with the Operational Area OES Duty Officer (or Operational Area EOC if activated). Request that the resource's confirmation of cancellation and ETR be entered into RIMS or other appropriate resource tracking system.

Special Notes:

1. Requesting entities are responsible for payment for all health and medical resources requested thru the MHOAC during a disaster or emergency.

2. Requesting entities are responsible for tracking the receipt, use, and disposal or return of all resources received thru the Medical Health Operational Area. The return of any unused, durable supplies and equipment will be coordinated by the MHOAC.

MEDICAL HEALTH RESOURCE REQUEST FORMS

AND

INSTRUCTIONS

Medical and Health Resource Request Form
Completion Instructions

Sections 1 through 4 (Page 1) to be completed by the Requestor

1. Incident Name: The name of the event associated with this request. The Incident Name should be consistent with the name used by operational area emergency management and all situational reporting.

2. a. Date: XX/XX/XXXX (e.g., 10/01/2009 for October 1, 2009)

   b. Time: Use 24-hour format (e.g., 1700 rather than 5:00 pm)

   c. Request Number(s): Initial Number assigned by Requestor for tracking purposes. Secondary Numbers may be assigned by processing and/or filling levels, if necessary.

3. Requestor Name, Agency, Position, Phone/Email: Provide specific information for the person submitting the request, including agency/department affiliation, contact information, etc.

4. Mission/Tasks: Describe CLEARLY the mission/task and what is being requested to accomplish the mission/task.

Sections 5 through 7, ORDER SHEET (Page 2), to be completed by the Requestor

Note: Use ORDER SHEET (Page 2) with blank lines for non pre-allocated resources. For Pre-Allocated resources, use ORDER SHEET, (Pre-Allocated Page 3 and 4), completion instructions below.

5. Order: CLEARLY identify what is being requested (including alternates if applicable). i.e. Pharmaceuticals (Standard or generic name), Medical Supplies (specific item or nomenclature), personnel (Doctor – General/Specialist, RN, LVN, Paramedic, etc.), Ambulance (Type – single resource, Strike Team, etc.), Mobile Field Hospital, etc.

   Col 1: Line #. If more than one of the same kind of resource is required, assign a number to each row.

   Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page

   Col 3: Detailed Specific Item Description: Provide information specific to the resource to ensure quick, efficient processing of request. Provide as much detailed information as possible.

   Drugs: Indicate drug name, dosage, form, unit of use, package or volume

   Staff: Describe needed experience, licensure, skill set, abilities.

   Facilities: Describe specific needs including utility, access times, etc.

   Supplies/Equipment: Provide complete description, manufacture, item/model number, etc.

Col 4: Kind/Rx Strength. Identify the kind of item; if pharmaceuticals, indicate the strength and what kind, i.e., generic, etc;

Col 5: Type/Rx. Identify measurement (units, dozens, cases, etc.)

Col 6: Quantity Requested: Indicate how many are needed to fulfill the mission/task.

Col 7: Expected Duration of Use: How long are the resources needed? Not Applicable (N/A) for expendable resources, i.e. medications, gloves, etc.

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): Identify potential sources for supply, substitutes and any special delivery instructions.

7. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

Sections 5 through 7, ORDER SHEET (Pre-Allocated Page 3 & 4), to be completed by the Requestor.

5. Order: Items available to the Local Health Department can be found on each County/LHD's Pre-Allocation Sheets previous provided or that can be found on CAHAN. Orders can only be submitted for those items indicated and for quantities shown as available.

Col 1: Line #. Assign a number to each row for items that are being requested.

Col 2: Priority. How soon is the item(s) needed: less than 12 hours, more than 12 hours, or is it needed to sustain operations; see options at bottom of page

Col 3: Detailed Specific Item Description: Items that are included within the pre-allocation have been listed.

Col 4: Kind/Rx Strength. Kind and Strengths of items available have been listed.

Col 5: Type/Rx. Type and Number of Courses per case are shown.

Col 6: Quantity Requested: Order by specific level indicated; i.e. Number of cases/Number of Pallets. Only Order up to the LHD's Pro-Rated and available Pre-Allocation level.

Col 7: Expected Duration of Use: Anticipated time that the resources many be needed? (Ventilators, ACS Cache, etc.) Not Applicable (N/A) for expendable resources, i.e. medications, masks, gloves, etc.

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s): N/A for potential sources for supply and substitutes; Include any special delivery instructions.

7. Deliver to/Report to POC: Provide delivery information, including specific delivery address, delivery hours, and delivery POC (telephone and email address).

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Section 8 through 9 (Page 1) to be completed by the Medical Health Operational Area Coordinator (MHOAC), or Designee

8.   MHOAC Signature. The MHOAC should review and validate the Resource Request. The MHOAC's signature verifies that the request meets the standards set forth within SEMS.

9.   Processing Activities: List the activities, persons contacted, and results related to the fulfilling this request.

Sections 10 through 13 (Page 1) to be completed by Logistics Function at the level/entity that fills the request

10.   Additional Order Fulfillment Information: Provide any additional relevant information, e.g., the order is being fulfilled in stages, more than one vendor is involved, etc.

11.   Supplier Name/Phone/Fax/Email: Provide the exact name and contact information of vendor or agency supplying the resource.

12.   Resource Tracking: Use to document expectations and actions related to resource tracking.

13.   Notes: Additional relevant information not contained elsewhere.

14.   Ordered filled at: Indicate the highest SEMS level fulfilling the request.

Sections 15 and 16 (Page 1) to be completed by Finance

15.   Reply/Comments from Finance: Provide information for documenting the financial activities related to this request.

16.   Finance Section Signature (Name, Position and Signature) and Date/Time: Identify the person/position that authorized expenditure of funds to fulfill the resource request; in addition to signature, include position/title and date and time signed.

Section 17 (Page 2 or Pre-Allocated Page 3 & 4) to be completed by level/entity Logistics Section filling the request i.e. LHD/LEMSA DOC, OA EOC/MHOAC, Region – RDMHC/S or REOC, State – SOC/JEOC, etc.: Fulfillment

Quantity

Approved: Indicate the amount approved. This may be different than amount requested.

Filled: Indicate the amount that can be filled at request processing time.

Back Ordered: Indicate any quantity that has been placed on back-order at the vendor level that once delivered can be used to complete the request. If items not provided will require re-ordering, indicate the number of items and that "Re-Order Required".

Tracking #: Internal number used to track the resource fulfillment process.

ETA (Date and Time): Estimated time of arrival of the requested items, if known.

Cost: Used to track event cost.

Resource Request Forms

Medical and Health Resource Request

RR MH (9/09)

REQUESTOR

1. Incident Name:

2a. DATE:

2b. TIME:

2c. Requestor Number:
(Assigned by Requesting Entity)

3. Requestor Name, Agency, Position, Phone / Email:

4. Describe Mission/Tasks:

5 - 7. ORDER SHEET - SEE ATTACHED

8. MHOAC / DOC Review
(NAME, POSITION, AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)

9. Processing Activities: (DESCRIBE DETAILS)

NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).

LOGISTICS

10. Additional Order Fulfillment Information:

11. Supplier Name / Phone / Fax / Email:

12. Resource Tracking:

☐ Entered into Resource Tracking System (Plans)

☐ Demob Expected:

☐ Demob Completed (if known):

13. Notes:

14. ORDER FILLED AT (check box)   ☐ OA EOC   ☐ REGION   ☐ STATE   ☐ PRE-ALLOCATED

16. Finance Section Signature (Name, Position & Signature) & Date/Time:

FINANCE

15. Reply / Comments from Finance:

This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form.
Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

Medical and Health Resource Request

RR MH (9/09)

REQUESTOR

1. Incident Name:

2a. DATE:

2b. TIME:

2c. Requestor Number:
(Assigned by Requesting Entity)

3. Requestor Name, Agency, Position, Phone / Email:

4. Describe Mission/Tasks:

5 - 7. ORDER SHEET - SEE ATTACHED

8. MHOAC / DOC Review
(NAME, POSITION, AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)

MHOAC

9. Processing Activities: (DESCRIBE DETAILS)

NOTE: To be completed by the level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).

LOGIS

10. Additional Order Fulfillment Information:

11. Supplier Name / Phone / Fax / Email:

12. Resource Tracking:

☐ Entered into Resource Tracking System (Plans)

☐ Demob Expected:

☐ Demob Completed (if known):

13. Notes:

14. ORDER FILLED AT (check box) ☐ OA EOC ☐ REGION ☐ STATE ☐ PRE-ALLOCATED

FINANCE

15. Reply / Comments from Finance:

16. Finance Section Signature (Name, Position & Signature) & Date/Time:

This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form. Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

SITREP Post Completion Handling Instructions

MHOAC Programs:
1. After completion of Initial and/or Updated SITREP, send the report form to the following simultaneously:
   a. RDMHC Program (see protocols below)
   b. CDPH Duty Officer at cdphdutyofficer@cdph.ca.gov
   c. EMSA Duty Officer at emsadutyofficer@emsa.ca.gov
2. Contact the RDMHC program to verify receipt.
3. Disseminate horizontally throughout Operational Area per local protocol.
4. SITREP UPDATE FREQUENCY:
   a. It is expected that a SITREP be UPDATED at the following conditions or minimum frequency.
      i. Any changes in Status, Prognosis or Major Events or Actions Taken
      ii. Region / State Agency request as communicated by the RDMHC program
      iii. At a minimum of once every operational period during emergency system activation.

REGION ONE Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 866-940-4401, ask for RDMHS	**REGION TWO** 24/7 Voice: 925-422-7595, ask for Duty Officer
REGION THREE Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979	**REGION FOUR** Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032
REGION FIVE Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055	**REGION SIX** Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564

RDMHC Program will:
- Upon receiving the SITREP, identify immediate or impending response needs and take appropriate action
- Verify and validate any unusual or extraordinary information with the MHOAC program
- Set and communicate the expected SITREP update FREQUENCY
  - e.g., twice a day at 0600 and 1800, one hour prior to Operational Period start
- Communicate with the JEOC & REOC to assist with clarifying SITREP information
- SITREP data shall become part of the full incident historical file
- Disseminate horizontally throughout the Region per protocol

SITREP Post Completion Handling Instructions

MHOAC Programs:

1. After completion of Initial and/or Updated SITREP, send the report form to the following simultaneously:
   a. RDMHC Program (see protocols below)
   b. CDPH Duty Officer at cdphdutyofficer@cdph.ca.gov
   c. EMSA Duty Officer at emsadutyofficer@emsa.ca.gov
2. Contact the RDMHC program to verify receipt.
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   a. It is expected that a SITREP be UPDATED at the following conditions or minimum frequency.
      i. Any changes in Status, Prognosis or Major Events or Actions Taken
      ii. Region / State Agency request as communicated by the RDMHC program
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REGION THREE Email: rdmhs3@rdmhs.com 24/7 Voice: 530-229-3979	**REGION FOUR** Email: emsdutyofficer@sjgov.org 24/7 Voice: 209-234-5032
REGION FIVE Email: hille@co.kern.ca.us 24/7 Voice: 661-868-4055	**REGION SIX** Email: MedicalandHealthBranchCoor-SouthernREOC@oes.ca.gov 24/7 Voice: 909-841-1564

RDMHC Program will:

- Upon receiving the SITREP, identify immediate or impending response needs and take appropriate action
- Verify and validate any unusual or extraordinary information with the MHOAC program
- Set and communicate the expected SITREP update FREQUENCY
  - e.g., twice a day at 0600 and 1800, one hour prior to Operational Period start
- Communicate with the JEOC & REOC to assist with clarifying SITREP information
- SITREP data shall become part of the full incident historical file
- Disseminate horizontally throughout the Region per protocol

Medical Health Branch

FIELD TREATMENT SITE DEPLOYMENT

Introduction

EMS Field Treatment Sites (FTS) are established for the congregation, triage, short-term medical care, holding, and evacuation of injured patients in a multiple or mass casualty situation. They may be deployed during response to an earthquake, bomb blast, transportation accident, or other emergency resulting in large numbers of injured patients. EMS FTS may be deployed to a hospital site to assist with surge demands, or directly to an incident site. They may be set up to triage less severely injured patients away from overstressed hospitals.

EMS FTS are established to operate for a period of up to 48 hours, or until new patients are no longer arriving at the site. Patients may be transported from an EMS FTS to available hospitals within or outside of the operational area. An EMS FTS may provide a framework to incorporate incoming CalMAT (California Medical Assistance Team) or DMAT (Disaster Medical Assistance Team), if available.

In Santa Cruz County, EMS FTS activation, coordination, and support are the responsibility of the Medical Health Operational Area Coordinator (MHOAC). Typically these functions are managed from the Health Services Agency Operations Center (DOC) or the Operational Area Emergency Operations Center (EOC). The Regional Emergency Operations Center (REOC) may assist when more than two counties are activating EMS FTS.

Activation Authority

The Medical Health Operational Area Coordinator has authority to activate, to determine the number required, and to determine the location(s) of Field Treatment Sites. The number and location(s) of sites are determined by the expected number of injured patients, expected damage patterns, and available staffing and other resources. Reports from area hospitals, scene Incident Commanders, and ambulance responders are used to estimate medical care capacity and to plan for activation and setup of one or more EMS FTS.

Criteria for Deploying a Field Treatment Site

Santa Cruz County will consider activating EMS FTS when one or more of the following criteria have been met:
- The jurisdiction has either confirmed or strongly believes there are sufficiently large numbers of seriously injured casualties to overwhelm the medical transport and treatment system.
- There is substantial damage to or loss of function of hospitals.
- The acute medical problems of the disaster require a protracted response and/or the acute medical problems affect a specialty population such as pediatric patients, fragile elderly, or other access and functional needs groups.
- Reports indicate that sufficient medical mutual aid will not arrive within two days to alleviate the acute medical problem of casualties.

The decision and ability of Santa Cruz to establish and operate an EMS FTS depend on the following factors:

- The extent of damage to the medical care system, specifically to hospitals and other medical facilities.
- The status of hospitals in surrounding geographical areas.
- The number and type of available medical and support personnel, including communications, safety, security, utilities, shelter, building utilities, and volunteer teams.
- Availability of medical and logistics support supplies and equipment.
- The number, location, and injury severity of casualties.
- How quickly casualties arrive at medical care sites.
- How quickly surviving hospitals increase their capacity to care for arriving casualties by implementing discharge plans and expanding operations.
- The availability of air and ground transportation routes to move casualties to EMS FTS and/or evacuate casualties out of the area.
- The availability of requested and arriving Local, State and Federal medical resources (e.g., personnel, pharmaceuticals, medical supplies and equipment).

Site Number and Location Considerations

The number and location of sites is determined by:
- The expected or actual number of injured patients.
- Expected or actual damage patterns.
- Available facilities.
- Available staffing.
- Availability of generators and backup power.
- Other logistical considerations.
- The ability of the OA to sustain multiple sites over an extended period.

The EMS FTS may be established:
- At an incident scene.
- Immediately outside a hospital to triage injured patients arriving by ambulance or by self-referral.
- At any pre-designated facility or site to receive injured patients and provide emergency, short term care.

Trauma patients must be transported and treated at the best available functioning hospital. Austere medical care protocols are used when resources are scarce.

Staffing, Equipment and Supplies

For the Santa Cruz OA, an EMS FTS is expected to be staffed by Santa Cruz County Medical Reserve Corps (SCCMRC) volunteers. Some hospital staff, public safety personnel, and qualified spontaneous volunteers may also be utilized. The equipment and supplies required will need to be requested using the resource request process. For a list of the appropriate equipment and supplies, refer to Appendix B.

FTS Deployment Model for a Hospital-based Operation

```
                        ┌─────────────────┐
                        │ Hospital Incident│
                        │    Command       │
                        └────────┬────────┘
            ┌──────────────┐     │
            │ Safety Officer│────┤
            └──────────────┘     │
      ┌───────────┬──────────────┼──────────────┬──────────────┐
┌───────────┐ ┌──────────┐ ┌──────────┐ ┌──────────────┐
│ Operations│ │Planning &│ │ Logistics│ │  Finance &   │
│           │ │Intelligence│ │          │ │Administration│
└─────┬─────┘ └──────────┘ └──────────┘ └──────────────┘
   ┌──────┴──────┐
┌──────────────┐ ┌──────────────┐
│Hospital Field│ │    Other     │
│Treatment Site│ │Operational Units│
└──────┬───────┘ └──────────────┘
┌──────────────┐
│Field Treatment│
│ Site Manager  │
└──────┬───────┘
    ┌──────────────┐
    │  Triage Unit │
    └──────────────┘
    ┌──────────────┐
    │Treatment Unit│
    └──────────────┘
    ┌──────────────┐
    │Transportation│
    │    Unit      │
    └──────────────┘
```
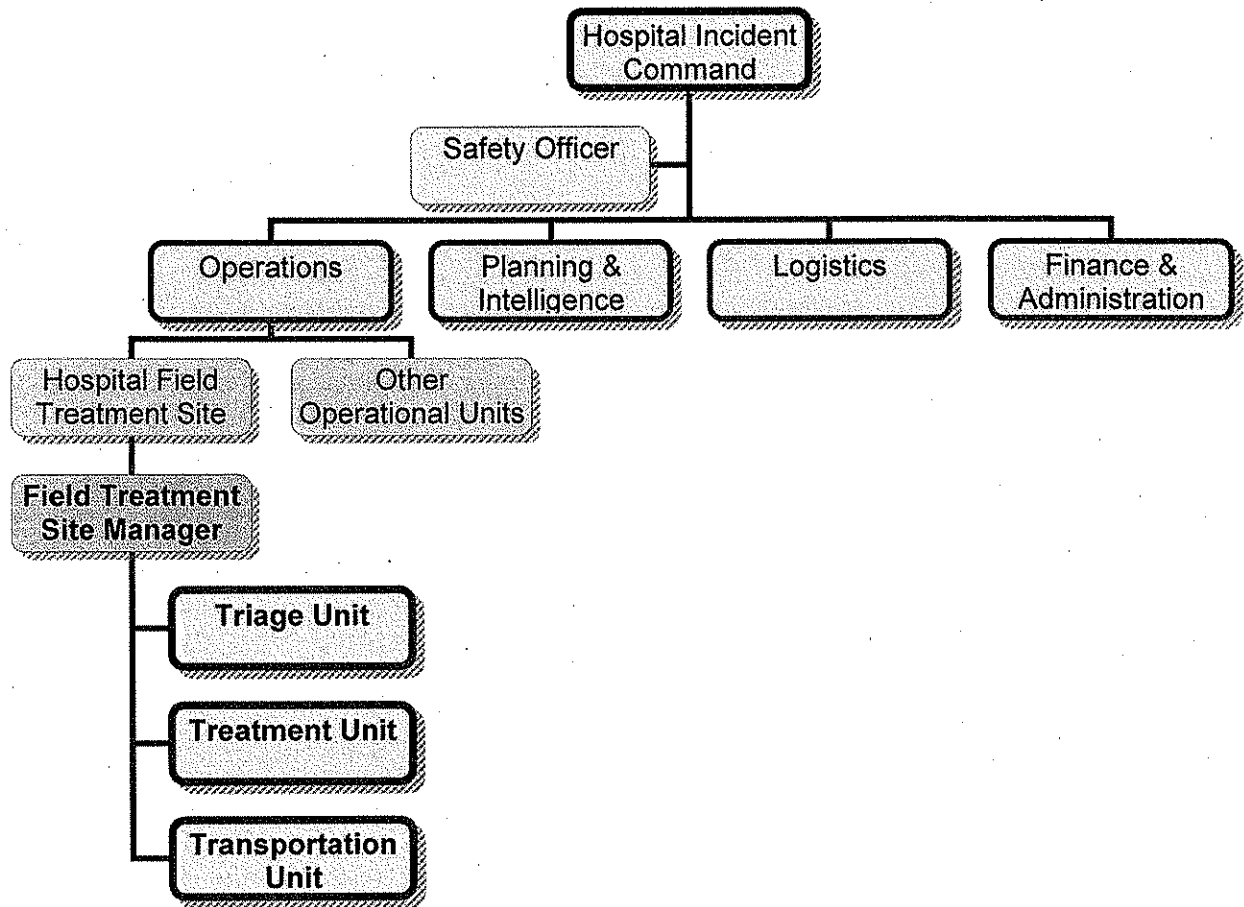
FTS Deployment Model for an Incident-based Operation
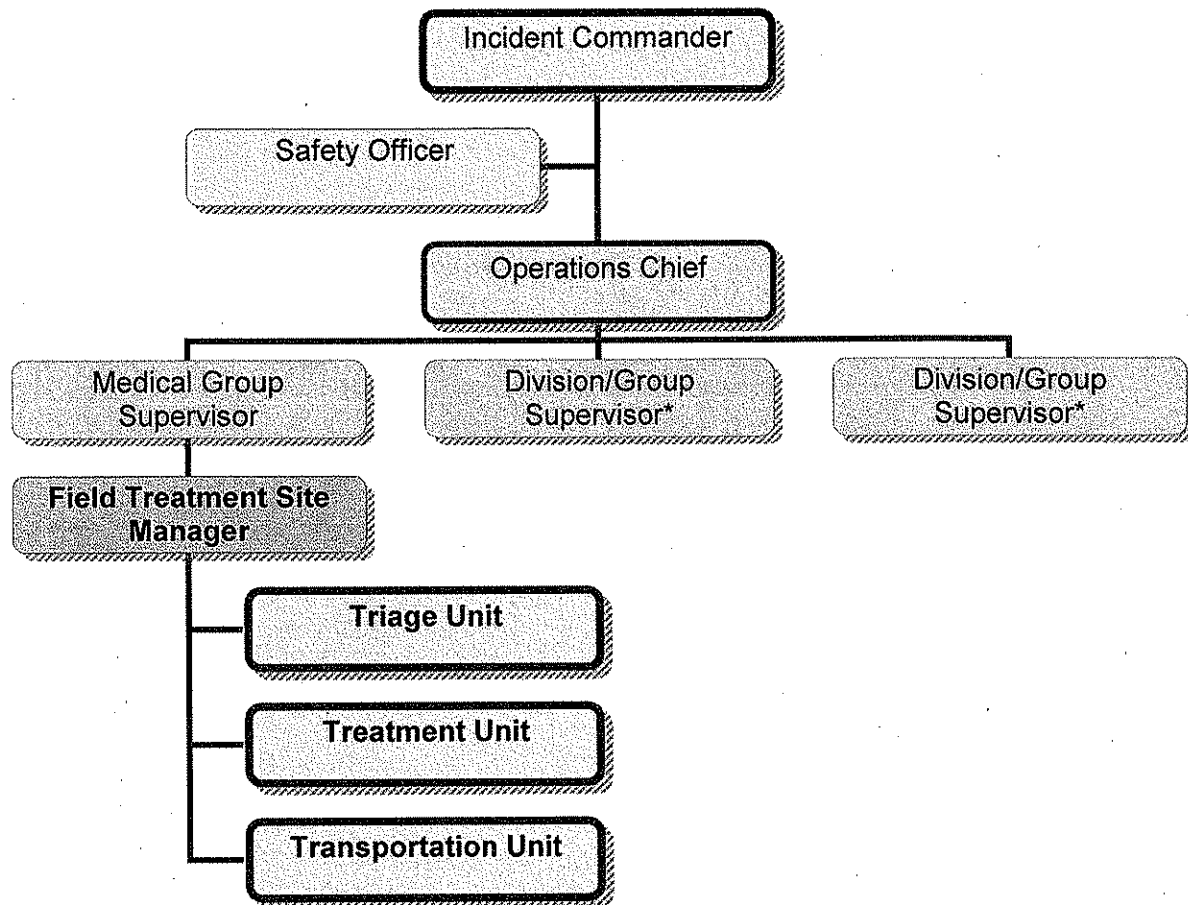
CHEMPACK DEPLOYMENT

Introduction

CHEMPACK is a strategic, forward deployment of sustainable repositories of nerve agent antidotes throughout the United States, so these resources can be immediately accessed for the treatment of exposed and affected individuals. **Time is of the essence** when requesting CHEMPACK pharmaceuticals as they must reach patients **within 60 minutes of exposure.** Monterey County is the CHEMPACK depository for the Coastal Region. See Appendix C for the Monterey County plan which defines all policies and procedures related to CHEMPACK deployment.

Background

There are two types of CHEMPACK caches:
1. A hospital CHEMPACK which consists mostly of multi-dose vials and a smaller supply of auto-injectors. Note that the multi-use vials do not come with supplies needed for administration. A full Hospital CHEMPACK unit treats about 1000 people. (See Appendix D – CHEMPACK Resources)
2. An EMS CHEMPACK which consists mostly of auto-injectors. A full EMS CHEMPACK unit treat about 450 people.

Monterey County has three CHEMPACK containers: one Hospital container and one Emergency Medical Services (EMS) container located at Natividad Medical Center (NMC) in Salinas, and one Hospital container located at the Community Hospital of the Monterey Peninsula (CHOMP) in Monterey.

Procedures

Once it has been determined that a nerve agent has been released, the following should occur:
1. The Santa Cruz County Health Officer, and/or the MHOAC, shall notify the Consolidated 9-1-1 Emergency Center that there is an immediate need to access and deploy CHEMPACK resources to our county. The 9-1-1 dispatcher shall notify the Monterey County Emergency Communications Center (9-1-1) that there is an immediate need to access and deploy CHEMPACK resources.
2. Monterey County Emergency Communications (9-1-1) will forward the request to Monterey's MHOAC or EMS Agency Duty Officer for action. Monterey's MHOAC or his/her designee (e.g. EMS Duty Officer) acts as the single-ordering authority for Operational Area medical and health mutual aid requirements.
3. The Monterey County MHOAC needs to authorize the deployment and determine the transportation method that will get the CHEMPACK supplies to Santa Cruz by the fastest means possible. Santa Cruz County will be responsible for the costs involved in transporting CHEMPACK supplies.
4. The Santa Cruz County MHOAC will provide the following information:
   a. Person/agency making the request
   b. Type/number of resources requested – nature of incident
   c. Response/staging location
   d. Estimated number of potential casualties
   e. Agent released; applicable safety/security/HAZMAT considerations
   f. Contact person and communication methods/numbers
5. Transportation of the CHEMPACK units must be paid for by the requesting agency. The type of transportation should allow for the CHEMPACK units to arrive within an hour of the request.

6. It is the responsibility of the Monterey County MHOAC to contact the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) and provide the following information: local tracking number, person/agency making the request, type/number of resources requested, response location, contact person, resource response needs and applicable safety and security issues.
7. The RDMHC/S will contact the Santa Cruz County MHOAC directly to confirm request information.

Post Event Actions

Incident documentation should begin as soon as possible following any event involving CHEMPACK. The documentation must include the following as a minimum:

1. A thorough description of the incident and event.
2. A list of approving officials (names, organizations, contact information etc.)
3. A comprehensive inventory of used and unused CHEMPACK materials.
4. An after-action report of CHEMPACK deployment and recommended corrective action of any identified discrepancy or deficiency.

The Monterey County MHOAC should be notified of any unused CHEMPACK materials to determine procedures for the safe transport and return to Monterey.

APPENDICES

APPENDIX A

California Health Alert Network (CAHAN) Sending Alerts

Document Version: 1.2

Revision Date: April 23, 2008

BEPREPAREDCALIFORNIA

Welcome

Welcome to the California Health Alert Network (CAHAN). CAHAN is the emergency planning, alerting and notification system for the California Department of Public Health, Emergency Preparedness Office. It serves as a single, central point for finding, creating, and sharing information. CAHAN has been deployed to provide alerting, notification and emergency preparation tools for state and local officials. Please read these instructions carefully.
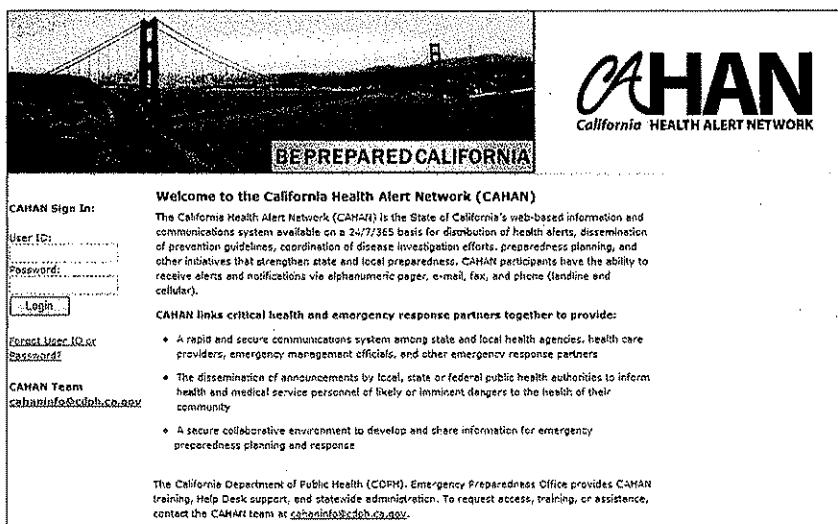
As a CAHAN user you may need to send alerts for various types of emergencies, drills, exercises, or tests. When sending an alert in CAHAN you will have two options:

> *A.* **Send Alert by Role**

> *B.* **Send Alert by User**

Logging into CAHAN

1. Use the most current version of Microsoft Internet Explorer, to access CAHAN at: https://cahan.ca.gov. This will take you to the Single Sign-On page.

2. It may be helpful to bookmark this address under your Favorites for quick reference in the future.

3. Log on by entering your User ID and password provided to you by your CAHAN administrator and left-click on the *"Login"* button. The password field IS case sensitive.

    Important Note: If asked if you want to save the password in your password list, select "no" or do not check the box to select that option.

You are now looking at the CAHAN Homepage, to send an alert, click on "Alerts" in the top blue stripe.

A. *Send Alert By Role*

Click Send Alert by Role

4. Duration

The duration of an alert dictates how long the alert stays active. An active alert appears on the receivers CAHAN Homepage. When an alert expires, it is no longer active and it disappears from the homepage of the receiver. The duration is a function of the nature of the emergency itself.

5. Alert Type

In the Alert Type, you may select one of the following methods

- Use Alert Profiles-alert will be sent to each user based upon their active alerting profile

- Fax Only Alert-alert will be sent to each user's designated work fax number

- Work Email Only Alert-alert will be sent to each user's work email address

6. Event Status

This field indicates whether the alert refers to a true event or a test scenario. Based on the nature of the alert, please select one of the following:

- Actual- the alert refers to a live event

- Exercise- the recipients are participating in a training exercise or drill

- Test-the alert is a technical system test

7. Jurisdictional Level

This indicates the jurisdictional level of the alert recipients

8. Enable Signature

Select the checkbox to include a custom signature with this alert

9. Subject and Message

Type in the subject and message of the alert

- Alerts are to be used only for the purpose of public health and safety, drills, exercises, and system tests

- Try not to use all caps in your alert subject line or text

- Use abbreviations as little as possible

- Put all essential information in the first 100 characters (including subject line), and all important information in the first 200 characters.

- If a lot of information must be transmitted, post a document on CAHAN in addition to your alert

- Specify contact information

- CAHAN does not have spell check, if needed copy and paste your alert in Microsoft Word and use spell check.

1. Search for Users

You can search for and send alerts to specific users who match your search criteria. You can search for any information users have entered on the *My Profile* page, such as last name, the city the user works in, languages the user speaks, and the area code of the user's phone number.

*Note-if you would like to search for more then one person, please select the **OR** option at the top of the screen*

2. Select the users to alert and click add

Once the names from your search query appear in the Search Results in the left hand column, select the names of users you want to alert by clicking on the check box next to their name. Then click add. This will bring the user over to the Alert Recipients column.

3. Verify all alert recipients are listed

4. Select the alerting preferences and create the alert body

See option A, number 9 for more details

5. Send Alert

After an Alert is sent, you will want to monitor the alert to see who has confirmed and who has not, also you can see the percentage of confirmation. Please see page 9 of this document for instructions

Click **Refresh Alert Details** to refresh the current status of Alert Confirmation.

APPENDIX B

TOOL # 7 – FTS EQUIPMENT AND SUPPLY LIST (Based Upon 50 Patients)

Based upon the type of incident, consider the following:	Recommended Quantity	Available in Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
RADIO EQUIPMENT								
1. UHF Med-Net Radio	1							
2. Portable UHF Med-Net Radio OR Portable Cell	5							
GENERAL EQUIPMENT & SUPPLIES								
3. Cots	50							
4. Pillows, sheets, pillow cases, towels	150 each							
5. Blankets	50							
6. Tables (6ft)	8							
7. Chairs	25							
8. Paper Towels	10 Rolls							
9. Post-it Notes	10 pads							
10. Felt Pens (e.g., Sharpie Permanent Marker)	10							
11. Extension Cord, 14 AMP, 50' EA 3	4							
12. Dry Erase Markers (4 different colors) sets of 4	10 sets							
13. Duct Tape, 2" x 60yd Roll	10							
14. Flashlight & spare batteries	10 each							
15. Trash Bags: Regular	50							
16. Painters Tape (roll)	10							
17. Rope - 20' & 100'	3 each							
18. Paritions (6' x 6')	10							
19. Soiled Linen Bin	6							
20. Wheel Chairs	3							

Based upon the type of incident, consider the following:	Recommended Quantity	Available In Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
Signage								
21. Field Treatment Site	2							
22. Ambulance Entrance	2							
23. Reception	1							
24. Triage	1							
25. Immediate	1							
27. Delayed	1							
28. Minor	1							
Forms and Reference Manuals								
29. EMS response forms	100							
30. AMA forms	25							
31. Triage Tags	100							
32. D.O.T Emergency Response Guidebook	2							
33. FIRESCOPE Field Operations Guide (FOG)	2							
34. Hazardous Materials medical management reference	2							
35. Vests for all staff positions	21							
MISCELLANEOUS MEDICAL EQUIPMENT & SUPPLIES								
36. Infection control packs	50							
37. Antiseptic hand wipes **or** waterless hand sanitizer	200 / 10							
38. 3-5 gal Covered waste container or red bio hazard	20							
39. Adult BP cuff	20							
40. Pediatric BP cuff	3							
41. Thigh BP cuff	2							
42. Stethoscope	20							
43. Penlight	6							
44. Bedpan or Fracture pan	15							
45. Urinal	8							
46. Sharps container	10							

Based upon the type of incident, consider the following:	Recommended Quantity	Available in Local Cache? # In Cache	Select for Ordering: Have (#)	Need (#)	Requested (#)	Order Filled
47. Padded soft wrist & ankle restraints	3 sets					
48. Emesis basin / disposable emesis bags	10					
49. Length based Pediatric Broselow Tape	1					
50. Thermometer	5					
51. Sanitary Napkins.	48					
52. Diapers	50					
53. Disposable Wipes	50					
54. Disposable nurser sets : nipples, caps, rings and bottles	1 case, 36/case					
BIOMEDICAL EQUIPMENT & SUPPLIES						
Monitor / Defibrillator Equipment & Supplies						
55. Portable Monitor/Defibrillator /, with ECG printout	2					
56. Spare monitor/ defibrillator battery	4					
57. Electrode leads (wires)	4					
58. ECG paper	6					
59. Adult disposable ECG electrodes	50					
60. Pediatric disposable ECG electrodes	20					
Miscellaneous Biomedical Equipment & Supplies						
61. Pulse Oximeter	4					
62. Glucometer	2					
63. Glucometer test strips	50					
64. Lancets	50					
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES						
Oxygen Delivery						
65. "D" or "E" portable oxygen cylinder	20					
66. Portable oxygen regulators with liter flow	20					
67. Adult non-rebreather oxygen masks	50					
68. Pediatric oxygen masks	20					
69. Nasal cannulas	50					
70. Hand held nebulizers	10					

	Recommended Quantity	Available in Local Cache?	# In Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
71. Aerosol / nebulizer masks	10							
Bag-Valve Device with 02, reservoir, 1way valve								
72. Adult (1000 cc bag vol.)	10							
73. Pediatric (450 - 500 cc bag vol.)	5							
Bag-Valve Mask (transparent)								
74. Large (adult)	5							
75. Medium (adult)	5							
76. Small (adult)	5							
77. Child	5							
78. Neonatal	2							
BLS Airways								
79. Oropharyngeal Airways (sizes 0-6 or equivalent	10 sets							
80. Nasopharyngeal Airways (sizes 24-34 Fr.or	5 sets							
Suction Equipment & Supplies								
81. Suction catheters - 6 fr, 8 fr, 10 fr, 14 fr	10 each							
82. Tonsilar tip suction handle	10							
83. Portable mechanical suction unit s	8							
Advanced Airway Equipment & Supplies								
84. Laryngoscope handle	2							
85. Batteries - extra set	2							
86. Bulb - extra bulb for adult and pediatric blade	2							
87. Miller (straight blade) sizes 0-4	2 sets							
88. Macintosh (curved blade) sizes 3-4	2 sets							
89. Magill forceps - adult & pediatric	2 each							
90. Water soluble lubricant (K-Y jelly or equivalent)	50 packets							
91. Topical vasoconstrictor (Neosynephrine or	10							
92. 2% Lidocaine jelly	3 tubes							

Based upon the type of Incident, consider the following:	Recommended Quantity	Available in Local Cache?	# in Cache	Select for Ordering	Have (#)	Need (#)	Requested (#)	Order Filled
93. Uncuffed endotracheal tubes, sizes 2.5, 3.0	3 each							
94. Cuffed endotracheal tubes, sizes 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5	5 each							
95. Cuffed endotracheal tube, size 9.0	2							
96. Endotracheal tube stylettes - neonatal, child & adult	2 each							
97. Flex Guide ETT introducer - caude tip 15 fr x 70 cm	3							
98. ET tube holder	20							
99. Esophageal Tracheal Airway –Adult 37 & 41 Fr. **Or** King Airway – size 3, 4, 5	2 each							
100. End tidal CO2 detector device (Adult & Pedi)	2 each							
101. Meconium aspirator	2							
102. CPAP (Optional)	2							
103. Jet insufflation device **OR ENK** Flow Modulator	2							
104. Needle thoracotomy kit with minimum 14 ga X 3 " catheter specifically designed for needle decompression	5							
IMMOBILIZATION EQUIPMENT & SUPPLIES *								
(* The following assumes patients are immobilized prior to arrival at the FTS. If walk-in trauma patients are arriving directly at the FTS, these numbers should be increased)								
105. Ked	1							
106. Long spine board with straps	2							
107. Pediatric spine board	1							
108. Foam-filled head immobilization device	2 pair							
109. Traction splint: Hare, Sager or equivalent	1							
110. Arm & leg splints (i.e. cardboard, SAM type, vacuum)	3 each							
111. Tape	3 Rolls							
112. Cervical Collars (rigid) - large, medium, small, pediatric **OR** adjustable adult & pediatric	2 each							

OBSTETRICAL EQUIPMENT & SUPPLIES

#	Item	Quantity
113.	OB Kit containing a minimum: sterile gloves, umbilical cord tape or clamps (2), dressings, towels, bulb syringe and clean plastic bags.	1 kits
114.	Stocking head cap (infant)	1

BANDAGING EQUIPMENT & SUPPLIES

#	Item	Quantity
115.	Triangle bandages	10
116.	Adhesive tape rolls 1" & 2" rolls	10 each
117.	Sterile 4x4 compresses	200
118.	Non sterile 4x4 compresses	200
119.	Kling/Kerlix in 2", 3" or 4" rolls	150
120.	Trauma dressing (10"x30" or larger universal dressings)	50
121.	Surgipads	50
122.	Band-Aids	10 boxes
123.	Sterile petroleum impregnated dressing	10
124.	Asherman Chest Seal (optional)	5
125.	Cold packs and heat packs	20 each
126.	Gloves (unsterile) various sizes	3 boxes of each
127.	Sterile saline for irrigation	30 liters
128.	Potable water	30 liters
129.	Bandage shears	10

IV / MEDICATION ADMINISTRATION EQUIPMENT & SUPPLIES

#	Item	Quantity
130.	Catheter over needle- 14ga, 16ga, 18ga, 20 ga	50 each
131.	Catheter over needle- 22ga, 24ga	10 each
132.	Microdrip & Macro-drip venosets **OR** selectable drip tubing	50
133.	Blood administration tubing (optional)	10
134.	IV extension	20
135.	IV start pack or equivalent with tourniquets	50
136.	Alcohol wipes & Betadine swabs	200 each
137.	Chlorhexidine swabs/skin prep	50 each

Syringes / Needles / Medication Administration Devices

138.	TB / 1 cc syringe	20								
139.	3 - 5 cc syringe	20								
140.	10 - 12 cc syringe	50								
141.	20 cc syringe	20								
142.	50 - 60 cc syringe	10								
143.	22ga, 25 ga safety injection needles	5 each								
144.	Vial access Cannulas	10 each								
145.	Mucosal Atomization Device (MAD)	20								
146.	Arm boards - (short, long)	30								
147.	Blood Tubes (optional)	20								
148.	Vacutainer holder (optional)	2								
149.	Vacutainer needles (optional)	20								
Intraosseous Access Equipment & Supplies										
150.	Needles (Baxter Jamshidi/Illinois) for manual pediatric access 15 ga x 3/8" & 15 ga x 1 7/8" **OR**	2 each								
151.	15 ga x 3/8" - 1 7/8" adjustable needles Pediatric I/O needles for drill type device 15 ga x 15mm long	2								
152.	Adult I/O needles for drill type device 15 ga x 25mm long	5								
153.	Lidocaine HCl 2% (100mg/5ml) in I/O kit	1								
		IV SOLUTIONS								
154.	Normal saline - 1000 cc bag	100								
155.	Normal saline - 250 cc bag	25								
		MEDICATIONS								
156.	Activated charcoal (50 gm)	2								
157.	Adenosine 6 mg - vial or pre-filled syringe	10								
158.	Albuterol - 2.5mg (pre-mixed w/NS). If not premixed; Normal Saline 2.5cc, is required for	6								
159.	Amiodarone 3 ml - 150 mg (50 mg/ml)	12								
160.	Aspirin (chewable)	2 bottles								
161.	Atropine (1.0 mg/10ml)	12								
162.	Atropine 10mg multidose vials (optional)	*(Optional)**								

#	Medication	Qty
163.	Benadryl (50 mg/ml)	4
164.	Benadryl elixir - 100 mg	2
165.	Calcium chloride 10% - (1 gm/10ml)	8
166.	Dextrose 50% (25gm/50ml)	4
167.	Dextrose 25% (12.5gm/10ml)	4
168.	Dopamine 400 mg	2
169.	Epinephrine 1:1,000	8 mg
170.	Epinephrine 1:10,000 (1mg/10ml)	16
171.	Furosemide 40 mg (10mg/ml)	4
172.	Glucagon 1mg (1unit)	2
173.	Glucose paste OR Glucose solution (oral)	4
174.	Mark-I / Duo Dote Nerve Agent Antidote Kits (Optional)*	8
175.	Naloxone (Narcan) 2.0 mg	8
176.	Nitroglycerin 0.4 mg/tab (1/150) bottle OR Nitroglycerine spray actuation	4
177.	Pralidoxime Chloride (2-PAM) 1 gm / 20 ml vial (optional)	(Optional)*
178.	Sodium Bicarbonate (50mEq/50ml)	4
179.	Zofran (4mg/2ml vial)	8
180.	Zofran Oral Disentegrating Tablets (ODT) 4 mg	8
Controlled Substances		
181.	Midazolam (Versed) 5 mg/cc concentration	300 mg
182.	Morphine HCL 10 mg/ml unit dose	300 mg
183.	Double lock container system for controlled meds.	1
184.	Controlled substance log sheet	1

* **(Optional):** Order these medication as appropriate for chemical exposure incidents

APPENDIX C

Monterey County Health Department

CHEMPACK PROGRAM POLICY

REVISION JANUARY 2013

Contents

APPROVAL AND REVISIONS

Effective Date: _____

Approved: _____
                          Monterey County Health Officer

Approved: _____   1-10-2013
                  Monterey County Emergency Medical Services Director

Revision Log

Date	Revision Description	Revised By	Approved By

ACRONYMS AND ABBREVIATIONS

The following acronyms and abbreviations appear in this document:

AMR—American Medical Response
CAO—County Administrative Office
CDC—Centers for Disease Control and Prevention
CDPH—California Department of Public Health
CHOMP—Community Hospital of the Monterey Peninsula
CHP—California Highway Patrol
DOC—Department Operations Center
EMS—Emergency Medical Services
EOC—Emergency Operations Center
EPO—Emergency Preparedness Office
FD—Fire Department
HAZMAT—Hazardous Materials
MCRFD—Monterey County Regional Fire District
MHOAC—Medical Health Operational Area Coordinator
MOU—Memorandum of Understanding
NMC—Natividad Medical Center
OES—Office of Emergency Services
PD—Police Department
POC—Point of Contact
RDMHC/S—Regional Disaster Medical Health Coordinator/Specialist
SNS—Strategic National Stockpile

PURPOSE

The purpose of this policy is to establish procedures for CHEMPACK resources stored, maintained, and deployed in Monterey County.

AUTHORITY

Division 2.S, Health and Safety Code, Section 1797.1S0-220.

DEFINITIONS

A. **CHEMPACK:** A cache of nerve agent antidotes that is forward-deployed to respond to a potential threat or actual release of nerve agents, including insecticidal organophosphate compounds. CHEMPACK materials are compiled into one of two types of containers: Hospital and Emergency Medical Services (EMS).

B. **Host facility:** Hospital that stores CHEMPACK materials.

C. **Host Facility Point of Contact (POC):** An individual identified by the CHEMPACK host facility (hospital) as having primary authority and responsibility for the maintenance, inventory, and deployment of CHEMPACK containers/contents.

D. **Medical Health Operational Area Coordinator (MHOAC):** The Monterey County Health Officer and the Director of Emergency Medical Services (EMS) have designated the EMS Director as Monterey County MHOAC. The Health Officer retains the authorities described in Section 101049 of the Government Code; the Health Officer serves as the alternate MHOAC. The primary responsibilities of the MHOAC are to manage disaster medical resources, including personnel, equipment, and supplies; implement the Operational Area disaster medical and health response plan; request and approve mutual aid; activate hospital notifications and communication systems; survey EMS resources (hospitals and transportation providers); orchestrate patient distribution; coordinate evacuation and patient tracking; effectively and efficiently process all medical and health information; and facilitate the establishment of priorities through the Operational Area Emergency Operations Center (EOC).

E. **Operational Area Emergency Operations Center (EOC):** The center for coordinating multi-discipline and multi-agency activities within the County or Operational Area. The State Operations Center (SOC) is located in Sacramento and manages California's response.

F. **Operational Area (OA):** The unincorporated areas and all political subdivisions (cities and special districts) within the boundaries of the county.

G. **Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S):** At the regional level, EMS Authority and the California Department of Public Health jointly appoint the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), whose responsibilities include supporting the mutual aid requests of MHOACs for disaster response within the region and providing mutual aid support to other areas of the state in support of the state medical response system. The RDMHC/S also serves as an information source to the state medical and health response system.

H. **SENSAPHONE 2050®:** Device to monitor ambient temperature and provide a warning to the Centers for Disease Control and Prevention (CDC) and state/local authorities should the temperature deviate from ideal storage requirements. This system allows for the extended shelf-life of pharmaceuticals contained in the CHEMPACK. Each CHEMPACK container contains a SENSAPHONE 20S0®.

3

BACKGROUND

A. As an addition to the federal Strategic National Stockpile (SNS) Program, the CDC established the CHEMPACK project for the strategic forward deployment of sustainable repositories of nerve agent antidotes throughout the United States, such that these resources can be immediately accessed for the treatment of exposed and affected individuals.

B. There are two types of CHEMPACK containers: the Hospital and Emergency Medical Services (EMS) units. The Hospital CHEMPACK consists mostly of multi-dose vials and a small supply of auto-injectors; the EMS CHEMPACK consists mostly of auto-injectors. CHEMPACK containers may be broken down into smaller components (cases) for rapid transportation and delivery. Note the multi-use vials do not come with supplies needed for administration. (See ATTACHMENT A: CHEMPACK CONTENTS.)

C. Monterey County has a total of three CHEMPACK containers; one Hospital container and one EMS container located at the Natividad Medical Center (NMC) in Salinas, and one Hospital container located at the Community Hospital of the Monterey Peninsula (CHOMP) in Monterey. Each CHEMPACK container has 24-hour monitoring for both security and environmental (ambient temperature) control. In case of accidental/actual release of a nerve agent, including a suspected organophosphate compound, it essential that pharmaceutical resources are immediately deployed and available to minimize patient morbidity and mortality.

POLICY

A. CHEMPACK materials may be accessed, deployed, or used only when it is determined that a nerve agent or organophosphate compound release has threatened the public health and security of the community. A CHEMPACK seal will be broken and materials used only when other available means to save/protect human life are not sufficient.

B. Authorization to deploy, break the seal/access, or move a CHEMPACK container from its host facility will be limited to any of the following events:

1. Release of a nerve agent/organophosphate compound that has an immediate public health threat too great to adequately manage with available pharmaceutical supplies. It is expected that hospitals will exhaust their existing pharmaceutical supplies before opening CHEMPACK containers.

2. Large or unusual occurrences of patients presenting signs and/or symptoms consistent with nerve agent/organophosphate exposure or intoxication.

3. Intelligence reveals a credible threat of an imminent event of a magnitude likely to require CHEMPACK resources.

4. An event with potential to create a nerve agent/organophosphate release with human exposure (e.g. a transportation accident with a fire or loss of container integrity).

5. Any mutual aid request from the Coastal Region, another region, or neighboring state in which CHEMPACK resources are being deployed or staged.

6. Any event that, in the judgment of the Monterey County Health Officer and/or the Medical Health Operational Area Coordinator (MHOAC), justifies access or deployment of CHEMPACK supplies.

C. The Monterey County EMS Agency is responsible for developing/maintaining protocols and procedures for the administration of CHEMPACK pharmaceuticals to patients and response personnel within the "hot zone" by EMS personnel.

PROCEDURES

A. CHEMPACK containers may be opened at the discretion of the emergency department physicians at the host facilities, the Monterey County Health Officer, the Monterey County MHOAC, and/or the Incident Commander for chemical events occurring in Monterey County.

B. Monterey County Incident Commanders or non-host emergency departments (Mee Memorial Hospital/Salinas Valley Memorial Hospital) shall notify the Monterey County Emergency Communications Center (9-1-1) that there is an immediate need to access and deploy CHEMPACK resources. (See ATTACHMENT C: RESPONSIBILITIES, AND PROCEDURES.)

C. San Benito and Santa Cruz Counties' Health Officers and/or MHOACs shall notify the Monterey County Emergency Communications Center (9-1-1) via their respective public safety answering point (9-1-1) that there is an immediate need to access and deploy CHEMPACK resources. Transportation arrangements are the responsibility of the requestor. (See ATTACHMENT C: RESPONSIBILITIES, AND PROCEDURES.)

D. The Monterey County Emergency Communications Center (9-1-1) shall notify the MHOAC and/or EMS Duty Officer of the CHEMPACK request. If 9-1-1 is not able to contact the MHOAC/EMS Duty Officer, it should the Health Department notification list on file. The Monterey County MHOAC or the Health Department's representative will notify the host facility POC to coordinate access to CHEMPACK supplies. (See ATTACHMENT C: RESPONSIBILITIES, AND PROCEDURES.)

E. Case lots of the CHEMPACK components have been pre-identified for use in the hospital setting or for distribution to the field, including for use by EMS and non-host hospitals. CHEMPACK materials for hospitals are color-coded in **BLUE**; materials appropriate for hospital or field use are designated in **RED**.

F. The MHOAC or his/her representative will determine the most appropriate method of transporting CHEMPACK containers/materials. (See ATTACHMENT C: RESPONSIBILITIES, AND PROCEDURES.) If applicable, the MHOAC or his/her representative may request the RDMHC's assistance for transporting CHEMPACK materials outside of the Monterey County Operational Area. When confirmed, the MHOAC or his/her representative will notify applicable parties of CHEMPACK transportation arrangements and estimated time of arrival. The dimensions and weight of the boxes contained in a CHEMPACK container can be found in Table 6.

G. CHEMPACK transportation resources may include:

    1. Fire agencies;

    2. Law enforcement (police, security, parks, Sheriff's Office, California Highway Patrol (CHP));

    3. County Office of Emergency Services (OES), Health Department, or EMS Agency;

    4. Ambulance providers;

    5. Hospital couriers; and

    6. Air assets (commercial and public).

H. The host facility POC will initiate the CHEMPACK Transfer Form and provide to the transporting/delivering agent for *any* transfer of CHEMPACK materials. (See ATTACHMENT B, PART 2: TRANSFER FORM.)

I. The Monterey County MHOAC will notify the Regional Disaster Medical Health Coordinator (RDMHC) of any CHEMPACK movement from host facilities or the opening of any CHEMPACK container. The RDMHC will inform the California Department of Public Health – Emergency Preparedness Office (CDPH/EPO) of any movement or deployment of CHEMPACK resources. CDPH/EPO will in turn notify CDC and any other state/federal entities.

J. The Monterey County MHOAC, Health Officer, or their representative may authorize locating the CHEMPACK container(s) and contents to any location within the Coastal Region (Region II) or State of California when directed by the RDMHC or higher authority.

K. Pre-emptive Movement (Staging) of CHEMPACK:

1. Pre-emptive movement is the relocation of a sealed CHEMPACK container to a site that will provide the same level of environmental and security control as the host facility. In addition, appropriate security must be provided to prevent any tampering with the container during transit.

2. Breaking the seal, removing any contents, or moving the container to a location without environmental and security controls constitutes deployment, not a pre-emptive movement, and must meet deployment criteria.

3. Pre-emptive movements may be requested by any emergency medical, public health, emergency management, hazardous materials, or other related agency in preparation for or response to a planned or occurring event deemed appropriate for CHEMPACK placement.

4. Any such request must be made to the RDMHC through the Monterey County MHOAC for approval. Unless there is an imminent or ongoing emergency, each request must be made to the RDMHC at least 48 hours prior to scheduled movement. The RDMHC will refer subject requests to CDPH/EPO for consideration. If an RDMHC is unavailable and there is an immediate need, subject request may be made directly to CDPH/EPO via the State's Warning Center.

REQUESTS FOR MUTUAL AID

A. Requests for additional resources are normally initiated by local medical/health providers, Incident Commanders, Operational Area coordinators of other disciplines (e.g. fire, law enforcement), the Operational Area OES, EOC Directors/Coordinators, or the RDMHC through the Emergency Communications Center (9-1-1). Emergency Communications (9-1-1) will forward the request to the MHOAC or EMS Agency Duty Officer for action. Requests of out-of-county resources should be made and received by a public safety dispatch or emergency communications.

B. CHEMPACK request will provide the following information:

1. Person/agency making the request;

2. Type/number of resources requested – nature of incident;

3. Response/staging location;

4. Estimated number of potential causalities;

5. Agent released; applicable safety/security/HAZMAT considerations; and

6. Contact person and communication methods/numbers.

C. The MHOAC is responsible for managing disaster medical resources, including personnel, equipment, and supplies. Resource management includes assessing disaster medical response needs, tracking available resources, and requesting or providing mutual aid. The status of local resources (e.g. numbers of available resources) within the Operational Area is assessed before requesting outside resources or submitting a resource request to the RDMHC/S.

D. Following an assessment of local resources, the MHOAC may request or provide mutual aid as conditions warrant. The MHOAC or his/her designee (e.g. EMS Agency Duty Officer) acts as the single-ordering authority for Operational Area medical and health mutual aid requirements.

E. The MHOAC shall provide the following information to the RDMHC/S for mutual aid requests:

1. Local tracking number;

2. Person/agency making request;

3. Type/number of resources requested;

4. Response location;

5.   Contact person;

6.   Resources support needs (e.g. fuel, water, food, lodging, etc.); and

7.   Applicable safety and security considerations.

F.   If required, the MHOAC may request the Health Department's Department Operations Center (DOC) or Operational Area EOC be activated to support the public health or medical event.

G.   The MHOAC is responsible for creating and maintaining documentation of all activities' communications.

MUTUAL AID REQUEST PROCEDURES

A.   The CDC CHEMPACK Program is intended to provide antidotes to respond to a nerve agent attack or an organophosphate exposure. A full Hospital CHEMPACK unit treats about 1,000 people; a full EMS CHEMPACK unit treats 450 people. Based upon Monterey County's population, the Operational Area has been allocated a total of three containers (potentially capable of treating up to 2,450 people). The MHOAC is responsible for responding to CHEMPACK requests from the RDMHC/S and resolving issues regarding the distribution of materials within the Operational Area.

B.   Requests for medical health mutual aid from other Operational Areas to Monterey County include the following activities:

1.   RDMHC/S contacts the MHOAC directly with the medical-health mutual aid request.

2.   If the MHOAC is not available, the EMS Duty Officer shall assume the duties of the MHOAC.

POST EVENT ACTIONS

A.   Incident documentation should begin as soon as possible following any emergency operation involving CHEMPACK. The documentation must include the following as a minimum:

1.   A thorough description of the incident and event;

2.   A list of approving officials (names, organizations, contact information, etc.);

3.   A comprehensive inventory of used and unused CHEMPACK materials; and,

4.   An after-action report (critique) of CHEMPACK deployment and recommended corrective action of any identified discrepancy or deficiency.

B.   Any unused CHEMPACK materials will be returned to the CHEMPACK host facility. As soon as possible, the Monterey County SNS Coordinator will provide the RDMHC, CHPD/EPO, and CDC a resupply request to replace used/expired CHEMPACK resources.

C.   Currently, the CHEMPACK Program is not funded to replace CHEMPACK supplies used for an emergency or disaster event. The CDC and state SN5 Coordinator will attempt to secure federal funding to restock expended CHEMPACK resources.

HOST FACILITY POINT OF CONTACT

A.   Each host facility has signed a Memorandum of Understanding (MOU) with CDPH concerning the storage, maintenance, and employment of the CHEMPACK container and supplies.

B. Each hosting facility has designated a primary point of contact and alternate that is responsible (24/7) for the storage and security of the CHEMPACK container housed in their facility, and will ensure compliance with local, state and federal regulatory laws, directives, and guidelines.

C. The host facility point of contact (POC) and/or alternate will notify the local and state Strategic National Stockpile (SNS) Coordinator of any changes to contact information within 24 hours.

D. Each CHEMPACK container is configured with a SENSAPHONE 2050®. The SENSAPHONE 2050® will be used to transmit information concerning the storage and deployment of the CHEMPACK to CDC, CDPH/EPO, and the host facility.

E. The California SNS Coordinator is responsible for managing the day-to-day operations and support of the CHEMPACK containers and host sites.

ATTACHMENT C: RESPONSIBILITIES, AND PROCEDURES

A. In the event of an emergency involving nerve agents or organophosphates, public safety first responders (e.g., fire agencies, law enforcement, medics, etc.) are critical to the rapid assessment of the incident and immediate deployment of CHEMPACK resources to the incident, essential to administer nerve agent antidotes as immediately following exposure. Therefore, it is important to recognize and communicate the potential need for CHEMPACK resources as soon as possible. Routes of exposure include: inhalation, ingestion, injection, and dermal absorption. Use the following matrix for exposure notification and symptoms:

Figure 2: RECOGNITION AND NOTIFICATION SUMMARY

NOTIFICATION	SIGNS AND SYMPTOMS: SUMMARY	SIGNS AND SYMPTOMS: IN-DEPTH
IF: ✓ **The event is a mass casualty incident (MCI)** —AND— ✓ **Exposure to a nerve agent or organophosphate pesticide is suspected** **CONTACT:** ✓ **Emergency Communications (9-1-1)** ✓ **Monterey County Emergency Medical Services (EMS) duty officer for access to the Medical Health Operational Area Coordinator (MHOAC)** ✓ **Environmental Health division of the Monterey County Health Department - (HAZMAT Incident)**	Clinical presentation can vary, but often includes a predictable toxic syndrome. **SLUDGE**, or **SLUDGEM**, is a mnemonic used to describe some of the most noticeable signs and symptoms of exposure to nerve agents, including organophosphate pesticides. S—Salivation L—Lacrimation (tear production) U—Urination D—Defecation G—Gastrointestinal upset E—Emesis (vomiting) —PLUS— M—Miosis (pupil constriction) —OR— M—Muscle Spasm	Clinical presentation may also include any of the following: - Headache - Restlessness - Convulsions - Loss of consciousness - Coma - Runny nose - Wheezing - Increased respiratory rate (early) - Decreased respiratory rate (late) - Increased heart rate (early) - Decreased heart rate (late) - High blood pressure (early) - Low blood pressure (late) - Arrhythmias / Dysrhythmias - Abdominal pain - Nausea - Weakness - Profuse sweating - Conjunctival injection (eye redness)

B. The Monterey County Emergency Communications Center in Salinas is the most likely recipient of a request to deploy a CHEMPACK to an emergency incident or medical facility.

C. The three (3) primary functions of the Emergency Communications Center are to: (a) receive the incident report, (b) contact the MHOAC via the EMS Duty Officer; and (c) provide CHEMPACK transportation and/or communication assistance if requested.

Figure 3: EMERGENCY COMMUNICATIONS (9-1-1) RESPONSIBILTIES AND PROCEDURES

Monterey County Emergency Communications (9-1-1) receives request for CHEMPACK deployment. Obtain staging location, type of exposure & estimated number of potential casualties from the Incident Commander or Hospital Emergency Department.

Monterey County Emergency Communications (9-1-1) immediately notifies the MHOAC or his/her representative and forwards application information. The MHOAC or his/her representative will contact NMC and/or CHOMP, and coordinate delivery/deployment of the CHEMPACK. Note: CHEMPACK deployment also requires notification of the HAZMAT Duty Officer.

The MHOAC or his/her representative may request the assistance of Emergency Communications to facilitate notification of CHEMPACK transporting entity; and forwarding the deployment status and ETA to the CHEMPACK requestor (Incident Commander or Medical Facility).

D. Upon notification the CHEMPACK has been requested and deployment has been approved, the CHEMPACK host facility is authorized to break the seal of the CHEMPACK container, and identify, dispense and transfer the amount of pharmaceuticals requested. Complete and provide to the transporter the Transfer Form (ATTACHMENT B, PART 2: TRANSFER FORM). Unless otherwise notified, stage designated CHEMPACK materials to the Emergency Department's entrance for pick-up/transport.

1. Out of County: CHEMPACK transportation and security-escort resources are provided by the requesting county/region.

2. In County: the MHOAC or his/her representative will coordinate.

Figure 4: PROCESS FOR IN- AND OUT-OF-COUNTY DEPLOYMENT

Host agency receives authorization to open and/or deploy CHEMPACK. Staging location and estimated number of casualties is obtained from MHOAC or his/her representative.

Deployment to locations outside Monterey County OR the pre-emptive movement of one or more CHEMPACK containers directed by the RDMHC:

Deployment or location within Monterey County:

Host Facility POC arranges for loading and transfer of custody; requestor provides transportation and security.

Break seal on container and separate required amounts of pharmaceuticals based on estimated/reported number of casualties.

Document amount of CHEMPACK supplies transferred to authorizing official; initiate/complete Transfer Form; stage CHEMPACK at pickup location.

Arrange for loading, delivery, and custody of CHEMPACK. MHOAC will coordinate transportation and security.

Restock unused (returned) CHEMPACK materials; provide after action inventory and replacement needs to Monterey County SNS Coordinator.

Document amount of CHEMPACK supplies transferred to authorizing official; initiate/complete Transfer Form; stage CHEMPACK at pickup location as appropriate.

Restock unused (returned) CHEMPACK materials; provide after action inventory and replacement needs to Monterey County SNS Coordinator.

E. Monterey County first responders are to follow the following recommended procedures in Figure 5.

Figure 5: FIRST RESPONDER RESPONSIBILITIES AND PROCEDURES

First Responder determines or suspects a release of a nerve agent or a large quantity of organophosphate compounds.

↓

Establish an Incident Command for a Multiple Casualty Incident (MCI) involving hazardous materials; implement the Monterey County MCI Plan and assign appropriate ICS positions.

↓

Establish a staging location; estimate the number of potential casualties to be treated and/or transported; and identify medical resources/requirements.

↓

Contact Emergency Communications, request CHEMPACK, and provide incident report.

↓

Assume custody and provide security; and deliver to the Incident's Medical Branch Director.

↓

Assign personnel to assume custody of controlled CHEMPACK pharmaceuticals; dispense in accordance with established protocols; document used CHEMPACK materials; inventory and return unused CHEMPACK supplies to the Host Facility upon termination of incident; complete custody/usage form.

F. Monterey County Medical and Health Operational Area Coordinator (MHOAC) CHEMPACK responsibilities and procedures are presented in Figure 6.

Figure 6: MHOAC RESPONSIBILITIES AND PROCEDURES

Monterey County Emergency Communications (9-1-1) receives request for CHEMPACK deployment (non-emergency number is 831-769-8888).

Emergency Communications (9-1-1) immediately notifies MHOAC or his/her representative regarding CHEMPACK request. MHOAC authorizes and coordinates deployment.

MHOAC directs deployment. POC: Jason Warren. Call 831-755-4314 (business hours) or 831-755-4111 (Duty Pharmacist).

MHOAC directs deployment. CHOMP CHEMPACK POC: Jim Hively. Call 831-625-4906 (Duty Pharmacist), 831-624-5311 (ask for Duty Pharmacist), or 831-625-4636 (Hively's office).

MHOAC arranges for CHEMPACK transportation/delivery; if needed, coordinates transportation with 9-1-1.

MHOAC informs Monterey County Op Area EOC/OES (831) 595-3500; (831) 796-1900 on CHEMPACK deployment/status; need for Op Area EOC activation.

MHOAC notifies the Coastal Region RDMHC on CHEMPACK status 925-570-9708 or 925-677-6439 (pager).

Monterey MHOAC informs San Benito MHOAC 831-524-1178 and/or Santa Cruz MHOAC 831-471-1183 on CHEMPACK deployment/status.

If unable to contact RDMHC, MHOAC notifies the State Warning Center at 916-845-8911

As warranted, MHOAC informs the CAO, Health Officer, Director of Health, and SNS Coordinator on CHEMPACK deployment/status/needs.

RDMHC or SOC will notify the State 5NS Coordinator or alternates at 916-208-7061 or 916-650-6438.

RDMHC or SOC will notify CDPH/EPO at 916-328-3605 (pager) or 916-328-9025 (cell).

State SNS Coordinator will inform the CDC of CHEMPACK status.

G. A recommended CHEMPACK transportation matrix is provided to assist Monterey County MHOAC notification and processing of deployment request (Figure 7).

Figure 7: CHEMPACK TRANSPORTATION

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┌─────────────────────────────────────────────────────────────────────┐
│  Monterey County Emergency Communications (9-1-1) receives request    │
│  for CHEMPACK deployment and immediately notifies the Medical and     │
│  Health Operational Area Coordinator (MHOAC) or his/her               │
│  representative at (831) 235-5403.                                     │
└─────────────────────────────────────────────────────────────────────┘
                               ⇓
┌─────────────────────────────────────────────────────────────────────┐
│  MHOAC authorizations CHEMPACK deployment; identifies CHEMPACK        │
│  container – pick up location, and arranges for transportation. If     │
│  needed, requests the assistance of Emergency Communications in        │
│  contacting transporter.                                              │
└─────────────────────────────────────────────────────────────────────┘
          ⇓                                          ⇓
┌──────────────────────────────┐      ┌──────────────────────────────┐
│ Internal: CHEMPACK deployment │      │ External: Mutual aid CHEMPACK │
│ request from a Monterey County│      │ request from Region or         │
│ Operational Area Incident      │      │ Neighboring County – non       │
│ Commander or medical facility  │      │ Monterey County Operational   │
│                                │      │ Area activity                  │
└──────────────────────────────┘      └──────────────────────────────┘
    ⇓                ⇓                       ⇓                ⇓
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CHOMP CHEMPACK (Hospital container)	NMC CHEMPACK (Hospital and/or EMS container)	CHOMP CHEMPACK (Hospital container)	NMC CHEMPACK (Hospital and/or EMS container)
Potential transporters:	**Potential transporters:**	**Potential transporters:**	**Potential transporters:**
- Monterey PD	- Salinas PD	- REQUESTOR	- REQUESTOR
- Monterey FD	- Salinas FD	- CALSTAR	- CALSTAR
- Sheriff's Office	- Sheriff's Office	- CHP	- CHP
- CHP	- CHP	- Sheriff's Office	- Sheriff's Office
- CALFIRE	- MCRFD	- AMR Supervisor	- AMR Supervisor
- CHOMP	- NMC	- CHOMP	- NMC
- CALSTAR	- CALSTAR	- EMS Duty Officer	- EMS Duty Officer
- AMR Supervisor	- AMR Supervisor		
- EMS Duty Officer	- EMS Duty Officer		

ATTACHMENT D: CHEMPACK POINTS OF CONTACT

Table 8: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CONTACTS

California Department of Public Health CHEMPACK Contacts					
Name	Title	Office Phone	Home Phone	Cell Phone	Email
Primary Contact					
Tom Ahrens	SNS Coordinator	916-650-6438	916-933-5879	916-208-7061	tahrens@dhs.ca.gov
Alternate Contact # 1					
Dana Grau	Sr. Consulting Pharmacist	916-319- 8187	209-466-9308	916-208-7058	dgrau@dhs.ca.gov

Table 9: MONTEREY COUNTY HOST FACILITY CONTACTS

Monterey County CHEMPACK Host Facility Contacts				
Facility Name	Address	Contact Person	# CHEMPACK CONTAINERS	Phone Number
Natividad Medical Center (NMC)	1441 Constitution Blvd Salinas, CA 93906	Jason Warren	2 (1 Hospital, 1 EMS)	a. 831-755-4314 (M-F Business Hours). b. 831-755-4111 (Non-Business Hours) – ask for Duty Pharmacist.
Community Hospital of the Monterey Peninsula (CHOMP)	23625 Holman Highway Monterey, CA 93942	Jim Hively	1 (Hospital)	a. 831-625-4906 (Rx) b. 831-624-5311 (Non Business Hours) – ask for Duty Pharmacist. c. 831-625-4636 (Jim Hively's office) d. 831-915-3161 (Jim Hively's cell)

Table 10: MONTEREY COUNTY (HEALTH DEPARTMENT) CONTACTS

Monterey County CHEMPACK Contacts					
Name	Title	Office Phone	Home Phone	Cell Phone	Email
Primary Contact					
Lin McCray	SNS/CHEMPACK Coordinator	831-755-4739	831-455-0763	831-809-7084	mccrayl@co.monterey.ca.us
	EMS Duty Officer			831-235-5403	

Table 11: OTHER CHEMPACK PROGRAM ADMINISTRATION CONTACTS

Other Program Administration Contact Numbers	
State Operations Center (SOC) Duty Officer (7/24)	916-845-8911
Region II RDMHC	925-570-9708 or 925-647-6439 (pager)
CDPH/EPO	916-328-3605 or 916-328-9025 (cell)
State SNS Coordinator:	916-208-7061 or 916-650-6438
Monterey County Emergency Communications Center	831-769-8888 (non-emergency)
Monterey County EMS Duty Officer (MHOAC)	831-235-5403
San Benito MHOAC	831-524-1178
Santa Cruz MHOAC	831-471-1183
CHOMP CHEMPACK Coordinator	831-625-4906 (Duty Rx); 831-624-5311; 831-625-4636; 831-915-3161
NMC CHEMPACK Coordinator	831-755-4314 or 831-755-4111 (Duty Rx)

APPENDIX D

ATTACHMENT A: CHEMPACK CONTENTS

A. Do not open cases unless otherwise directed, transfer only case lots in recommended quantities.

B. Monterey County has three CHEMPACK containers: 1 EMS container at NMC, 1 hospital container at NMC, and 1 hospital container at CHOMP.). A full hospital CHEMPACK unit treats about 1,000 people; a full EMS CHEMPACK unit treats 450 people (Table 1 and Table 3).

C. The most likely CHEMPACK deployment scenario is for a field incident that will employ auto-injectors to treat affected casualties.

D. Each container may be broken down and a subset of materials deployed if the estimated or reported number of casualties is less than the total number served by a full container. Estimates for such smaller deployments are provided in Table 2 and Table 4.

E. Mark I Auto-Injector Kits: One case of 240 units for 80 adult patients; normally three auto-injector kits treat one patient.

F. Diazepam (Valium) 5 mg auto-injectors (for patients experiencing seizures or convulsions): One case per 50 patients.

G. Non-auto-injector pharmaceuticals require separate ancillary supplies (Table 5) for administration (not included in CHEMPACK cache).[1]

Table 1: FULL EMS CHEMPACK CONTAINER CONTENTS (450 CASUALTIES)

EMS CHEMPACK CONTAINER FOR 450 CASUALTIES (maximum)				
	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	5	1200	Yellow
Atropine Sulfate 0.4mg/ml 20ml*	100	1	100	
Pralidoxime 1gm inj. 20ml*	276	1	276	
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	2	300	Green
Diazepam 5mg/ml vial, 10ml vial*	50	1	50	Orange
Sterile water for injection (SWFI) 20cc vials	100	2	200	White

Table 2: REFERENCE FOR DEPLOYMENT OF SUBSET OF FULL EMS CONTAINER CONTENTS

EMS CHEMPACK CONTAINER FOR 320 CASUALTIES (maximum)				
	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	4	960	Yellow
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green
EMS CHEMPACK CONTAINER FOR 240 CASUALTIES (maximum)				
	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	3	720	Yellow
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green

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[1] Items noted with * will require ancillary CHEMPACK supplies for administration.

EMS CHEMPACK CONTAINER FOR 160 CASUALTIES (maximum)	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	2	480	Yellow
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green

EMS CHEMPACK CONTAINER FOR 80 CASUALTIES (maximum)	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	1	240	Yellow
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green

Table 3: FULL HOSPITAL CHEMPACK CONTAINER CONTENTS (1000 CASUALTIES)

HOSPITAL CHEMPACK CONTAINER FOR 1000 CASUALTIES (maximum)	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	2	480	Yellow
Atropine Sulfate 0.4mg/ml 20ml*	100	9	900	Blue
Pralidoxime 1gm inj. 20ml*	276	10	2760	
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green
Diazepam 5mg/ml vial, 10ml vial*	50	13	650	Orange
Sterile water for injection (SWFI) 20cc vials	100	28	2800	White

Table 4: REFERENCE FOR DEPLOYMENT OF SUBSET OF FULL HOSPITAL CONTAINER CONTENTS

HOSPITAL CHEMPACK CONTAINER FOR 500 CASUALTIES (maximum)	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	1	240	Yellow
Atropine Sulfate 0.4mg/ml 20ml*	100	5	500	Blue
Pralidoxime 1gm inj. 20ml*	276	5	1380	
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green
Diazepam 5mg/ml vial, 10ml vial*	50	10	500	Orange
Sterile water for injection (SWFI) 20cc vials	100	14	1400	White
HOSPITAL CHEMPACK CONTAINER FOR 250 CASUALTIES (maximum)	Unit Pack	Cases	QTY	Color Code
	240	1	240	Yellow
Mark I Auto-Injector	100	3	300	Blue
Atropine Sulfate 0.4mg/ml 20ml*	276	3	828	
Pralidoxime 1gm inj. 20ml*	144	1	144	Purple
Atropine 0.5mg Auto-Injector	144	1	144	Grey
Atropine 1.0mg Auto-Injector	150	1	150	Green
Diazepam 5mg/ml Auto-Injector	50	5	250	Orange
Sterile water for injection (SWFI) 20cc vials	100	9	900	White
HOSPITAL CHEMPACK CONTAINER FOR 50 CASUALTIES (maximum)	Unit Pack	Cases	QTY	Color Code
Mark I Auto-Injector	240	1	240	Yellow
Atropine Sulfate 0.4mg/ml 20ml*	100	1	100	

Pralidoxime 1gm inj. 20ml*	276	1	276	
Atropine 0.5mg Auto-Injector	144	1	144	Purple
Atropine 1.0mg Auto-Injector	144	1	144	Grey
Diazepam 5mg/ml Auto-Injector	150	1	150	Green
Diazepam 5mg/ml vial, 10ml vial*	50	1	50	Orange
Sterile water for injection (SWFI) 20cc vials	100	3	300	White

H. Ancillary supplies are NOT included in the CHEMPACK cache and will not normally be transported or supplied in conjunction with CHEMPACK deployment or staging. Healthcare providers should assess their respective inventories for administering non-auto-injector CHEMPACK supplies and take appropriate action. Table 5 is provided to aid in planning for these ancillary supplies.

Table 5: ANCILLARY SUPPLIES NEEDED FOR CHEMPACK DEPLOYMENT

NON-FIELD DEPLOYMENT PLANNING – ANCILLARY CHEMPACK SUPPLIES					
	Unit Pack	Cases Needed to Administer EMS Container	Total Quantity Needed to Administer EMS Container	Cases Needed to Administer Hospital Container	Total Quantity Needed to Administer Hospital Container
Saline mini-bag 100cc (0.9% 100ml IV Piggyback mix)	96	2	192		384
IV Starter Kits	100	2	200		400
IV Catheter, 20 gauge, 1 ¼ inch	200	2	400		400
Safety Glide 10cc 20 gauge x 1 ½ inch	600	1	600		1200
IV Administration Set, micro drip 60 GTS non-vented	48	4	192		384
IV Catheter, 24 gauge 1 ¼ inch	200	1	200		200

Table 6: CHEMPACK CONTAINER SIZE AND WEIGHT SPECIFICATIONS

EMS CHEMPACK CONTAINER FOR 450 CASUALTIES									
Product	UOM	Unit Pack	Int. Pack	Total Pack	Height Inch	Width Inch	Length Inch	QTY	Case Lbs.
Mark 1 auto-injector with-240 kits	CS	8	30	240	13.25	19.00	13.50	5	39.5
Atropine Sulfate 0.4mg/ml 20ml-100 vials*	CS	4	25	100	6.13	5.63	13.50	1	12.0
Pralidoxime 1gm inj 20ml-276 vials*	CS	46	6	276	11.81	14.00	12.31	1	11.5
Atropine 0.5mg.-144 injectors	CS	12	12	144	14	10.50	19.18	1	16.8
Atropine 1.0mg.-144 injectors	CS	12	12	144	14	10.50	19.18	1	16.8
Diazepam 5mg/ml auto-injector-150 injectors	CS	10	15	150	9.5	8.50	24.24	2	20.0
Diazepam 5mg/ml vial, 10ml-25 vials*	CS	10	5	50	6	6.50	2.75	1	3.6
Sterile water for injection (SWFI) 20ml-100 vials	CS	4	25	100	13	6.63	6.00	2	7.2

HOSPITAL CHEMPACK CONTAINER FOR 1000 CASUALTIES									
Product	UOM	Unit Pack	Int. Pack	Total Pack	Height Inch	Width Inch	Length Inch	QTY	Case Lbs.
Mark 1 auto-injector-240 kits	CS	8	30	240	13.25	19.00	13.50	2	39.5
Atropine Sulfate 0.4mg/ml 20ml-100 vials	CS	4	25	100	6.13	5.63	13.50	9	12.0
Pralidoxime 1gm inj 20ml-276 vials	CS	46	6	276	11.81	14.00	12.31	10	11.5
Atropine 0.5mg.-144 injectors	CS	12	12	144	14	10.50	19.18	1	16.8
Atropine 1.0mg.-144 injectors	CS	12	12	144	14	10.50	19.18	1	16.8
Diazepam 5mg/ml auto-injector-150 injectors	CS	10	15	150	9.5	8.50	24.24	1	20.0
Diazepam 5mg/ml vial, 10ml-25 vials	CS	10	5	50	6	6.50	2.75	13	3.6
Sterile water for injection (SWFI) 20ml-100 vials	CS	4	25	100	13	6.63	6.00	28	7.2

ATTACHMENT B, PART 1: CHEMPACK MATERIAL TRANSFER

A. Documented chain-of-custody is mandatory for all CHEMPACK substances.

B. The CHEMPACK Transfer Form (Figure 1, ATTACHMENT B, PART 2: TRANSFER FORM) is a three-page carbonless form that allows for a documented chain-of-custody. Table 7 summarizes the form components.

Table 7: CHEMPACK MATERIAL CHAIN OF CUSTODY DOCUMENTATION

PAGE	PAGE COLOR	SECTION TO BE COMPLETED:	SECTION COMPLETED BY:	PAGE RETAINED BY:
1	White	PART A, BOX 1	Hospital Pharmacist	Hospital Pharmacist
		PART A, BOX 2	Transporting Entity	
2	Yellow	PART B, BOX 3	Requesting Agency	Hospital Pharmacist
		PART B, BOX 4	Requesting Agency	
		PART B, BOX 5	Hospital Pharmacist	
		PART B, BOX 6	Hospital Pharmacist	
3	Pink	N/A	N/A	Medical Health Operational Area Coordinator (MHOAC) and Strategic National Stockpile (SNS) Coordinator

1. **Part A:** Part A is completed by the hospital pharmacist at the CHEMPACK host facility and the entity tasked with moving the materials to the destination. **Box 1** is to be completed by the hospital pharmacist. **Box 2** should be completed by the transporting entity. **Upon completion of Part A, Page 1 is retained by the hospital pharmacist.**

2. **Part B:** Part B is completed by the requesting agency and the hospital pharmacist. Upon receipt of the CHEMPACK materials, the requesting agency acknowledges delivery by the transporting entity in **Box 3**. **Box 4** is completed once incident response is completed by the requesting agency to document the number of units (*not* cases) used. The hospital pharmacist then fills in **Box 5** with the number of unused units (again, *not* cases) returned to the host facility. **Box 6** is completed by the hospital pharmacist to acknowledge receipt of this form and/or unused materials from the requesting agency. **Upon completion of Part B, Page 2 is retained by the hospital pharmacist.**

3. The Notes section may be utilized by any person entering information onto the form. It is optional except in cases when numerical discrepancies exist.

4. **The pink is provided to the Monterey County SNS Coordinator via the MHOAC.**

5. The CHEMPACK Transfer Forms are stored with the containers and are the initial responsibility of the host facility to document the issue, custody, and control of CHEMPACK materials.

6. A separate form should be used for each CHEMPACK container being accessed.

7. If there are multiple delivery locations identified, the host facility will prepare a separate CHEMPACK Transfer Form for each location; participants will follow the aforementioned procedures for chain-of-custody documentation.

ATTACHMENT B, PART 2: TRANSFER FORM
Figure 1: CHEMPACK TRANSFER FORM

	PART A

BOX 1

CHEMPACK Host Facility: ☐ CHOMP ☐ NMC | Contact Phone Number:

CHEMPACK Identification #:

Hospital Pharmacist Name/Signature:

Date/Time: | Incident Location:

ENTIRE CHEMPACK CONTAINER (ALL MATERIALS)   ☐ YES   ☐ NO

CHEMPACK MATERIALS	Units per Case (Standard)	# Cases Deployed (Total)
Mark I Auto-Injector	240	
Atropine Sulfate 0.4mg/ml 20ml	100	
Pralidoxime 1gm inj. 20ml	276	
Atropine 0.5mg	144	
Atropine 1.0mg	144	
Diazepam 5mg/ml auto-injector * *Controlled Substance*	150	
Diazepam 5mg/ml vial, 10ml vial * *Controlled Substance*	50	
Sterile water for injection (SWFI) 20cc vials	100	

BOX 2

Transporter Received from Host Facility (Signature):

Name/Title/Badge # (Print):
Agency:

Phone Number: | Date/Time:

	PART B

BOX 3

Requesting Agency Received from Transporter (Signature):

Name/Title/Badge # (Print): | Delivery/Transfer Location:

Phone Number: | Date/Time:

CHEMPACK MATERIALS	BOX 4 **# Units Used (Total)** *To be completed by Requesting Agency*	BOX 5 **# Units Returned (Total)** *To be completed by Hospital Pharmacist*
Mark I Auto-Injector		
Atropine Sulfate 0.4mg/ml 20ml		
Pralidoxime 1gm inj. 20ml		
Atropine 0.5mg		
Atropine 1.0mg		
Diazepam 5mg/ml auto-injector * *Controlled Substance*		
Diazepam 5mg/ml vial, 10ml vial * *Controlled Substance*		
Sterile water for injection (SWFI) 20cc vials		

BOX 6

Hospital Pharmacist Received from Requesting Agency (Signature):

Name/Title/Badge #:

Phone Number: | Date/Time:

Notes:

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