

Public Health and Medical Emergency Function (EF 8)

Howard Backer, MD, MPH, FACEP
Director,

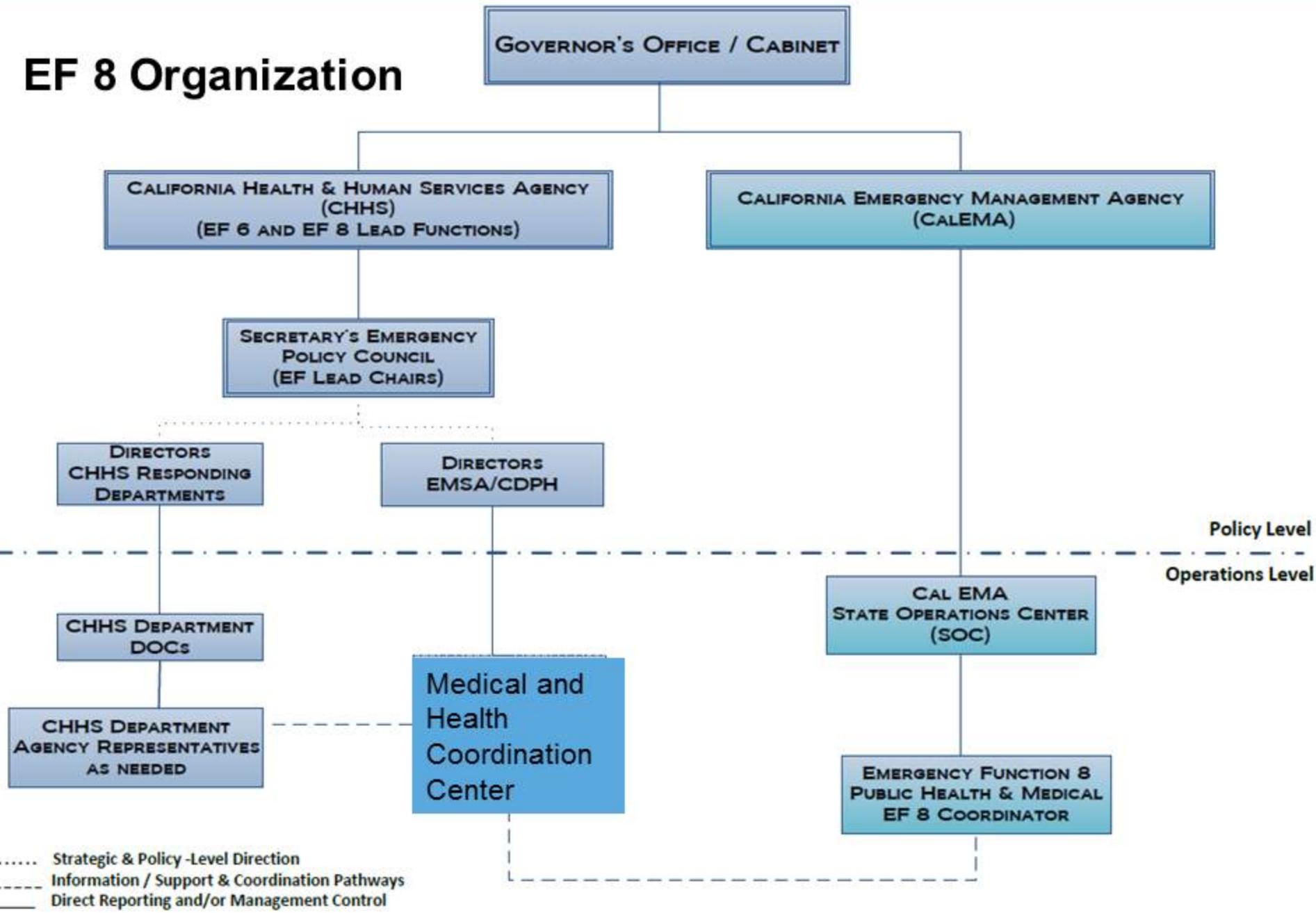
CA Emergency Medical Services Authority (EMSA)

SWEPC July, 2014

EF 8

The mission of EF 8 is to strengthen collaboration and coordination among public health, environmental health and medical stakeholders that have the legal authorities, resources and capabilities to support local jurisdictions during emergencies that affect public health, environmental health and/or medical services, and by so doing, save lives, protect health and safety, and preserve the environment.

EF 8 Organization



Role of CHHS in Emergency Response

- Ensure coordination of CHHS departments and integration of activities to support EF 6 and 8
 - May delegate functions to Departments
- Provide strategic/policy-level direction
- Coordinate public information
- Liaison and communication point for GO and other agencies

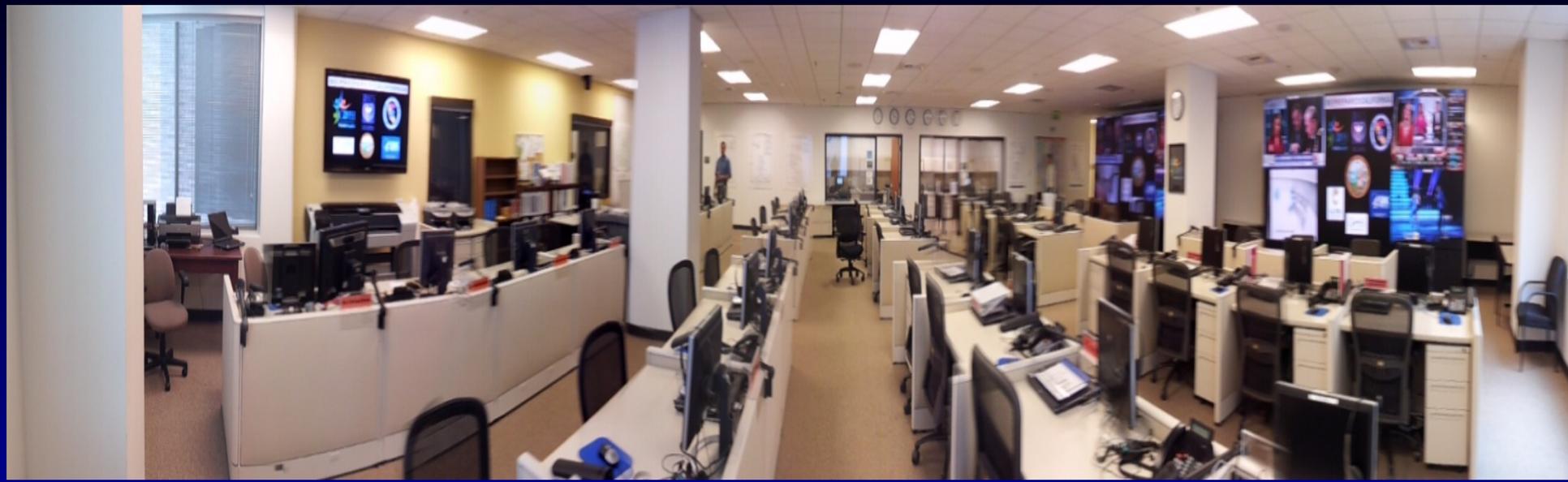
Secretary's Emergency Policy Council

- CHHS Secretary, and/or designee, the EF Lead, and appropriate CHHS Directors
- Addresses strategic, policy, and politically sensitive emergency management issues
- May expand to form a Multi-Agency Coordination (MAC) Group with other state agencies and/or public/private partners

EF Lead: Executive Liaison to Emergency Management Structure

- Facilitates the Secretary's Emergency Policy Council (SEPC) and may chair the Council
- Identifies strategic, policy level, and politically sensitive issues to elevate to the SEPC
- Assists CHHS Secretary and CHHS Communications and External Affairs with communication and coordination to state agencies and key stakeholders (G.O., Agency Secretaries)
- Ensure coordination and integration across CHHS departments
- Provides situation updates to the CHHS Secretary

Emergency Operations Center Health and Medical Coordination Center



- Coordination of information
 - Situation awareness calls and status reports
- Set operational priorities and strategies
- Coordinate CHHS departments
- Staff EF 8 at State Operations Center
- Coordination with federal ESF 8

Emergency Operation Manual (EOM)

- Under EF 8, coordinates operations between local jurisdictions and State, consistent with SEMS
 - Public Health and Medical Response Functions
 - Incident and information reporting
 - Resource requesting
 - Function specific topics
 - Organizational structure and procedures for all types of health and medical events

Health and Medical (EF 8) Integration

Health and Safety Code 1797.150-153

- Medical health operational area coordinator (MHOAC)
- Regional disaster medical and health coordinator (RDMHC and RDMHS)
 - Mobilize and coordinate emergency medical services mutual aid resources
 - Assist the Office of Emergency Services in the preparation of the emergency medical services component of the SEP

- (1) Assessment of immediate medical needs.
- (2) Coordination of disaster medical and health resources.
- (3) Coordination of patient distribution and medical evaluations.
- (4) Coordination with inpatient and emergency care providers.
- (5) Coordination of out-of-hospital medical care providers.
- (6) Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services.
- (7) Coordination of providers of nonfire based prehospital EMS
- (8) Coordination of temporary field treatment sites.
- (9) Surveillance and epi analyses of community health status.
- (10) Assurance of food safety.
- (11) Management of exposure to hazardous agents.
- (12) Provision or coordination of mental health services.
- (13) Medical and health public protective action recommendations.
- (14) Provision or coordination of vector control services.
- (15) Assurance of drinking water safety.
- (16) Assurance of the safe management of hazardous wastes.
- (17) Investigation and control of communicable disease



Medical Surge Capacity

A healthcare system's ability to expand quickly beyond normal services to meet an increased demand for medical care.

Necessary health care resources

- Beds, Staff, supplies and equipment

Coordination/support of public health

- Epidemiology/Surveillance
- Environmental (CBRNE)
- Facility licensing

State Role in Medical Surge

- Monitor health care system stress
- Support continuity of operations
- Surge equipment and stockpiles
- Medical volunteers and health teams
- Coordinate mutual aid for health care
- Patient load balancing
- Allocation of scarce resources
- Occupational healthcare issues

Hospital Surge Operations



Guidebook

Fifth Edition 2014



Hospital Incident Command HICS

Project Sponsored by



With Support from



Contract Support Team



MCI (Hwy 5N, Glen Co) 10 dead, > 30 injured



Asiana Air Crash



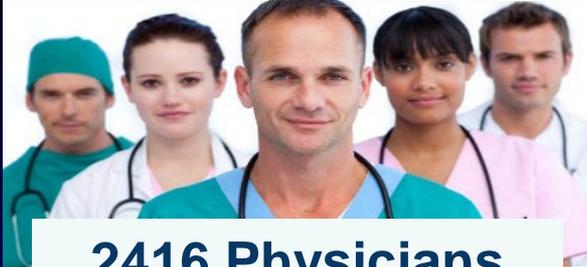
Ambulance Strike Teams (AST)

- Emergency medical transportation for movement of moderate numbers of patients
- Team of 5 staffed ambulances, a strike team leader and leader vehicle, with communications and supplies for up to 72 hours



Disaster Healthcare Volunteers

As of 5/2014



2416 Physicians



7729 Nursing Services



2407 EMS



992 Pharmacy Service



854 Hospital Ancillary



689 Animal Service



446 Social Services



1245 Mgnt & Support Services





CaIMAT

MRC



Mobile Field Hospital



DoD Health Surge Resources



Public Health Program Response Areas

- Lab capacity
- Epidemiological Investigation / Surveillance
- Environmental Health
- Food, Drug, and Radiation Safety
- Food Recalls
- Radiological Incidents
- Infectious Diseases
- Licensing and Certification/Healthcare Facilities
- Hazardous Materials

Public Health Resources

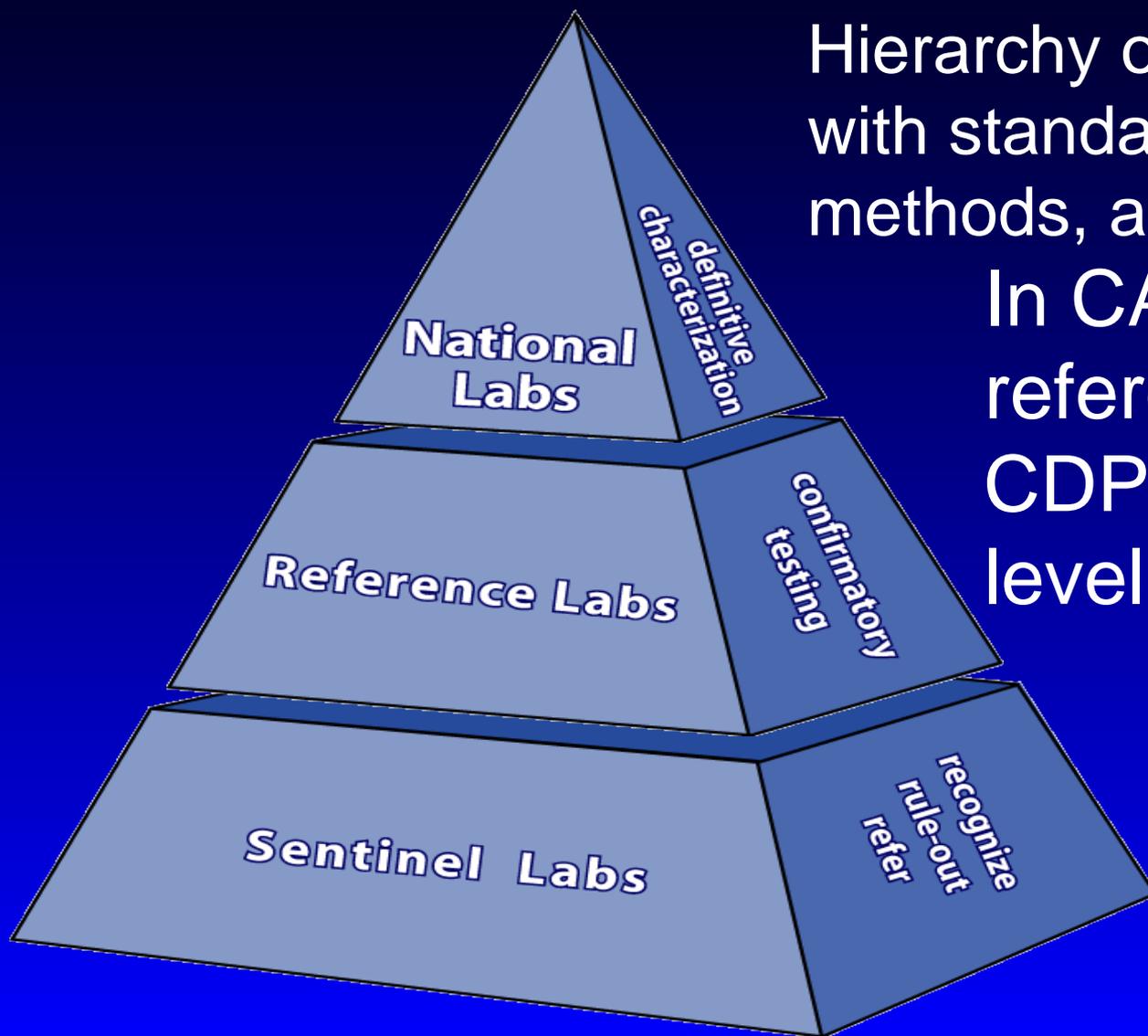
- Medical countermeasures
 - Medical supplies, pharmaceuticals, and equipment
 - Antivirals
 - N95 respirators
 - Ventilators
 - CHEMPACK Program



Federal Strategic National Stockpile



Laboratory Response Network for Biological and Chemical Emergencies

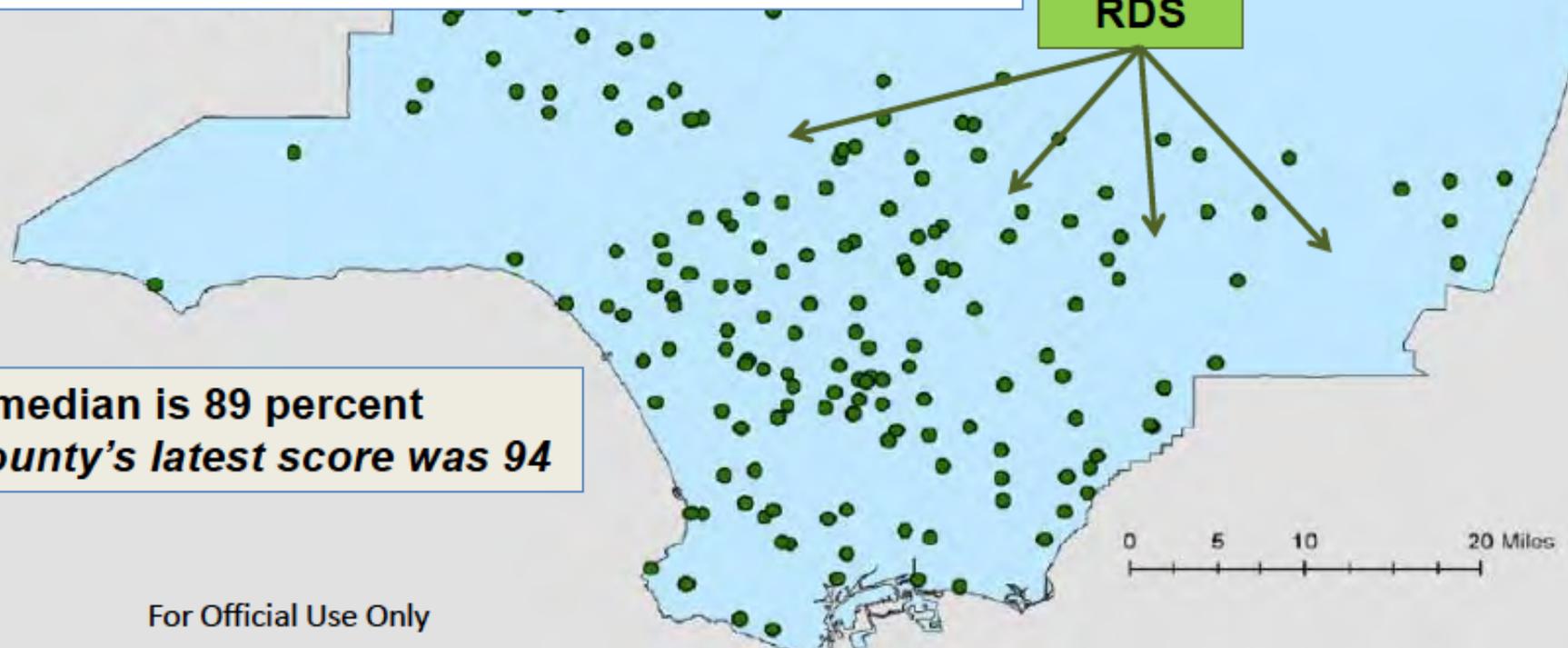


Hierarchy of laboratories with standardized protocols, methods, and reagents

In CA, 19 biologic reference labs; only CDPH and LAC are level C

Los Angeles MCM Plan

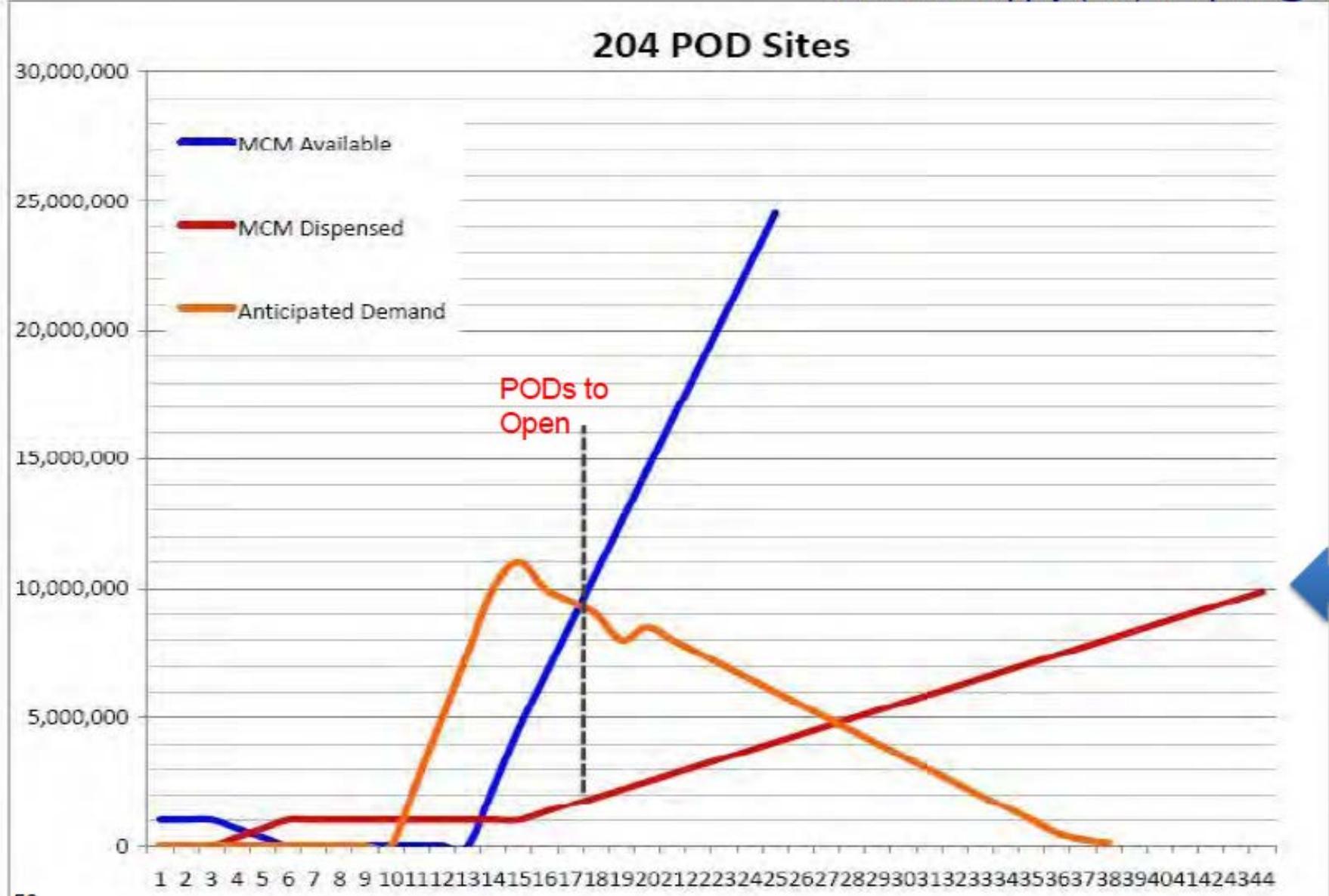
- Population: 13M (Residents, Commuters, Tourists)
- Receipt Storage and Staging (RSS) Sites: 3
- Public Points of Dispensing (PODs): 204
- Staffing Needed for PODs and RSS: ~15,000/12-hr shift
- Staff Needed for Security: ~2,500
- Current MRC Volunteers: 4,000
- Current LA City and County Employees: 135,000
- Estimated POD Throughput: 1,500/hour +



MSA median is 89 percent
LA County's latest score was 94

10. MCM Availability:

Current Plan:
RSS/RDS → PODs: 3 hr delay
204 PODs: 1,500/hr dispensing
Sufficient Supply (5m) to open @ Hr 15



EF 8 Priorities

- EF 8 Coordinator policies, procedures, training
- EF 8 Emergency Resource Directory
- Update/revise the EOM
- Disaster mental health planning
- Statewide Medical and Health Exercises
- Catastrophic plans
- Patient movement
- Crisis standards of care

Sandy Evacuation

Northridge Earthquake



Northridge Olive View Hospital



Patient Movement and Tracking In the field to facilities and interfacility



Train and exercise together



**GG
2013**



Vision for Healthcare Resiliency

1. Broad community health care participation in coalitions
2. All health care providers see preparedness as a core responsibility
3. Additional trained healthcare volunteers
4. Hospital drills and planning for mass casualty and disasters
5. Community support for medically fragile
6. Robust mental health response capacity