

ARE YOU READY FOR A DISASTER?

**The *EMS Provider Agencies Disaster Workshop*
is free to all LA County**

**Public and Private EMS Providers
September 17, 2014 08:30 -13:00
Good Samaritan Hospital Conference Center**

Register at:

<http://lacountyprovideragencyworkshop.eventbrite.com>

- DO YOU HAVE BACK-UP STRATEGIES/ TACTICS IF YOUR SYSTEMS FAIL?
- DO YOU KNOW WHERE YOU FIT INTO THE LA COUNTY RESPONSE SYSTEM?

If you answered NO to any of these questions,
You need to attend this workshop!

The workshop will include:

- Breakfast, 2 hrs EMS CE* and Parking
- Strategy review/discussion
- Unified Command and FOAC overview
- State EMSA representative to discuss reimbursement



Recommended prerequisites: FEMA IS 100, 200 and 700 online courses –
<http://www.fema.gov/national-incident-management-system/training>

*EMS continuing education will be given for the last 2 hours of the workshop
through John Ospital, Disaster Medical Management,
California EMS CEP #19-0602, 10430 Slusher Drive, Santa Fe Springs, CA 90670
Objectives and CVs available upon request
Workshop funded by the Hospital Preparedness Program (HPP)

For more information contact: Elaine Forsyth eforsyth@dhs.lacounty.gov 562-347-1647



Agenda:

EMS Provider Agency Disaster Workshop, September 17, 2014

7:30 – 8:30	Registration and Breakfast
8:30 – 8:35	Welcome & Overview Roel Amara (LA County EMS Agency)
8:35 – 9:00	Strategies Overview: <ul style="list-style-type: none">- Mass Medical Care Model (MMCM)- EMS Provider Agency Disaster Workgroup Elaine Forsyth (LA County EMS Agency)
9:00 – 10:15	Breakout Table Sessions: <ul style="list-style-type: none">- Strategies review and discussion Facilitators (Workgroup Members/EMS Agency Staff)
10:15 – 10:30	Report Back and Closing Remarks

Disaster Medical Response

10:40 – 10:45	Overview/Objectives
10:45 – 11:15	Unified Command and Fire Operational Area Coordinator (FOAC) <ul style="list-style-type: none">- Unified Command Captain Douglas Zabilski (LAFD)- FOAC Overview Captain Terry Millsaps (LACoFD)
11:15 – 11:45	Ambulance Transportation Coordination <ul style="list-style-type: none">- National Ambulance Contract Kenneth Liebman (General Manager, LA County Operations of American Medical Response)
11:45 - 12:30	Reimbursement <ul style="list-style-type: none">- State and Federal Disaster Response Reimbursement Michael Frenn (Emergency Medical Services Authority)- Lessons Learned from AST Deployments William Weston (Care Ambulance)

PROVIDER DISASTER SURGE STRATEGIES

Workshop Draft 8.27.14

Note: Strategies may not be appropriate for all providers or all incidents

A. DISPATCH

Staff			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change /issues/considerations
1	<ul style="list-style-type: none"> - Unable to maintain staffing to answer calls - Staff overwhelmed by call volumes - Patient calls exceed the available EMS resources 	<ul style="list-style-type: none"> - Implement tiered dispatch examples include: <ul style="list-style-type: none"> - Single unit response - Dispatch based on call type - Decline dispatch to non-life threatening calls and refer them to nurse advice line (2-1-1, PH, etc.) - Use prerecorded message to filter calls (e.g. "If you are calling about the incident at City Hall, we have units responding; if you have a life threatening emergency, press # 1; if you do not have a life-threatening emergency and would like to speak with a nurse, press #2") - Use of JIC messaging 	<ul style="list-style-type: none"> - Need to include PH
Space			
2	<ul style="list-style-type: none"> - Dispatch center and back-up center inoperable 	<ul style="list-style-type: none"> - All dispatch centers should have alternate locations or partnerships with other dispatch centers - Consider a location in another county - Have remote sites where calls can be diverted to e.g. regional dispatch centers, EOA contracts, etc. - Coordinate with Primary PSAP (Public Safety Answering Point) to transmit incident/response instructions to jurisdictional fire/EMS provider 	<ul style="list-style-type: none"> - Can be applied to the centers that are overwhelmed or have technology impact issues

Stuff			
3	Employees stranded/working for extended periods of time	<ul style="list-style-type: none"> - Have a plan for stocking or obtaining emergency provisions (food, blankets, personal hygiene items, etc.) - Encourage personal preparedness at home and at work (e.g. cell phone chargers, extra medication, etc.) 	
Mode of Operations			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change /issues/considerations
4	<ul style="list-style-type: none"> - Unable to maintain staffing to answer calls - Staff overwhelmed by call volumes - Patient calls exceed the available EMS resources - Inability to use current dispatch center 	<ul style="list-style-type: none"> - Hook up smaller dispatch centers to larger ones for support prior to incidents 	<ul style="list-style-type: none"> - Systems may not be compatible

B. TREATMENT

Staff			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/issues/considerations
5	<ul style="list-style-type: none"> - Staff unable to report to work: e.g. impassable roads, incapacitated vehicles, or other reason/direct effects of the incident 	<ul style="list-style-type: none"> - Implement "Reduction in Staffing Plan" - Have alternate location for staff to report to e.g. EOC, incident command, staging area, closest facility, battalion headquarters, etc. in the event that communication lines are inoperable - Request mutual aid partners to assist through SEMS - Ambulance companies should develop business continuity plans - Encourage staff to register as DHVs - Establish procedure to accept volunteers through the DHV registry - Consider using CERT volunteers for support positions e.g. security, traffic standby, etc. - EMS Agency to waive staffing policy - EMS Agency to allow providers to utilize staff sponsored by another approved LA County agency 	<ul style="list-style-type: none"> - Consider writing a plan if none exists - Ambulance companies should consider arranging a place for their staff to report to. LACoFD utilizes a Disaster Information Card which includes areas to report to according to type of personnel e.g. On-duty personnel (Type A) should report to their primary work location. If unable to do so, they report to the nearest battalion headquarters; Off-duty (Type B) personnel should contact their nearest battalion headquarters within 4 hours after the event and report availability status. These cards are distributed to all personnel at hire and annually. - There are currently 285 PM and EMTs in the DHV registry however providers do not have a mechanism to use volunteers at this time - Waiver of 408, ALS Unit Staffing - Waiver of sponsorship requirement in 803 and 1006 (approved by Dr. Koenig)
	<ul style="list-style-type: none"> - Resource/staffing shortages therefore unable to respond to all patients - System overwhelmed as public requests for assistance exceed available resources 	<ul style="list-style-type: none"> - Staff to assess, treat and release those that do not have life-threatening complaints - Have collection points for Public Safety Answering Points (PSAP) 	<ul style="list-style-type: none"> - Requires base contact waiver from EMS Agency to direct providers to follow 806 and transport to most appropriate facility

		<ul style="list-style-type: none"> - Implement 519, Management of MCIs if applicable - Use 806 and transport to most appropriate receiving facility 	- Utilization of START/ Jump START triage
Stuff			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/issues/considerations
6	- Running low on treatment supplies	<ul style="list-style-type: none"> - Determine alternate vendors and sources of supplies - Use of established resource requesting through DHS DOC - Encourage conservation of PPE and supplies 	
Mode of Operations			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/issues/considerations
7	- Inability to take patients to specialty centers	<ul style="list-style-type: none"> - EMS Agency to waive criteria and guidelines on patient destination for duration of the incident - Attempt should be made to transport patients to most appropriate facility as able e.g. STEMI to SRC, etc. 	- Obtain waivers from EMS Agency for all transportation and destination policies
8	- Unable to contact base station due to volume of calls or communications down	- Use 806 Procedures Prior to Base Contact and transport without base contact to most appropriate facility as able	
9	- Incident requires mass prophylaxis or treatment	- Expansion of EMS providers role e.g. vaccinating	
10	- Many patients to treat with limited resources and time	- To expedite treatment of patients while continuing to track them – consider use of triage tags, multi-patient MCI forms (hard copy or electronic), ICS 214 forms or triage tags instead of writing/inputting on a regular EMS report for each patient	- Ideally all patients should have a PCR

C. TRANSPORT

Staff			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/ issues/considerations
11	- There are wait times for ambulance personnel at acute care facilities	<ul style="list-style-type: none"> - Permit providers to leave facility immediately in order to go back into service - Use alternate care sites identified by the EMS Agency e.g. clinics, ambulatory surgery centers, etc. 	<ul style="list-style-type: none"> - EMS Agency to issue direction to receiving facilities to release providers immediately with no wait time - Health & Safety Code suspension required from L&C to transport to anywhere other than an approved 9-1-1 receiving facility - Alternate sites will be coordinated through the MAC
12	- Staff unable to report to work: e.g. due to impassable roads, incapacitated vehicles, or other reason/direct effects of the incident	<ul style="list-style-type: none"> - Implement "Reduction in Staffing Plan" - Request mutual aid partners to assist through SEMS - Ambulance companies should develop continuity of operations plan - Request staff from Disaster Healthcare Volunteers (DHV) registry - Use BLS to transport ALS patients - Transport multiple patients in 1 ambulance 	Reference No. 519

Stuff			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/ issues/considerations
13	- Not enough ambulances to transport all patients	<ul style="list-style-type: none"> - Designate ambulance transport solely for moderately/seriously ill or injured patients - Use alternative transportation e.g. small buses to transport minor patients - Transport more than 1 patient per ambulance - Use alternate transport vehicle to access patients in areas where ambulances are unable to get to e.g. trucks, quads, ATV, etc. 	
14	- Running low on supplies	<ul style="list-style-type: none"> - Recommend each company maintain a 72 hours supply of stock and have a policy to reflect this - Utilize normal restocking procedures if able - Request supplies through DMSU distribution - Restock supplies from hospital stock - Request resources through the DHS DOC standardized procedure 	
15	- Fuel supply issues for responders	<ul style="list-style-type: none"> - Need written county-wide plan for accessing fuel in a disaster situation - Consider assigning fuel numbers/billing codes to contracted ambulance companies - Each company should have a fuel plan. Consider contracting with gas companies and require that all vehicles maintain at least half a tank of gas at all times 	<ul style="list-style-type: none"> - No current written plan in place - County ISD has temporary/generic account numbers that can be assigned to County staff for distribution of fuel to non-county departments that are assisting with response - ISD Customer Assistance Center can be reached at 562-940-3305 - ISD has plan to send employee to fueling stations (ISD, Sheriff's stations, etc.) to keep track of who is using the fuel for billing purposes - Fuel tankers (wet hosing) - Look into a regional fuel plan/contract with neighboring counties

Mode of Operations

16	- Vehicle maintenance issues	- Each company should have a fleet management plan addressing items such as refueling, replacement of tires, etc.	
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D. COORDINATION AND COMMUNICATION

Staff			
#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/ issues/considerations
17	- Inability to communicate with all providers	<ul style="list-style-type: none"> - All providers need to be able to access same communication channels i.e. radios capable of accessing med channels - Recommend all private ambulance companies have radios for communication during disasters that do not require access of cell towers - All providers, both public and private, should follow the established communication pathways and protocols - Have alternate location for staff to report to e.g. EOC, incident command, staging area, closest facility, battalion headquarters, etc. in the event that communication lines are inoperable 	
18	- Compromised communication systems	- All providers use a unified command in a central area or pre-designated Public Safety Answering Point (PSAP)	
Staff			
19	- Inability to communicate with all providers	- All private ambulance companies to have radios for communication during disasters that do not require access of cell towers	- Cost for smaller ambulance companies
Mode of Operations			
20	- Inability to use current communication method	<ul style="list-style-type: none"> - Perform area surveys/sweeps (district recon; windshield survey; jurisdictional survey, etc.) - Establish communication failure protocols - Use of HAM radio operators and/or satellite phones if available - Use of notification tools e.g. Everbridge, Mir3 	- LA County EMS Agency looking into accounts for providers (2015)

#	Indicators/Triggers	Strategies/Tactics	Regulation/policy change/ issues/considerations
21	- Public unable to access 911 in a large scale disaster	<ul style="list-style-type: none"> - Coordinate Public notices and service announcements with Joint Information Center - Utilize social media, CalTrans, Freeway information line, etc. 	- Not all departments utilize or have access to social media sites

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