



Los Angeles County Medical and Health Operational Area Coordination Program

Allocation of Scarce Resources Guide

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A handwritten signature in blue ink that reads "Cathy Chidester".

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Allocation of Scarce Resources Guide

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Purpose

The purpose of the *Los Angeles County Medical and Health Operational Area Coordination (MHOAC) Program Allocation of Scarce Resources Guide* and its included *Assessment Worksheets* is to provide health-related departments with **an all-hazards standardized approach and decision-making tool that can be used during incident response to allocate scarce resources.**

The *Guide* document provides the framework and context in which the allocation of scarce resources will occur.

The *Assessment Worksheets* are designed to be quickly implemented. They will be used as a tool to help in decision-making for scarce resources only, not all resource allocation. The final decision for scarce resource allocation will be made by incident response leadership.

Scope: Operational Area

In the event of a local emergency, the MHOAC coordinates disaster medical, mental health, and public health resources within the operational area (OA), and is the point of contact for coordination with the Regional Disaster Medical and Health Coordinator/Specialist Program.

The Los Angeles County OA is home to five health-related departments. Collectively, these agencies serve to enhance and protect the health and well-being of all those who reside within the jurisdiction (over 10 million people). During an emergency or disaster, in addition to its residents, these agencies will also serve those who come in to the area to work, study, or visit.

The health departments that serve the Los Angeles OA are:

- Los Angeles County Department of Health Services
- Los Angeles County Department of Mental Health
- Los Angeles County Department of Public Health
- Long Beach Department of Health and Human Services
- Pasadena Public Health Department

While the EMS Agency Director (Department of Health Services) serves as the MHOAC, each department is responsible for the resources under its purview. Collectively, they must support disaster response efforts through the coordination of resources, especially when resources are scarce. Resource allocation should be coordinated by assessing resource availability and needs, tracking resources, and identifying and performing optimal resource allocation. This process helps inform incident decision-making from response through recovery.

Scope: Department Operations Centers

Each health department's Department Operations Center (DOC) should use this *Guide* and appropriate *Assessment Worksheet* to assist in the management of their respective scarce resources. The *Assessment Worksheet* is a tool to help in the decision-making process when a resource has been identified as scarce.

It is important to note that completion of the *Assessment Worksheet* does not make the decision, rather it is an aid to help in the decision-making process. The final decision for scarce resource allocation will be made by DOC leadership.

Triggers

The need to allocate scarce resources may be a result of:

- The size of a request is larger than anticipated and may quickly overwhelm current resources
- The number of requests exceeds available resources / existing resources
- Resources received need to be distribute for incident response (e.g., Strategic National Stockpile (SNS) resources, etc.).

Resources and Scarce Defined

This *Guide* and the *Assessment Worksheets* are designed to be used from an all-hazards approach, and so there are numerous resources that may be used in a given incident response, and changing incident conditions may affect which of those resources becomes scarce.

Definition: Resource

Categorically, the resources used under this *Guide* are:

- Medical, mental health and public health resources
- Supplies, personnel, equipment, and services

These resources may originate from the following sources:

- Disaster Staging Facility (DSF)
- Local and pre-deployed caches
- Disaster Resource Center (DRC) caches
- Federally-funded assets
- Strategic National Stockpile (SNS)
- Other resources arriving based on the incident

Definition: Scarce

The definition of scarce used in this *Guide* is: **Insufficient resources to meet demand.**

The cause of the scarcity may include the following, however the end result is that resources are not available or they are expected to run out and will not be able to meet expected demand:

- Increased utilization
- Demand likely to outpace replenishment
- Low initial on-hand supply
- Damage to initial stockpiles
- Supply chain problems including manufacturing and transportation
- Unanticipated needs

Overarching Principle: Greatest Benefit / Greatest Impact

With the ultimate goal of being able to enhance and protect the health and well-being of residents during an emergency or disaster, and to additionally serve those who work, study, or visit the operational area, the overarching principle of this *Guide* is to assist DOC Managers make decisions that have the greatest benefit and the greatest impact while being good stewards of the available resources.

Ethical Framework

The *Guide* and the *Assessment Worksheets* are based on an ethical framework. The Technical Advisory Committee identified numerous underlying ethical considerations that guide the approach, content and use of the *Assessment Worksheets*.

Accountability: holding decision-makers responsible for their actions

Apolitical: having no interest or involvement in political affairs

Beneficence: preserving the welfare of others through affirmative acts to promote well-being and save lives

Fairness: applying consistent, equitable, and nondiscriminatory policies and practices

Proportionality: demanding policies necessary and proportional to the scope and severity of the circumstances

Respect for persons: upholding individual autonomy, privacy, dignity, and bodily integrity

Solidarity: shared obligations and social cohesion

Stewardship: preserve the effectiveness and impact of these resources and services as best as possible

Transparency: providing open access to information and decision-making processes

Utility: achieving the greatest good for the greatest number

Veracity: truth-telling

These ethical considerations were framed, in part, from those identified in the Guidelines for Ethical Allocation of Scarce Medical Resources and Services During Public Health Emergencies in Michigan by the Michigan Department of Community Health, 2012, page 2. Additionally, AHRQ's 2012 Evidence Report: Allocation of Scarce Resources During Mass Casualty Events was reviewed especially the public's concerns regarding strategies to allocate scarce resources. For a full list of references, see Appendix C.

Assumptions and Considerations

- This process is not intended to be utilized for all resources to be allocated, but focused on scarce resources.
- The DOC has the authority to allocate the resource.
- Standard resource requesting procedures are already in place and will be followed. These procedures are in accordance with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).
- The requestor is unable to obtain resources within a reasonable time frame from vendors, contractors, MOU/MOAs, corporate offices, and other non-traditional sources.
- Attempts at conservation, reutilization, adaption, and substitution have been performed maximally.
- The first request received does not automatically get the resource.
- Facility size is not a factor.
- Not all available scarce resources may be immediately allocated or distributed in anticipation of how the incident may develop.
- Allocation may be impacted by whether more of the resource or alternate resource becomes available, based on incident projection and needs.

Scarce Resource Allocation Assessment Process

All of the five health-related departments have agreed to use this *Guide and Assessment Worksheets* when resources are scarce. Each department/DOC will determine the exact procedures and staff involved in the assessment and decision-making process.

In general, upon determination in a DOC that a resource is or will become scarce:

1. A DOC staff member will be assigned to complete the *Assessment Worksheet*.
2. A separate worksheet should be used for each request.
3. The *Assessment Worksheets* will be reviewed by DOC leadership who will then determine how the resource will be allocated.

Assessment Worksheets

The *Assessment Worksheets* identify potential impacts and benefits if the requestor/recipient is allocated the resource. Each impact/benefit consideration is given a point value, and the more items that are checked off, the higher the final point tally will be. When comparing requests, a higher final point tally will be a proxy to indicate higher impact and increased benefit.

There are three versions to reflect the focus of the department using the tool. The three *Assessment Worksheets* are:

- Health Services
- Mental Health
- Public Health

Worksheet Layout

Page 1 – Front: Contains a series of boxes 1-17 that are to be completed so that an assessment can be made.

Page 2 – Back: Contains the instructions on how to complete the *Assessment Worksheet*. The box numbers on Page 1 correspond to the instruction box numbers.

Allocation of Scarce Resources Assessment Worksheet**Department of Health Services (DHS)**

1. Incident Name:			2. Date:	3. Time:	
4. Requesting Entity:		5. Requestor Tracking #:	6a. Resource Description /b. RRMH Item #:/#		
7. The requestor is able to receive and support the implementation and use of this resource: <input type="checkbox"/> Yes - Continue to #8 <input type="checkbox"/> No – STOP. Comment: <input type="checkbox"/> N/A. Comment:					
IMPACT / PREDICTABILITY OF BENEFIT				Points/Max Pts	
8. Requestor assessment status / involvement in incident response: <input type="checkbox"/> BLACK (40 pts) <input type="checkbox"/> RED (30 pts) <input type="checkbox"/> ORANGE (20 pts) <input type="checkbox"/> YELLOW (10 pts) <input type="checkbox"/> GREEN (0 pts) OR use the following scale: <input type="checkbox"/> Heavily impacted (40 pts) <input type="checkbox"/> Moderately impacted (20 pts) <input type="checkbox"/> Minimally impacted (0 pts)				/40	
The allocation of this resource to this requestor:					
9.	Will support the following:				
	<input type="checkbox"/> Hospitals (10 pts)			/10	
	<input type="checkbox"/> Ambulatory Surgery Centers (5 pts)		<input type="checkbox"/> Community Health Centers (Clinics) (5 pts)	/10	
	<input type="checkbox"/> Correctional Health Services (5 pts)		<input type="checkbox"/> Dialysis Centers (5 pts)	/10	
	<input type="checkbox"/> EMS Providers (5 pts)		<input type="checkbox"/> Home Health/Hospice Care (5 pts)	/10	
	<input type="checkbox"/> Long Term Care (5 pts)		<input type="checkbox"/> Other (5 pts)	/10	
10.	Will have the following benefits (10 pts each):				
	<input type="checkbox"/> Increase surge capability for: <input type="checkbox"/> Pediatric (10 pts) <input type="checkbox"/> Trauma/Burn (10 pts)			/20	
	<input type="checkbox"/> Sustain normal operations not related to the surge incident				/10
	<input type="checkbox"/> Increase surgical/operating room capacity				/10
	<input type="checkbox"/> Allow a facility to remain open				/10
	<input type="checkbox"/> Support AFN and/or special needs sector(s)				/10
	<input type="checkbox"/> Enhance infection control capability				/10
	<input type="checkbox"/> Increase isolation capacity				/10
	<input type="checkbox"/> Increase decontamination capability				/10
	<input type="checkbox"/> Support the main care provider in the impacted area				/10
<input type="checkbox"/>				/10	
11.	Priority of item requested: <input type="checkbox"/> Emergent (10 pts) <input type="checkbox"/> Urgent (5 pts) <input type="checkbox"/> Sustainment (0 pts)			/10	
				12. Total Points	
13.					
14a. County resources are required to transport this resource: <input type="checkbox"/> Yes (go to #14b) <input type="checkbox"/> No <input type="checkbox"/> N/A					
14b. County transport is available: <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Notes or comments:					
16. Completed by:		17. Reviewed by:			

Allocation of Scarce Resources Assessment Worksheet – Instructions

Department of Health Services (DHS)

Purpose: The Assessment Worksheet is a tool to help in decision-making. The final decision for scarce resource allocation will be made by DOC leadership.

Completed by: DOC position identified in DOC procedures.

USE A SEPARATE WORKSHEET FOR EACH REQUEST.

Box #	Box Title	Instructions
1	Incident Name	Enter the name assigned to the incident by the Incident Commander.
2	Date	Enter the date using a mm/dd/yyyy format when the worksheet is being completed.
3	Time	Enter the time using a 24-hour clock (i.e., 7:00pm = 1900) when the worksheet is being completed.
4	Requesting Entity	Enter the name of the facility/agency/organization who is requesting resources, or the facility/agency/organization that may potentially receive a pushed resource.
5	Requestor Tracking #	<ul style="list-style-type: none"> • Enter the number submitted by the Requesting Entity on the Resource Request Medical and Health (RRMH) Form, if submitted. • Indicate N/A if a RRMH form has not been submitted.
6a	Resource Description	Enter a one or two word description of the resource being requested, e.g., N95 respirators.
6b	RRMH Item #	<ul style="list-style-type: none"> • Enter the line item number from the RRMH Form, if submitted. • Indicate N/A if a RRMH form has not been submitted.
7	The requestor is able to receive and support the implementation and use of this resource	Enter the appropriate answer. Contacting the requestor may be required to complete this assessment.
8	Requestor assessment status	Refer to ReddiNet status, or conduct a DOC assessment.
9	Will support the following	Check all boxes that apply, then tally the points across and enter the total in the right column.
10	Will have the following benefits	<ul style="list-style-type: none"> • Check all boxes that apply, then enter 10 points in the right column. • Use the blank rows to add considerations for a specific incident.
11	Priority of item requested	Check one box, and enter the corresponding points in the right column. <i>Definition:</i> Emergent is <12 hours; Urgent is >12 hours.
12	Total Points	Add up all of the points in right column, and enter the total here.
13	User Defined	This box may be used for any purpose as needed.
14a	County resources are required to transport this resource	Enter the appropriate answer.
14b	County transport is available	If the answer to #14a is Yes, answer this question.
15	Notes or comments	Enter any notes or comments about the request, resource, etc.
16	Completed by	Enter the name of the person completing the worksheet.
17	Reviewed by	Enter the name of the person reviewing the worksheet.

Allocation of Scarce Resources Assessment Worksheet**Department of Mental Health (DMH)**

1. Incident Name:		2. Date:	3. Time:
4. Requesting Entity:	5. Requestor Tracking #:	6. Resource Description	/RRMH Item #: #

7. The requestor is able to receive and support the implementation and use of this resources:*Note: This item is not applicable to DMH requests.*

IMPACT / PREDICTABILITY OF BENEFIT			Points/Max Pts
8. Requestor assessment status / involvement in incident response: <input type="checkbox"/> Heavily impacted (40 pts) <input type="checkbox"/> Moderately impacted (20 pts) <input type="checkbox"/> Minimally impacted (0 pts)			/40
The allocation of this resource to this requestor:			
9.	Will support the following:		
	<input type="checkbox"/> DMH facility/program (5 pts)	<input type="checkbox"/> PH Point of Dispensing (POD) (5 pts)	/10
	<input type="checkbox"/> DMH or County staff (5 pts)	<input type="checkbox"/> Family Assistance Center (FAC) (5 pts)	/10
	<input type="checkbox"/> Disaster shelter (5 pts)	<input type="checkbox"/> (Hospital) Family Info Ctr (FIC) (5 pts)	/10
	<input type="checkbox"/> Disaster location (5 pts)	<input type="checkbox"/> Memorial site (5 pts)	/10
	<input type="checkbox"/> Childcare/educational institutions (5 pts)	<input type="checkbox"/> Health Agency Disaster Ops (5 pts)	/10
10.	Will have the following benefits (10 pts each):		
	<input type="checkbox"/> Maintain ongoing DMH services		/10
	<input type="checkbox"/> Increase coping and resiliency for DMH or County staff		/10
	<input type="checkbox"/> Increase crisis mental health services and follow up referrals		/10
	<input type="checkbox"/> Increase community-based outreach meetings and disaster recovery education		/10
	<input type="checkbox"/> Provide support for public information and messaging for reassurance efforts		/10
	<input type="checkbox"/> Reduce the surge of psychological casualties to health care facilities		/10
	<input type="checkbox"/> Support AFN and/or special needs sector(s)		/10
	<input type="checkbox"/>		/10
	<input type="checkbox"/>		/10
11.	Priority of item requested: <input type="checkbox"/> Emergent (10 pts) <input type="checkbox"/> Urgent (5 pts) <input type="checkbox"/> Sustainment (0 pts)		/10
			12. Total Points
13. <input type="checkbox"/> APPROVED (DMH MGMT) <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> PARTIALLY APPROVED			
14a. County resources are required to transport this resource: <input type="checkbox"/> Yes (go to #14b) <input type="checkbox"/> No <input type="checkbox"/> N/A			
14b. County transport is available: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Notes or comments:			
16. Completed by:		17. Reviewed by:	

Allocation of Scarce Resources Assessment Worksheet – Instructions**Department of Mental Health (DMH)**

Purpose: The Assessment Worksheet is a tool to help in decision-making. The final decision for scarce resource allocation will be made by DOC leadership.

Completed by: DOC position identified in DOC procedures.

USE A SEPARATE WORKSHEET FOR EACH REQUEST.

Box #	Box Title	Instructions
1	Incident Name	Enter the name assigned to the incident by the Incident Commander.
2	Date	Enter the date using a mm/dd/yyyy format when the worksheet is being completed.
3	Time	Enter the time using a 24-hour clock (i.e., 7:00pm = 1900) when the worksheet is being completed.
4	Requesting Entity	Enter the name of the facility/agency/organization who is requesting resources, or the facility/agency/organization that may potentially receive a pushed resource.
5	Requestor Tracking #	<ul style="list-style-type: none"> • Enter the number submitted by the Requesting Entity on the Resource Request Medical and Health (RRMH) Form, if submitted. • Indicate N/A if a RRMH form has not been submitted.
6a	Resource Description	Enter a one or two word description of the resource being requested, e.g., N95 respirators.
6b	RRMH Item #	<ul style="list-style-type: none"> • Enter the line item number from the RRMH Form, if submitted. • Indicate N/A if a RRMH form has not been submitted.
7	The requestor is able to receive and support the implementation and use of this resource	Skip. This item is not applicable to DHM requests.
8	Requestor assessment status	Enter the appropriate answer.
9	Will support the following	Check all boxes that apply, then tally the points across and enter the total in the right column.
10	Will have the following benefits	<ul style="list-style-type: none"> • Check all boxes that apply, then enter 10 points in the right column. • Use the blank rows to add considerations for a specific incident.
11	Priority of item requested	Check one box, and enter the corresponding points in the right column. <i>Definition:</i> Emergent is <12 hours; Urgent is >12 hours.
12	Total Points	Add up all of the points in right column, and enter the total here.
13	Approval Status	Enter the appropriate answer
14a	County resources are required to transport this resource	Enter the appropriate answer.
14b	County transport is available	If the answer to #14a is Yes, answer this question.
15	Notes or comments	Enter any notes or comments about the request, resource, etc.
16	Completed by	Enter the name of the person completing the worksheet.
17	Reviewed by	Enter the name of the person reviewing the worksheet.

Allocation of Scarce Resources Assessment Worksheet**Public Health**

1. Incident Name:			2. Date:	3. Time:
4. Requesting Entity:	5. Requestor Tracking #:	6. Resource Description /RRMH Item #:/#		
7. The requestor is able to receive and support the implementation and use of this resource: <input type="checkbox"/> Yes - Continue to #8 <input type="checkbox"/> No – STOP. Comment: <input type="checkbox"/> N/A. Comment:				
IMPACT / PREDICTABILITY OF BENEFIT				Points/Max Pts
8. Requestor assessment status / involvement in incident response: <input type="checkbox"/> BLACK (40 pts) <input type="checkbox"/> RED (30 pts) <input type="checkbox"/> ORANGE (20 pts) <input type="checkbox"/> YELLOW (10 pts) <input type="checkbox"/> GREEN (0 pts) OR use the following scale: <input type="checkbox"/> Heavily impacted (40 pts) <input type="checkbox"/> Moderately impacted (20 pts) <input type="checkbox"/> Minimally impacted (0 pts)				/40
The allocation of this resource to this requestor:				
9.	Will support the following:			
	<input type="checkbox"/> Public Health Clinics (PHC) (5 pts)		<input type="checkbox"/> Point of Dispensing (POD) (5 pts)	
	<input type="checkbox"/> Schools (5 pts)		<input type="checkbox"/> Airports/Ports (5 pts)	
	<input type="checkbox"/> Disaster Shelters (5 pts)		<input type="checkbox"/> EMS Providers (5 pts)	
	<input type="checkbox"/> Jails (5 pts)		<input type="checkbox"/> Other (5 pts)	
10.	Will have the following benefits (10 points each):			
	<input type="checkbox"/> Increase outbreak reduction/prevention capability			
	<input type="checkbox"/> Enhance infection control capability			
	<input type="checkbox"/> Increase epidemiological investigation capability			
	<input type="checkbox"/> Increase access to medical countermeasures			
	<input type="checkbox"/> Allow a facility to remain open, e.g., PHC, POD, etc.			
	<input type="checkbox"/> Support AFN and/or special needs sector(s)			
	<input type="checkbox"/> Enhance specimen collection and processing			
	<input type="checkbox"/> Enhance mass fatality management			
	<input type="checkbox"/> Enhance environmental hazard mitigation			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
11.	Priority of item requested: <input type="checkbox"/> Emergent (10 pts) <input type="checkbox"/> Urgent (5 pts) <input type="checkbox"/> Sustainment (0 pts)			/10
				12. Total Points
13.				
14a. County resources are required to transport this resource: <input type="checkbox"/> Yes (go to #14b) <input type="checkbox"/> No <input type="checkbox"/> N/A				
14b. County transport is available: <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Notes or comments:				
16. Completed by:		17. Reviewed by:		

Allocation of Scarce Resources Assessment Worksheet – Instructions Public Health

Purpose: The Assessment Worksheet is a tool to help in decision-making. The final decision for scarce resource allocation will be made by DOC leadership.

Completed by: DOC position identified in DOC procedures.

USE A SEPARATE WORKSHEET FOR EACH REQUEST.

Box #	Box Title	Instructions
1	Incident Name	Enter the name assigned to the incident by the Incident Commander.
2	Date	Enter the date using a mm/dd/yyyy format when the worksheet is being completed.
3	Time	Enter the time using a 24-hour clock (i.e., 7:00pm = 1900) when the worksheet is being completed.
4	Requesting Entity	Enter the name of the facility/agency/organization who is requesting resources, or the facility/agency/organization that may potentially receive a pushed resource.
5	Requestor Tracking #	<ul style="list-style-type: none"> • Enter the number submitted by the Requesting Entity on the Resource Request Medical and Health (RRMH) Form, if submitted. • Indicate N/A if a RRMH form has not been submitted.
6a	Resource Description	Enter a one or two word description of the resource being requested, e.g., N95 respirators.
6b	RRMH Item #	<ul style="list-style-type: none"> • Enter the line item number from the RRMH Form, if submitted. • Indicate N/A if a RRMH form has not been submitted.
7	The requestor is able to receive and support the implementation and use of this resource	Enter the appropriate answer. Contacting the requestor may be required to complete this assessment.
8	Requestor assessment status	Refer to ReddiNet status, or conduct a DOC assessment.
9	Will support the following	<p>Check all boxes that apply, then tally the points across and enter the total in the right column.</p> <p><i>Note:</i> Schools refers to daycare, preschool, K-12, and colleges.</p>
10	Will have the following benefits	<ul style="list-style-type: none"> • Check all boxes that apply, then enter 10 points in the right column. • Use the blank rows to add considerations for a specific incident.
11	Priority of item requested	<p>Check one box, and enter the corresponding points in the right column.</p> <p><i>Definition:</i> Emergent is <12 hours; Urgent is >12 hours.</p>
12	Total Points	Add up all of the points in right column, and enter the total here.
13	User Defined	This box may be used for any purpose as needed.
14a	County resources are required to transport this resource	Enter the appropriate answer.
14b	County transport is available	If the answer to #14a is Yes, answer this question.
15	Notes or comments	Enter any notes or comments about the request, resource, etc.
16	Completed by	Enter the name of the person completing the worksheet.
17	Reviewed by	Enter the name of the person reviewing the worksheet.

Appendix A: Legal Authorities and References

Federal

- 2012-2016 US DHHS ASPR Healthcare Preparedness Capability 3: Emergency Operations Coordination, Function 3: Support healthcare response efforts through coordination of resources: Identify available healthcare resources, Resource management implementation, Public health resource support to healthcare organizations, Managing and resupplying resource caches, and Inventory management system.
- 2017-2022 US DHHS ASPR Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination, Objective 3: Coordinate Response Strategy, Resources, and Communication, Activity 1: Identify and Coordinate Resource Needs during an Emergency.
- CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning March 2011. CAPABILITY 3: Emergency Operations Coordination, Function 4: Manage and sustain the public health response, Task 2: Track and account for all public health resources during the public health response.
- National Incident Management System

State

- California Code of Regulations, Title 19, Division 2, Chapter 1 - Standardized Emergency Management System
- California Health and Safety Code §1797.153 – Medical Health Operational Area Coordination (MHOAC)
- California Health and Safety Code §101025-101165 – Powers and Duties of Local Health Officers and Local Health Departments
- California Public Health and Medical Emergency Operations Manual

Local

- Los Angeles County Code Title 2 Chapter 2.68 Emergency Services

Appendix B: Glossary and Acronym List

Assistant Secretary for Preparedness and Response (ASPR): ASPR was created to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support to augment state and local capabilities during an emergency or disaster.

Centers for Disease Control and Prevention (CDC): CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

Department Operations Center (DOC): The physical location at which the coordination of information and resources to support incident management (including on-scene operations) activities normally takes place. Under SEMS, DOCs are organized by the incident command system.

DHS: Los Angeles County Department of Health Services

DHHS: Department of Health and Human Services

Disaster Resource Center (DRC): One of a limited number of volunteer hospitals which, upon designation by the LA County EMS Agency, is responsible for developing plans, relationships and procedures to enhance hospital surge capacity for responding to a terrorist/disaster event in a geographical area. Each DRC is also responsible for maintaining a pharmaceutical cache and medical/surgical cache in a constant state of readiness.

Disaster Staging Facility (DSF): An LA County warehouse where resources are kept ready for deployment. Also the location where resources are received and prepared for deployment.

DMH: Los Angeles County Department of Mental Health

DPH: Los Angeles County Department of Public Health

Hospital Preparedness Program (HPP): As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.

Incident: An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, aircraft accidents, earthquakes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Medical Health Operational Area Coordinator (MHOAC): Responsible for ensuring the development of a medical and health disaster plan for the operational area in cooperation with the county health officer, local EMS agency, county office of emergency services, local public health department, local office of environmental health, local department of mental health, and local fire department, the Regional Disaster and Medical Health Coordinator, and the regional office of the CA Office of Emergency Services.

National Incident Management System (NIMS): A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

Operational Area (OA): Under SEMS, the operational area means an intermediate level of the state's emergency management organization which encompasses the county and all political subdivisions located within the county including special districts. The operational area manages and / or coordinates information, resources, and priorities among local governments within the operational area, and serves as the coordination and communication link between the local government level and regional level.

Resources: The resources that will be managed in this Guide are medical, mental health and public health resources, and include supplies, personnel, equipment, and services. These resources may include DSF/local and other pre-deployed caches, DRC caches, Federally-funded assets, SNS, State resources, and other resources arriving based on the incident.

Scarce Resource: Any resource that is insufficient to meet demand.

Standardized Emergency Management System (SEMS): SEMS unifies all elements of California's emergency management community into a single integrated system and standardizes key elements. SEMS incorporates the Incident Command System, California Disaster and Civil Defense Master Mutual Aid Agreement, the OA concept, and multiagency or inter-agency coordination. Local government entities must use SEMS to be eligible for any reimbursement of response-related costs under the state's disaster assistance programs.

Strategic National Stockpile (SNS): The nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. The stockpile ensures the right medicines and supplies are available when and where needed to save lives. Managed by the CDC.

Appendix C: Resources and References

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