



Los Angeles County Medical and Health Operational Area Coordination Program

Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)

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On behalf of the health and medical agencies within Los Angeles County, we present the Concept of Operations (CONOPS) of the *Los Angeles County Medical and Health Operational Area Coordination Emerging Infectious Disease Healthcare Annex*. This CONOPS was developed in partnership between the Los Angeles County Department of Public Health, Los Angeles County Emergency Medical Services Agency, Los Angeles County Department of Mental Health, Long Beach Department of Health and Human Services and Pasadena Department of Public Health.

An emerging infectious disease event in Los Angeles County will present a significant challenge from which to respond to and recover from, and requires a robust plan that outlines the strategic goals and mission areas of a health and medical response, and also provides the operational detail necessary to implement such a response.

Record of Changes

Date	Version	Changes	By
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Introduction

Emerging infectious Diseases (EIDs), on the decline for much of the 20th century due to medical advances such as vaccinations and improvements to sanitation, have rematerialized as a serious threat to public health in the United States. As factors such as globalization, population growth and movement, urbanization, and technology have facilitated global travel, emerging infectious diseases once again necessitated comprehensive public health planning, strategization, and response. Diseases such as HIV, West Nile, Ebola, and SARS exacted severe tolls on human health, as well as various healthcare systems.¹ In 2014, despite only four U.S. cases and one death, the West African Ebola Virus Disease (EVD) outbreak deeply impacted United States healthcare. The EVD outbreak in particular highlighted gaps in hospital and public health EID outbreak strategy, response training, and resource preparation.

As one of the largest, most populous and ethnically diverse counties in the world, Los Angeles County is one of the most vulnerable to an Emerging Infectious Disease threat. The Los Angeles County healthcare system in particular is one of the largest in the world and immeasurably complex. Preparing this system - Los Angeles County's vast, disparate array of medical providers, first responders, first receivers, public health and emergency management partners - for the anticipated response required during an EID event is essential to managing scarce resources, protecting human health and mitigating the spread of disease.

Stakeholders in Los Angeles County Operational Area Healthcare System

- Acute Care Hospitals
- Community Health Centers
- Private Healthcare Providers
- Skilled Nursing Facilities
- Dialysis Centers
- Ambulatory Surgery Centers
- EMS Providers
- LA County Healthcare Agency
- Long Beach Department of Health and Human Services
- Pasadena Public Health Department
- Private Practice Physicians
- Regional/State/Local partners

Los Angeles County Healthcare System Snapshot (As of June 2018)

- 101 Hospitals
- 171 Ambulatory Surgery Centers
- 451 Skilled Nursing Facilities
- 161 Community Health Centers
- 198 Dialysis Centers
- 73 EMS Providers
- 17,280 Private Practice Physicians

¹ Centers for Disease Control and Prevention, MMWR, 4/15/94, Vol. 43

Purpose

This document serves as the Health and Medical Concept of Operations (CONOPS) for an emerging infectious disease (EID) within the Los Angeles County Operational Area. This *Emerging Infectious Disease (EID) Healthcare System Annex* CONOPS describes the goals, objectives, strategies, and responsibilities necessary to provide a coordinated, system-based healthcare response to a range of Emerging Infectious Disease events within Los Angeles County. It serves as a hazard-specific annex to the MHOAC Program Manual and works in conjunction with the *Los Angeles County Department of Public Health Emergent Disease Readiness, Response, and Recovery Annex (2014)* to address potential issues faced in response to an EID in Los Angeles County.

This CONOPS is an overarching document, with references to key federal, state, and regional partnerships, strategic concepts and critical operational capabilities and functions. It will be supplemented by additional Operational Plans - documents, plans and resources that provide specific guidance and direction to various response audiences—agencies, facilities and clinicians—during an EID event. This plan is compliant with and conforms to the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) guidelines.

This Annex is modular, and assumes each incident will require a tailored activation and utilization of the EID Healthcare System Annex. The Annex can be adjusted to address scenarios varying by the infectious disease agent, size and/or overall severity.

Planning Scope

This *EID Healthcare System Annex* is a critical component of the *Los Angeles County Department of Public Health Emergent Disease Readiness, Response, and Recovery Annex* to facilitate and enhance County-level response and coordination. As evidenced by the 2013-2015 outbreak, a systemic planning approach to Emerging Infectious Diseases is needed to coordinate staff and resources from various components of the Healthcare System in Los Angeles County, which serve a County population of approximately 10 million over a geographic distance of approximately 4,000 square miles.



Impact of an Emerging Infectious Disease Event

In order to address the unpredictability and diversity of potential EID events and to develop more robust planning, response and coordination capabilities, this CONOPS uses three (3) different planning scenarios:

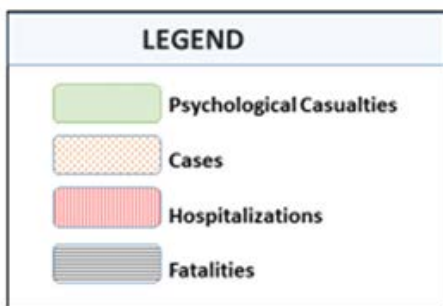
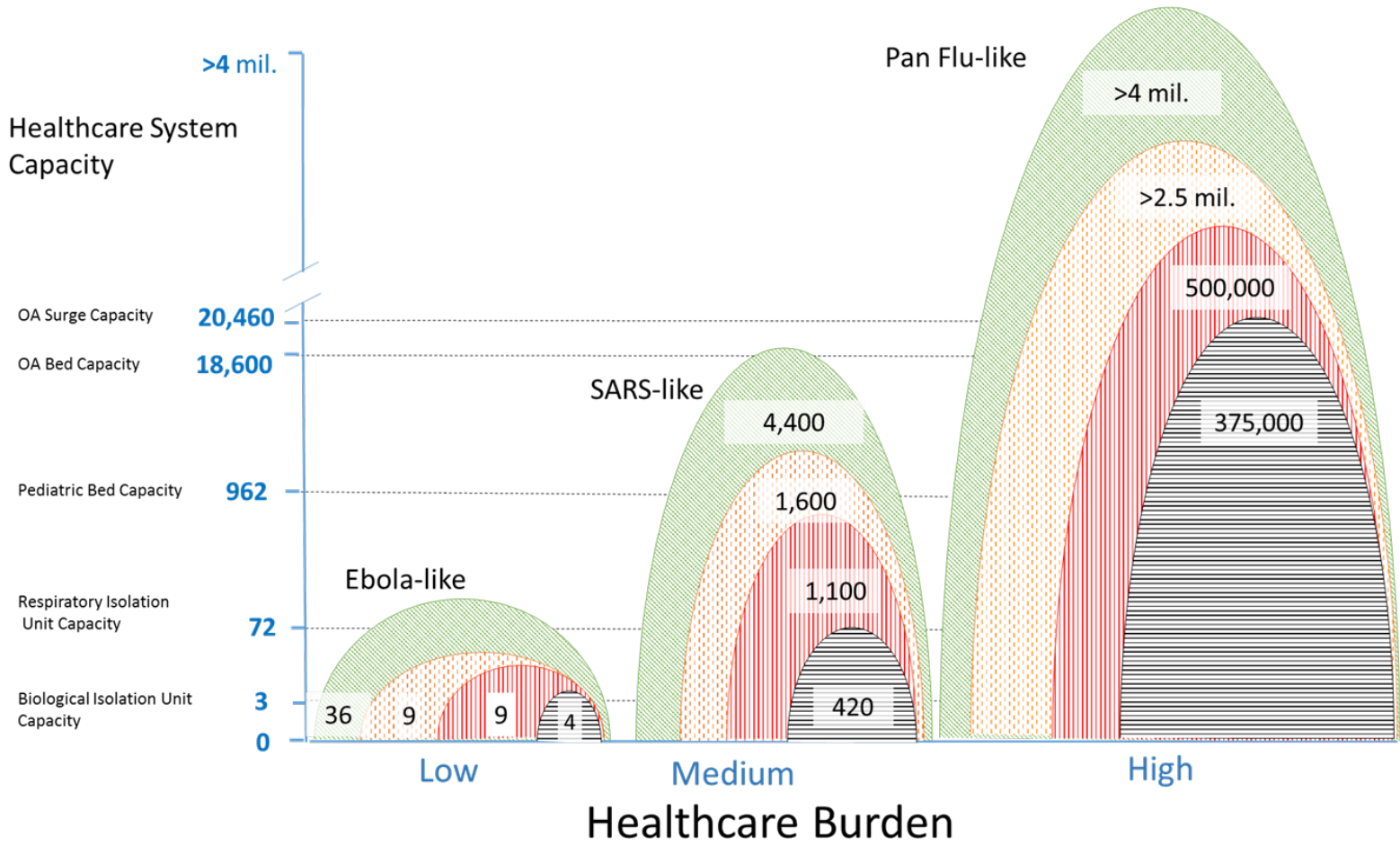
1. Low Healthcare Burden—High Acuity: Ebola-like Scenario
2. Moderate Healthcare Burden—High Acuity: SARS-like Scenario
3. High Healthcare Burden—High Acuity: Pandemic Influenza-like Scenario

These scenarios are defined and differentiated by two key identifying characteristics which determine the appropriate level of response strategies, objectives, and actions: **Disease Acuity** and anticipated **Healthcare Burden** (illustrated in Figure 1). As shown in Table 1 below, any healthcare system response is designed to address the highest acuity EID scenario, with the potential to scale down objectives, strategies, and actions appropriately.

Table 1: Definition of Disease Acuity and Healthcare Burden

Low	Moderate	High
Likely to be direct transmission. Low disease burden, unlikely to require many hospital beds. Very low magnitude of cases. Care for these patients likely to be extremely resource-intensive for each healthcare facility.	Either indirect or direct transmission, but infection rate and disease burden are unlikely to overwhelm maximum capacity of Healthcare System. Moderate rates of hospitalization (20%-60%) and case fatality rates (5-10%).	Likely widespread rates of infection capable of producing a disease burden large enough to overwhelm surge capacity of Healthcare System. Characterized by high rates of hospitalization (>90%) and mortality (>10%).
Infection and hospitalization rates may include: <ul style="list-style-type: none"> • <10 cases • <10 hospitalizations • 6-12 month timeline 	Infection and hospitalization rates may include: <ul style="list-style-type: none"> • 1,400 cases • 100-1,000 hospitalizations • 3-6 month timeline 	Infection and hospitalization rates may include: <ul style="list-style-type: none"> • 100,000-2,500,000+ cases • 2,500+ Hospitalizations • 6-12 month timeline

Figure 1: Healthcare Burden of Disease vs. Healthcare System Capacity



Situation Overview

Description of diseases

Emerging infectious diseases are illnesses caused by the presence and actions of one or more pathogenic agents including viruses, bacteria, fungi, protozoa, multicellular parasites and abnormal proteins called prions. They are "emerging" or "re-emerging" (depending upon the definition of the terms of the disease) as their presence or impact on human populations is novel or just emerging—generally from the animal or zoonotic populations.

These Planning Scenarios provide a grounded, diverse, realistic base for the EID Healthcare System response.

However, it is essential to note that a real-life EID emergency will likely differ in some way from these scenarios and a successful response will require flexibility and scalability.

Both the World Health Organization and the U.S. Centers for Disease Control and Prevention indicated that dozens of newly emerging and re-emerging infectious diseases are increasing or threatening to increase in geographic range, epidemic activity, and/or disease acuity.^{2,3} The disease examples utilized in this Annex can be transmitted through a variety of means including:

- Inhalation of airborne particles
- Inhalation of droplet particles
- Contact with infectious surfaces

Vector, food and water-borne illnesses are specifically excluded from the scope of this Annex, as the emergency response required would be too divergent from the objectives of Annex.

Health Consequences

Any emerging infectious disease will present significant health and medical consequences to affected individuals and impacted community(ies), as well as challenges to the medical and health systems that serve them. While impossible to foresee all of the potential health and medical consequences associated with any EID, recent history (pandemic influenza, Ebola Virus Disease and Zika Virus) highlight potential for significant health consequences related to direct health associated impacts, psychosocial needs and issues related to stigma and discrimination.^{4,5}

While not explicitly addressed in this CONOPS, medical and health agencies within Los Angeles County must develop, implement, and ensure sustainability of various intervention strategies and courses of action necessary to address negative health outcomes of any EID event in the County.

² <http://www.who.int/csr/disease/en/>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631822/>

⁴ NIH. Infectious Disease Stigmas: Maladaptive in Modern Society.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4251586/>

⁵ NIH. Emerging and Neglected Infectious Diseases: Insights, Advances and Challenges.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5327784/>

Planning Scenario 1: Low Healthcare Burden–High Acuity (Ebola-Like Scenario)

A novel virus erupts in a developing part of the world, with symptomology and transmission characteristics similar to EVD. Initial epidemiology suggests transmission rates are relatively low (direct contact with bodily fluids of infected persons), but acuity of these diseases are very high, resulting in hemorrhagic fever, organ failure, and often death.

A few weeks after initial WHO advisement, an infected and symptomatic traveler who meets the case definition presents at a hospital in the San Gabriel Valley. The person vomits during initial assessment in the emergency room. Attending EMS personnel and hospital staff are concerned for personal safety and exposure. Communication challenges and resource limitations are problematic due to the limited number of biocontainment isolation units in LA County. The three Los Angeles County Ebola Treatment Centers (ETCs) are: Cedars-Sinai Medical Center, Ronald Reagan UCLA Medical Center, Kaiser Los Angeles Medical Center. Children’s Hospital Los Angeles is currently an Ebola Assessment Center.

In the coming weeks, five other cases present in LA County, resulting in two initial hospitalizations, ultimately over six months resulting in:

- 9 total cases
- 9 hospitalizations
- 36 psychological casualties⁶
- 4 deaths⁷
- **Likely Highest case burden at any one time: 6-7 cases**

Planning Scenario 2: Moderate Healthcare Burden–High Acuity (SARS-like Scenario)

A novel, SARS-like coronavirus emerges in another part of the globe. Transmission appears to occur via direct or indirect (airborne) contact. Information on acuity and rate of transmission via epidemiology and clinical reports from the country/region of origin is limited in nature. The disease is rapidly progressing from emergence in a foreign country to other major metropolitan areas in the U.S. before reaching Los Angeles County.

Local outbreaks first occur at a local school and later, a hospital. Additional clusters quickly emerge within the County, characterized by high acuity in certain populations. Communication challenges and resource limitations are problematic due to the limited number of ventilators and respiratory isolation rooms in LA County.

Over two months, the outbreak rapidly evolves through widespread transmission of the disease throughout the County, resulting in:

⁶ State of California Mental-Behavioral Health Disaster Framework, 2012

⁷ Modeled from 2014 EVD outbreak

- 1,600 total cases
- 1,100 total hospitalizations
- 4,400 psychological casualties
- 420 total deaths⁸
- **Likely highest case burden at any one time: 450 cases**

Planning Scenario 3: High Healthcare Burden—High Acuity (Pandemic Influenza-like Scenario)

A highly virulent Pandemic-Influenza (Pan-Flu) like virus appears on the world stage, likely originating in China. The virus is highly infective, although transmission is likely to be limited to direct or droplet contact. The emergence of a pandemic virus strain results in potentially 25% to 35% of the Los Angeles County population developing clinical disease, and case fatality rates may be as high as 15%-30%.

The disease spreads rapidly, and the strain on the medical system would be unprecedented, exceeding LA County's surge capacity within the first month of the outbreak. Communication challenges throughout the nation's healthcare system and resource limitations would be universal.

The overall burden on Los Angeles County over a six month timeline could mirror the following:

- 2,500,000+ total cases
- 500,000 hospitalizations
- 4 million psychological casualties
- 375,000 deaths⁹
- **Highest Case Burden at any one time: 350,000 cases**

⁸ Modeled after rates from 2003 Toronto SARS outbreak

⁹ Figures derived from 1918 Spanish Influenza Pandemic rates of infection

Planning Assumptions

These General Assumptions are designed to guide the planning and response for any of the potential responses, though each Planning Assumption may not be fully applicable to every Planning Scenario.

General Assumptions

1. Most patients will require intensive level care, regardless of disease scenario.
2. All emerging infectious disease outbreaks pose increased risk for healthcare workers.
3. Susceptibility to the disease will be universal.
4. All access points of the healthcare system (clinics, hospitals, private physicians, etc.) may encounter a suspect patient; however, only some healthcare facilities will be equipped to safely manage the care and treatment of a confirmed case.
5. Notification of hospitals, public health, and other healthcare agencies by EMS will occur at the earliest possible opportunity when transporting a person under investigation (PUI) or multiple PUIs.
6. The three Los Angeles County Ebola Treatment Centers (ETCs) are: Cedars-Sinai Medical Center, Ronald Reagan UCLA Medical Center, Kaiser Los Angeles Medical Center. Children's Hospital Los Angeles is currently an Ebola Assessment Center.
7. Healthcare systems will likely exceed normal patient capacity with EID cases and worried-well.
8. Staff who work in hospitals and ambulatory care settings will be able to identify symptomatic people whose travel history could suggest possible exposure to diseases endemic to a region with an emerging infectious disease outbreak, and be prepared to use appropriate Personal Protective Equipment (PPE), isolate patients, minimize exposure risk to staff and patients, provide basic supportive care, and inform and consult with public health officials.
9. Medical materials like PPE, medications and ventilators may **not** be available from the Strategic National Stockpile (SNS).
10. A significant effort will be needed to vet, validate and refute (where necessary) media based information
 - Rumor control will be significant in quantity and variable in nature
 - Risk communication messages will be disseminated in multiple languages and formats to address Disability, Access, and Functional Needs (DAFN) populations and other specific community needs
11. Cases will require laboratory confirmation until such time as testing becomes overly burdensome and/or authorities no longer require testing to meet the case definition.
12. DPH Public Health Lab may not initially have testing capability. When a pathogen is identified, confirmatory results may come from U.S Centers for Disease Control and Prevention (CDC) laboratory.

13. Public health control measures ranging from individual vaccination, quarantine and/or isolation to community-wide cancellations of events may be needed.
14. Local governments have the primary responsibility to provide initial emergency response and emergency management services within their jurisdictions.
15. State government may provide and/or augment emergency response services that exceed the capabilities of local governments as per the State Emergency Operations Manual (EOM).
16. Buildings and outdoor areas may become contaminated with infectious agents and may be closed until they are disinfected.
17. Healthcare facilities and vendors may become overwhelmed with the treatment and disposal of biohazard material; waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport.
18. There is, at present, no known cure or vaccine for most emerging infectious diseases; treatment for patients consists mainly of supportive care.
19. The use of several experimental drugs/vaccines may be granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) for use on humans; however, their effectiveness and safety will be unclear and availability will be limited.
20. This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annex.
21. Roles and responsibilities of agencies and organizations will change depending on the severity and spread of the EID event and the respective level of activation by impacted cities and MHOAC support.

Emerging Infectious Disease Healthcare System Plan Activation

The decision to activate this plan will be determined by the Los Angeles County MHOAC in consultation with the Health Officer(s) and is informed by input from DHS, DMH, and DPH, and EMS leadership and other healthcare system stakeholders. Table 2 is a decision support tool designed to assess the threat from an EID event and the capacity of the Los Angeles County healthcare system to respond to an event. It is designed to inform plan activation by healthcare system leadership.

Table 2: Assessment of threat to LAC Healthcare System during EID event

LAC Healthcare System Status	Public Health and Healthcare System Status ⁱ	Healthcare Facility Capacity/Resources ⁱⁱ	Level of Media Attention ⁱⁱⁱ	Impact of EID on LAC (Hospitalizations)
GREEN	Usual day-to-day status	Normal	Low - Medium	None in Continental United States
YELLOW	Local resources/existing agreements	Heightened/Local Coordination	Medium – High	Present in Continental United States
ORANGE	Assistance from within Operational Area	OA Coordination Required	High	<ul style="list-style-type: none"> • 1 or more Ebola-Like cases • 1 or more SARS/Pandemic Influenza^{iv} cases
RED	Requires assistance from outside OA	Regional Coordination Required	High	<ul style="list-style-type: none"> • 5 or more Ebola-Like cases • 10 or more SARS/Pandemic Influenza^v cases
BLACK	Significant assistance from outside OA	Significant State/National Coordination	High	<ul style="list-style-type: none"> • 5 or more Ebola-Like cases • 50 or more SARS/Pan-Flu cases^{vi}

ⁱ Derived from California Public Health Emergency Operations Manual, pg. 18

ⁱⁱ Existing PPE caches, ICU and hospital bed availability, including existing prevalence of seasonal/existing communicable disease (e.g. seasonal flu)

ⁱⁱⁱ The amount of attention an EID event is receiving from traditional and social media to address political, public, and provider concern

^{iv} Within initial phase of disease presence (8 weeks)

^v Within initial phase of disease presence (8 weeks)

^{vi} Within initial phase of disease presence (8 weeks)

Mission Areas, Command Objectives, and Strategies

Health and medical actions are ordered into Mission Areas to coordinate response actions based on resource requirements. Each Mission Area includes *health and medical* specific Goals, Command Objectives and Key Assumptions, and serve to guide the creation of Operational tactics during an EID event.¹⁰

Summary of Mission Area Goals

- Page 17  **Epidemiology and Surveillance**
- Collect, analyze, and interpret critical information and inform County/Agency and Healthcare System decision-making
- Page 19  **Infection Control and Prevention**
- Identify and recommend appropriate infection control strategies, guidance and standards for an EID event to be utilized by LA County Agencies and the Healthcare System
- Page 22  **Laboratory Procedures**
- Facilitate rapid detection and confirmation of EID outbreak cases
 - Promote safe handling of EID specimens
- Page 24  **Non-Pharmaceutical Intervention**
- Control the spread and/or limit the effects of EIDs
- Page 26  **Surge Staffing**
- Ensure adequate healthcare staff are available to meet surging demand during an EID Event
- Page 28  **Healthcare Worker Safety and PPE**
- Support healthcare system response through provision of guidance and resources to staff and healthcare facilities
 - Minimize healthcare worker exposure to EIDs
- Page 30  **Mental Health**
- Integrate the provision of mental health into the larger medical response to an EID event in order to provide public reassurance, support staff resiliency, and delivery of care to those in need.
- Page 33  **Patient Transportation**
- Coordinate the safe movement of Persons Under Investigation (PUIs) or infected persons
 - Ensure transport staff are protected while transporting PUIs or infected persons

¹⁰All icons courtesy of the *Noun Project*

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Public Information and Warning

- Ensure healthcare system receives accurate, appropriate, timely information
- Establish and maintain “One Voice” messaging to public
- Support JIS and JIC activation as necessary

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Patient Care and Management

- Maintain support for patient care throughout duration of EID event

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Environmental Services, Decontamination, and Waste Management

- Support healthcare system in disinfection and decontamination and environmental safety of facilities and equipment
- Provide guidance for waste management surge

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Fatality Management

- Support the proper recovery, handling, transportation, tracking, storage and disposal of human remains



Epidemiology and Surveillance

Goal

- To collect, analyze, and interpret critical information and inform County/Agency and Healthcare System decision-making
-

Command Objectives

Responsible Agencies

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Rapidly identify and investigate cases including number, geography, and severity of impacted populations and communities <ol style="list-style-type: none"> a. Send out health alert: what to report, how to test for pathogen, how to communicate with LAC DPH b. Synthesize info, input epidemiological information into database c. Geographic Information System (GIS) mapping d. Identify severity of illness; hospitalizations, ICU admissions, ED visits e. Determine scope of problem (how far-reaching, geographic area, age group, rate of transmission, projected impact of disease) f. Implement active surveillance if necessary g. Rapidly investigate unusual occurrences/anomaly h. Coordinate with public health lab <ol style="list-style-type: none"> i. Establish testing criteria ii. Educating providers/laboratories on testing criteria iii. Enter positive testing results into database i. Active case investigation (EVD, SARS) j. Analyze complementary surveillance systems, e.g. syndromic surveillance, coroner database | <ul style="list-style-type: none"> • Los Angeles County Department of Public Health (DPH) • Long Beach Department of Health and Human Services (LBDHHS) • Pasadena Public Health Department (PHD) |
| <ol style="list-style-type: none"> 2. Obtain, analyze, and interpret essential elements of information <ol style="list-style-type: none"> a. Identify risk factors (e.g, behavior, age, demographics) b. Identify populations at risk c. Synthesize info, input epi information into database d. GIS mapping e. Healthcare resource data risk assessment: hospital beds, ventilators, ICU cases, ED diversion, EMS counts – 911, ambulance runs f. Firstwatch g. ReddiNet® | <ul style="list-style-type: none"> • Los Angeles County Emergency Medical Services (EMS Agency): Medical Alert Center (MAC) • DPH • LBDHHS • PHD |
-



h. Medical Alert Center (MAC)	
3. Monitor and evaluate emergent disease response outcomes	<ul style="list-style-type: none"> • DPH • LBDHHS • PHD • EMS Agency
a. Establish disease prevention/control efforts	
i. Establish need to develop non-pharmaceutical intervention	
ii. Establish personal/behavioral interventions if necessary	
b. Provide community/provider health information	
c. Monitor case counts to determine effectiveness of intervention e.g. NPI, isolation, quarantine	
d. If necessary, reassess intervention based on data	
4. Make disease control recommendations to health agency	<ul style="list-style-type: none"> • DPH • LBDHHS • PHD
Department Operation Centers (DOCs)	
a. Use existing data to implement science-based decisions	
b. Modifying NPI recommendations	
c. Modifying infection control recommendations	
d. Modifying personal/ind behavioral recommendations	
e. Identify new strategies to prevent and control disease based on available data	
f. Evaluate existing guidance and deconflict as necessary	

Key Assumptions

1. Contact tracing will be possible in low and moderate healthcare burden scenarios
2. Los Angeles County DPH labs will not have testing capability for most new diseases
3. Prior to emergency activation, the Acute Communicable Disease Control (ACDC) Program will oversee all epidemiological and surveillance activities



Infection Control and Prevention

Goal

- To identify and recommend appropriate infection control strategies, guidance and standards for an EID event to be utilized by LA County Agencies and the Healthcare System
-

Command Objectives

Responsible Agencies

- | | |
|---|--|
| <p>1. Define appropriate infection control guidance for the healthcare system</p> <ul style="list-style-type: none"> a. Develop, deconflict, and disseminate guidance on restricted access to healthcare facilities/emergency departments b. Develop, deconflict, and disseminate information on patient visitation c. Ensure “One Voice” messaging is active d. Provide specific information on disinfecting/safety procedures, including type and level of disinfectant; deconflict State and Federal Guidance as necessary e. Provide tools/resources to support hospital administration decision making f. Provide deconflicted, cohesive, tiered guidance on: <ul style="list-style-type: none"> i. PPE ii. Workplace practices iii. Facility infrastructure iv. Waste Management v. Standardization of care vi. Precaution options (tiered for facilities and capacity) g. Provide guidance on healthcare vendors <ul style="list-style-type: none"> i. Waste vendors ii. Linen care iii. Delivery iv. Points of access v. Approved PPE Vendors | <ul style="list-style-type: none"> • DPH • LBDHHS • PHD |
| <p>2. Distribute infection control guidance to all applicable entities</p> <ul style="list-style-type: none"> a. Utilize Los Angeles Health Alert Network (LAHAN) and California Health Alert Network (CAHAN) b. ReddiNet® c. Distribute information broadly to healthcare Infection Preventionists; ensure information is consistent and implemented by “One Voice” messaging | <ul style="list-style-type: none"> • EMS Agency • DPH • LBDHHS • PHD • Healthcare Providers (Objective 2.g) |
-



<ul style="list-style-type: none"> d. Provide editable templates for epidemiological surveillance e. Provide regular Clinician Outreach and Communication Activity (COCA) and CDPH conference calls to discuss any changes in guidelines and state of outbreak f. Ensure guidance documentation is out before conference calls/discussions so hospital staff has time to review, discuss, and ask questions g. Ensure providers work with healthcare unions in message dissemination from onset h. Direct messaging to multiple healthcare provider groups, including Emergency Managers, Infection Preventionists, Safety Officer, Occupational Health, etc. 	
<p>3. Work with facilities to train staff in appropriate infection control measures</p> <ul style="list-style-type: none"> a. Define clinical concern levels – categorize risk b. Send teams/resources/supplies for training as needed c. Define minimal training expectations for healthcare facilities (frequency, staffing groups, and delineate by healthcare facility – clinics, hospitals, etc.) 	<ul style="list-style-type: none"> • Los Angeles County DPH
<p>4. Develop guidance for appropriate engineering controls and surge modification of facility infrastructure (e.g. Patient Care Areas, Alternate Care Sites, and Waste Treatment areas)</p> <ul style="list-style-type: none"> a. Analyze facility needs according to EID event and surge type b. Deconflict and distribute guidance based on risk assessment & regulatory agencies, specifically for space/size and waste management, including Office of Statewide Health Planning and Development (OSHPOD), fire marshal c. Develop guidance for isolation areas (EVD) d. Develop guidance for utilization of all purifying respirators & negative pressure isolation (SARS) e. Manage overwhelmed ED capacity for large influx of worried well (Pandemic Influenza) f. Provide guidance for utilization of offices and operating rooms for isolation rooms (Pandemic Influenza) g. Triage patients outside (Pandemic Influenza) 	<ul style="list-style-type: none"> • Center for Disease Control and Prevention (CDC) • Assistant Secretary for Preparedness and Response (ASPR) • Centers for Medicare and Medicaid Services (CMS) • Environmental Protection Agency (EPA) • California Department of Public Health (CDPH) • Los Angeles County (DPH) – HFID
<p>5. Provide guidance for facility workflow, safe patient care, and healthcare worker safety</p> <ul style="list-style-type: none"> a. Develop and disseminate guidance/protocols on movement of patients in/out of healthcare treatment areas 	<ul style="list-style-type: none"> • CDPH • Cal-OSHA • Los Angeles County DPH



-
- b. Assist with Business Continuity Planning at healthcare facilities
 - c. Define Los Angeles County DPH roles for providing quarantine and isolation guidance
 - d. Veterans Affairs (VA) has VA specific Federal Medical Station; leverage VA information
 - e. Coordinate Risk Management and Health Facilities Inspection Division; LA County DPH—Environmental Health Services (EHS)
 - f. Facilitate bed limit waiver with federal/ state regulatory agencies
-

Key Assumptions

- 1. Infection control guidance will be available from federal and state authorities
- 2. Guidance from state and federal regulatory agencies may not be consistent
- 3. No quarantine space will be available within outpatient facilities
- 4. Facilities have practical surge modifications of their facilities established
- 5. Pandemic Influenza would result in rapid breaking point for healthcare facilities
- 6. Early inclusion and involvement of LA County DPH EHS will improve Infection Control Practices and ultimately lead to improved disease control outcomes and health consequences
- 7. A delay in approval of alternate systems or sites of care by regulatory agencies will negatively impact ability of healthcare facilities to provide care to infected individuals



Laboratory Procedures

Goals

- To facilitate rapid detection and confirmation of EID outbreak cases
 - To promote safe handling of EID specimens
-

Command Objectives

Responsible Agencies

<ol style="list-style-type: none"> 1. Develop specimen collection guidance and/or protocols <ol style="list-style-type: none"> a. Establish procedures and processes to expedite laboratory testing, confirmation, and reporting. <ol style="list-style-type: none"> i. Include triggers for and provision of surge staffing for specimen testing, tracking and reporting and additional materials for PHL ii. Establish protocols, procedures, and processes for sample collections iii. If field testing is necessary at base-camp or door to door: coordinate obtaining, storing, and transporting data entry and bar coding equipment, mobile link connection to Sunquest 	<ul style="list-style-type: none"> • Los Angeles County Public Health (DPH) • Long Beach Department of Health and Human Services (DHHS)
<ol style="list-style-type: none"> 2. Communicate confirmatory testing requirements and standards to local laboratories and healthcare organizations <ol style="list-style-type: none"> a. Revise communications protocol 	<ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS
<ol style="list-style-type: none"> 3. Coordinate specimen collection, transport, and data sharing with laboratories and other health agencies <ol style="list-style-type: none"> a. Develop and deconflict federal, state, local guidance 	<ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS
<ol style="list-style-type: none"> 4. Establish specimen prioritization, testing, and rule-out protocols <ol style="list-style-type: none"> a. Develop and deconflict federal, state, local guidance 	<ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS
<ol style="list-style-type: none"> 5. Conduct lab testing and quickly share results with response partners <ol style="list-style-type: none"> a. Develop and deconflict federal, state, local guidance 	<ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS
<ol style="list-style-type: none"> 6. Coordinate with other laboratories to increase lab surge capacity 	<ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS



Key Assumptions

1. LAC DPH is the lead agency for directing and managing public health laboratory operations for the County
2. The LAC DPH Lab will work closely with ACDC, LAC DPH Community Health Services (CHS), hospitals, clinics and other community-based healthcare facilities to identify, collect and safely transport samples
3. The LAC DPH Lab will be the primary liaison to State and CDC labs
4. The LAC DPH Lab will have ongoing resource needs and requirements, particularly during the early phases of the outbreak and response, and will require resource support to maintain operational capacity and function





Non-Pharmaceutical Intervention

Goal

- To control the spread and limit the effects of disease
-

Command Objectives

Responsible Agencies

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Recommend personal protective actions (i.e. hand washing, cover coughing, or avoidance of crowds) as appropriate <ol style="list-style-type: none"> a. Personal protective actions (i.e. hand washing, cover coughing, or avoidance of crowds) as appropriate b. Community protective actions (i.e. closures of schools, churches, special events, and other congregate settings) as necessary <ol style="list-style-type: none"> i. Public transport guidance ii. Special events/mass gathering (sporting events) iii. Public space (schools, churches) iv. Disseminate travel advisories based on existing federal/state guidance | <ul style="list-style-type: none"> • Los Angeles County Department of Public Health (DPH) • Long Beach Department of Health and Human Services (DHHS) • Pasadena Public Health Department (PHD) |
| <ol style="list-style-type: none"> 2. Support activation of quarantine operations (EVD, SARS) <ol style="list-style-type: none"> a. Health Officer order for restriction of movement if necessary b. If necessary, quarantine Case Contacts c. Evaluate effectiveness and feasibility of interventions | <ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS • Pasadena PHD |
| <ol style="list-style-type: none"> 3. Isolate confirmed cases and identify and quarantine contacts <ol style="list-style-type: none"> a. Issue Health Officer order for restriction of movement if necessary b. If necessary, coordinate with affected hospital/healthcare facility(ies) to ensure clear understanding of responsibilities and steps needed for isolation of infected case(s). <ol style="list-style-type: none"> 1. Ensure close coordination between: <ol style="list-style-type: none"> a. Attending physician b. On-call LAC DPH ACDC director c. Hospital Outreach Unit (HOU) member d. Facility administrator e. Public Health Investigation (PHI) c. Ensure healthcare facilities have capability and resources in place to follow/execute isolation protocols <ol style="list-style-type: none"> 1. If concerns regarding facility capability, alternative actions should be considered, | <ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS • Pasadena PHD |



- including transfer of patient(s) to
alternative facilities
- d. Evaluate effectiveness and feasibility of interventions

4. Monitor health status of persons in isolation and quarantine
- Los Angeles County DPH
 - Long Beach DHHS
 - Pasadena PHD

Key Assumptions

1. Refer to LACDPH's *Emergent Disease Readiness, Response, and Recovery Annex* for non-healthcare isolation and quarantine protocols.
2. The isolation of infected individuals within healthcare settings is part of standard disease control practice and will continue throughout the response phases as beds are and become available
3. The expansion of isolation activities to streamline available healthcare resources is a viable operational course of action
4. Following activation, non-pharmaceutical intervention will be coordinated and executed by respective County and/or city Operation Centers to meet approved objectives
5. As the situation potentially escalates, a range of potential NPI courses of action and contingencies will be considered and ordered by the Incident Commander in order to meet the operational objectives
6. The first case(s) will be identified by private medical provider(s)
7. Private provider will notify and consult with Department in decision to treat and isolate early case(s)
8. Symptoms and travel history will be the primary metric in determination of isolation
9. Orders of Isolation and Orders of Quarantine:
 - a. Most hospitals have infection control plans in place and are expected to willingly cooperate and comply with DPH isolation instructions
 - b. Most affected cases and contacts will voluntarily comply
 - c. Issuance of orders will include close coordination between attending physicians, hospital administrators and DPH
 - d. The decision to implement isolation, quarantine, or other legally enforceable control measures is a medical decision of the Health Officer, or his/her physician designee(s). The Health Officer must base this decision upon medical or scientific evidence that a threat to the public's health exists.



Surge Staffing

Goal

- Ensure adequate healthcare staff are available to meet surging demand during an EID Event

Command Objectives

Responsible Agencies

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Support readiness plans in place at all healthcare agencies and facilities, including both clinical and non-clinical staff that last throughout course of EID event <ol style="list-style-type: none"> a. Assess healthcare system staff needs b. Deconflict, develop and disseminate information to healthcare system regarding staff risks; set realistic expectations of LAC DPH role c. Provide timely, accurate, regular updates to healthcare system regarding biosurveillance reporting. Ensure healthcare facilities have up to date outbreak info. d. Pre-designate staff in charge of making ethical decisions while providing care e. Facilitate credentialing of healthcare staff as appropriate (SARS/Pandemic Influenza) | <ul style="list-style-type: none"> • Los Angeles County MHOAC • Los Angeles County Department of Public Health (DPH) • Los Angeles County Department of Health Services (DHS) |
| <ol style="list-style-type: none"> 2. Coordinate the fulfillment of critical staffing resources throughout the course of an EID event <ol style="list-style-type: none"> a. Activate Department Operations Centers/PHERT to assist with surveillance of staffing ratios b. Deconflict, develop, disseminate staffing guidelines to healthcare facilities c. Establish communication with healthcare facilities regarding staffing needs and facility status d. Leverage mutual aid e. Coordinate using MHOAC (SARS, Pandemic Influenza) f. Deconflict, develop, disseminate unified Crisis Standards of Care (Pandemic Influenza) g. Provide cross-training and/or JIT training to providers as necessary | <ul style="list-style-type: none"> • Los Angeles County DPH • Los Angeles County DHS |
| <ol style="list-style-type: none"> 3. Facilitate the request for relaxation of staffing ratios as necessary <ol style="list-style-type: none"> a. Communicate healthcare system challenges proactively with regulatory agencies, including CPHD and Cal-OSHA b. Assist in credentialing and vetting of surge staff c. LVNs as RNS (Pandemic Influenza) d. Staff to patient ratios (Pandemic Influenza) | <ul style="list-style-type: none"> • Los Angeles County MHOAC • Los Angeles County DPH • Los Angeles County DHS |



Key Assumptions

1. EVD-like outbreak scenario will result in more psycho-social impact on healthcare system and staff than actual health impact
2. Healthcare system staff may not be able to physically present to facilities
3. Crisis Standards of Care may not be available, defined and/or applicable to the EID event, and will require MHOAC deconfliction
4. Exposure to outbreak does not necessarily require quarantine
5. Facilities will conduct a self-assessment of critical staffing shortages
6. National Disaster Medical System (NDMS) will take up to 72 hours to respond



Healthcare Worker Safety and Personal Protective Equipment (PPE)

Goal

- Minimize healthcare worker exposure to EIDs through provision of guidance and resources to staff and healthcare facilities

Command Objectives

Responsible Agencies

- | | |
|---|--|
| <ol style="list-style-type: none"> Develop, disseminate and update PPE guidance for healthcare and other appropriate organizations <ol style="list-style-type: none"> Conduct risk assessment and analyze risk to healthcare system staff, including non-traditional responders Formulate best practices: consult guidance from IP group, key departments, and various regulatory agencies based off of existing and anticipated PPE caches Deconflict delayed/inconsistent guidance disseminated by other organizations: proactively consult with CDPH and/or Cal-OSHA Disseminate information to healthcare system through redundant systems (Disaster Resource Centers (DRCs), LAHAN/CAHAN, ReddiNet, Veterans Administration (VA)) Formulate and disseminate updates to PPE guidance on a timely basis | <ul style="list-style-type: none"> Los Angeles County DPH Long Beach DHHS Pasadena PHD (Cal-OSHA) (CDC) |
| <ol style="list-style-type: none"> Identify and maintain PPE surge supplies for healthcare organizations <ol style="list-style-type: none"> Identify LA County PPE cache, employ inventory management Identify burn rate of PPE; track system capabilities through communications with healthcare system Maintain PPE for Los Angeles County healthcare staff Identify PPE sources: Mutual Aid; MOUs with vendors; SNS Stockpiles, EMS suppliers Coordinate PPE supplies with DRCs | <ul style="list-style-type: none"> LAC MHOAC Los Angeles County DPH Long Beach DHHS Pasadena PHD |
| <ol style="list-style-type: none"> Support the training and exercise of PPE, including donning and doffing practices <ol style="list-style-type: none"> Identify training needs/resources at facilities via coordination with healthcare system Safety Officers Match available training resources to available and anticipate PPE caches Develop Just In Time trainings Walk through and assess ETCs | <ul style="list-style-type: none"> LAC MHOAC Los Angeles County DPH Long Beach DHHS Pasadena PHD |



-
- e. Recommend standard respiratory precautions (SARs/Pandemic Influenza)

Key Assumptions

1. PPE resources will be catalogued at each facility
2. Local healthcare facilities have some stockpiles of PPE and training capabilities.
3. Caches of PPE will be available from the SNS
4. There will be a central point of communication established for distribution of PPE guidance
5. Expectations on PPE training frequency depends on the institution and EID scenario
6. Skilled Nursing Facilities/Long Term Care will have a critical shortage of PPE and training capability
7. Los Angeles County MHOAC will establish ongoing communication with local health departments (Long Beach, Pasadena) on PPE availability
8. Involvement with healthcare system staff labor unions is essential;
 - a. MHOAC needs to encourage facilities to work with labor unions from the beginning of the process and facilitate discussion and resolution to ensure acceptable and sustainable worker protections are in place for duration of EID event
9. Staff will be given training (e.g. donning and doffing) by their respective employer during an Ebola-like scenario



Mental Health

Goals

- Integrate the provision of mental health into the larger medical response to an EID event
 - Support public information and reassurance efforts, mental health resiliency of medical providers and first responders/receivers
 - Provide continuity of mental health services to existing DMH clients and services to those impacted by an EID event
-

Command Objectives

Responsible Agencies

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Manage/direct coordination of mental health services across the OA <ol style="list-style-type: none"> a. Activate DMH emergency response plans. b. Activate the DMH DOC as appropriate to support the event c. Assign agency representatives to the DPH DOC and County EOC as appropriate d. Assign DMH PIO to the JIC when activated. e. Coordinate and integrate the DMH response in alignment with DPH and DHS EID response plans to ensure a unified response for the Health Agency | <ul style="list-style-type: none"> • Los Angeles County Department of Mental Health (DMH) |
| <ol style="list-style-type: none"> 2. Assess psychological casualty impact across the Operational Area <ol style="list-style-type: none"> a. County staff using: <ol style="list-style-type: none"> i. County department Assessment/Impact surveys b. Assess impact to current DMH clients c. Work with DHS to assess the impact to Healthcare Facilities and monitor the potential for a surge of psychological casualties to hospitals and clinics using existing DHS systems such as PsySTART and ReddiNet. d. Work with DPH to obtain mental health impact information using existing DPH assessment tools or situational awareness information e. Public at large using: <ol style="list-style-type: none"> i. Monitor the surge of calls to DMH 24/7 Access Center, as well as DPH EID Public Information lineMonitor news sources, social media, etc for rumors and other concerns from the public | <ul style="list-style-type: none"> • Los Angeles County DMH |
| <ol style="list-style-type: none"> 3. Determine Mental Health response plan based on assessment; integrate into Incident Action Plan <ol style="list-style-type: none"> a. County Staff | <ul style="list-style-type: none"> • Los Angeles County DMH |



- b. Current DMH clients
 - c. Healthcare facilities
 - d. Public Health
 - e. Public at large
- 4. Coordinate Mental Health resources and deploy them to intervention sites
 - a. County Staff
 - b. Current DMH clients
 - c. Healthcare facilities
 - d. Public Health
 - e. Public at large
 - Los Angeles County DMH
- 5. Establish Mental Health Recovery Plan
 - a. Coordinate DMH efforts with DPH/DHS recovery plans
 - b. Coordinate ongoing public information/education with DHS and DPH
 - c. Establish an ongoing method of referrals for mental health services for those most impacted by EID
 - Los Angeles County DMH

Key Assumptions

1. DMH efforts will be aligned to support the MHOAC response for the EID event
2. Potential psychological impacts of EID for County staff, existing DMH clients, those seeking information or services from DPH and DHS, and members of the public may include:
 - a. DMH, DPH, 211 hotlines, hospitals, clinics and mental health facilities will experience a surge of concerned people calling in and arriving at facilities seeking information and services
 - b. Some people will experience physical symptoms of EID who were not exposed and who are not ill. After medical screening to rule out EID, people may continue to demand medical treatment.
 - c. The healthcare sector will need to manage widespread fear of EID, rumors, and lack of understanding of cause, source, treatment, outcome, available medical countermeasures, etc
 - d. Those exposed or ill from EID may not comply with medical recommendations, putting others at risk
 - e. Healthcare workers may experience difficulties explaining the allocation of scarce medical resources to ill and/or expectant patients and their families
 - f. Stigmatization of healthcare workers and their families who were a part of the EID response
 - g. Fear of long term health consequences of those exposed and ill
 - h. Grief of family members of those who are expectant or died as a result of EID
 - i. Parents concerned about the short and long term impact of EID on their children
 - j. Impact of EID on vulnerable populations, diverse language/cultural groups, those with existing health concerns, children, older adults



- k. Increased ongoing need for mental health- related public information, reassurance and mental health services
- 3. A successful Public Information and Warning campaign will contribute to decreasing anxiety and increasing compliance with government mental health directives
 - a. Coordination of public health messages with input from DMH in the County JIC will be essential
- 4. DMH will deploy MH resources and coordinate outside resources as needed to support the DPH and DHS EID response.
- 5. There may be significant health and mental health resources that are not available during an EID event



Patient Transportation

Goal

- Coordinate the safe movement of Persons Under Investigation (PUIs) or infected persons
 - Ensure transport staff are protected while transporting PUIs or infected persons
-

Command Objectives

Responsible Agencies

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Develop transport policies, plans, and procedures for PUIs <ol style="list-style-type: none"> a. Review established PPE policies b. Coordinate plans through LAC DHS DOC (SARS), MAC (EVD) or CEOC (Pandemic Influenza) as needed by EID event c. Utilize established EMS algorithm d. High-Risk Ambulances (EVD) e. High-Risk response team (EVD, SARS) f. Facilitate the training of all transport staff in PPE and patient management protocols (EVD, SARS) | <ul style="list-style-type: none"> • Los Angeles County EMS Agency |
| <ol style="list-style-type: none"> 2. Identify and establish transport providers for high severity cases <ol style="list-style-type: none"> a. Exclusive Operating Area (EOA)volunteers/protocols b. Pre-positioned vehicles c. Dispatch algorithm d. High risk patients (Ebola-Like scenario) inbound to Los Angeles County (from outside Los Angeles County) are to be coordinated through respective plans and procedures (See <i>Appendices 4 -6</i>) | <ul style="list-style-type: none"> • Los Angeles County EMS |
| <ol style="list-style-type: none"> 3. Coordinate between local, state, federal agencies and EMS <ol style="list-style-type: none"> a. Utilize pre-established communication protocols b. Utilize the Los Angeles County Transport Plans (See applicable appendices) <ol style="list-style-type: none"> i. Field 9-1-1 response (unknown traveler) ii. Healthcare facility (Non-ETC or EVD assessment facility) iii. PUI in home (Known traveler) iv. Region I /CA transfer v. ASPR Region IX transfer vi. In-bound LAX CDC Quarantine Station response c. Coordinate VA through REOC, VISN | <ul style="list-style-type: none"> • Los Angeles County EMS Agency |
| <ol style="list-style-type: none"> 4. Maintain supplies/resources utilized for safe transport of patients | <ul style="list-style-type: none"> • Los Angeles County EMS |



- a. Identify and inventory scarce equipment
- b. Store 30 day supply inventory masks/flu supplies (SARS/Pandemic Influenza)
- c. MOU with Oxygen vendors (SARS/Pandemic Influenza)
- d. Fuel - Use appropriate protocols as necessary and appropriate (Pandemic Influenza)

-
5. Develop strategies for patient transport when identified EMS providers are overwhelmed/unavailable
 - a. See Strategies Obj. 3
 - b. High Risk Ambulance crew (EVD)
 - c. ED ambulance relief (EVD/SARS)
 - d. Utilize transport via unconventional methods (Peer-to Peer ride sharing, taxis, Metro buses, school buses, etc.) (Pandemic Influenza)
- Los Angeles County EMS
-

Key Assumptions

1. Existing emergency supply caches will be available
2. The LAC Emergency Medical Services Agency will be using established plans, policies, and procedures to transport high-risk patients
3. The EMS Agency has developed algorithm based patient transportation protocols for Ebola-like diseases for Los Angeles County, City of Long Beach, and City of Pasadena (see *Appendix 2, Patient Transportation Protocols*)
4. Los Angeles County has developed algorithm based protocol for transferring a patient from Los Angeles International Airport (LAX) to LAC ETC (see *Appendix 4: LAX Patient Transportation Protocol*)
5. CDPH has developed a California Region I patient transportation protocol that governs the transportation of an EVD patient anywhere within California Region to LAC ETC (see *Appendix 5: State of California Mutual Aid Region I: Regional Emerging Infectious Disease Transportation Concept of Operations*)
6. HHS Region IX officials will notify Los Angeles County DPH Duty Officer if they are transporting a high risk patient to a LAC ETC
7. HHS has developed a Region IX Patient Transportation Protocol that governs the transportation of an EVD patient anywhere within ASPR Region IX (see *Appendix 6: The U.S. Department of Health and Human Services (HHS) Region IX: Ebola Virus Disease (EVD) and other special pathogens-Coordination and Transportation Plan*)



Public Information and Warning

Goal

- Ensure healthcare system receives accurate, appropriate, timely information
- Establish and maintain “One Voice” messaging to public
- Support JIS and JIC activation as necessary

Command Objectives

Responsible Agencies

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Develop appropriate risk communication messages <ol style="list-style-type: none"> a. Pre-develop non-clinical, community messaging with logos that can be distributed to healthcare facilities – include aftercare information in multiple languages b. Organize information for differing audiences <ol style="list-style-type: none"> i. Healthcare workers ii. Public at large iii. DAFN iv. Different languages c. Provide context for “One Voice” response to healthcare community – which agency is doing what, and why? d. Provide information for healthcare staff <ol style="list-style-type: none"> i. Flyers/FAQs ii. Talking points for administration/command staff/PIO | <ul style="list-style-type: none"> • Los Angeles County MHOAC • Los Angeles County Department of Public Health (DPH) • Los Angeles County Office of Emergency Management (OEM) • Long Beach Department of Health and Human Services (DHHS) • Pasadena Public Health Department (PHD) |
| <ol style="list-style-type: none"> 2. Coordinate with Federal, other County and city health jurisdictions to ensure “One Voice” messaging <ol style="list-style-type: none"> a. Identify and address divergent messages and rumor control b. Develop and deconflic clear, concise guidelines c. Develop pre-canned social messaging, including facebook posts d. Develop and implement forums for questions, including Twitter Q&A, web forums to address clinical and community-based questions | <ul style="list-style-type: none"> • Los Angeles County DPH • Los Angeles County OEM • Long Beach DHHS • Pasadena PHD |
| <ol style="list-style-type: none"> 3. Disseminate timely, pre-canned, and approved messages to target audiences <ol style="list-style-type: none"> a. Healthcare Sector b. DMH providers c. Healthcare Providers, including clinics, skilled nursing | <ul style="list-style-type: none"> • Los Angeles County MHOAC • Los Angeles County DPH • Los Angeles County DHS • Los Angeles County DMH • Los Angeles County OEM |



- facilities
- d. Non-traditional responders

- Long Beach DHHS
- Pasadena PHD

Key Assumptions

1. A significant effort will be needed to vet, validate and refute (where necessary) media based information
 - a. Rumor control will be significant in quantity and variable in nature
 - b. Risk communication messages will be disseminated in multiple languages and formats to address Disability, Access, and Functional Needs (DAFN) populations and other specific community needs
2. CDC will provide foundational guidance and guidelines
3. Healthcare facilities will have multiple PIOs



Patient Care and Management

Goal

- Maintain support for patient care throughout duration of EID event

Command Objectives

Responsible Agencies

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Develop and disseminate strategies to maintain safe patient care when system is overwhelmed <ol style="list-style-type: none"> a. Contact Long Beach DHHS, Pasadena PHD b. Leverage Hospital Transfer plan c. Develop messaging to public in alignment with messaging to providers d. Mobile response teams | <ul style="list-style-type: none"> • Los Angeles County Department of Public Health (DPH) • Los Angeles County Department of Health Services (DHS) • Long Beach Department of Health and Human Services (DHHS) • Pasadena Public Health Department (PHD) • Los Angeles County Department of Mental Health (DMH) |
| <ol style="list-style-type: none"> 2. Provide guidance on triage care to healthcare providers <ol style="list-style-type: none"> a. Develop, deconflict, disseminate guidance on activating negative isolation rooms, cohorting guidelines (SARS, Pandemic Influenza) b. Disseminate epidemiological information to healthcare facilities | <ul style="list-style-type: none"> • Los Angeles County MHOAC |
| <ol style="list-style-type: none"> 3. Assess healthcare system resource needs for patient care <ol style="list-style-type: none"> a. Survey facilities for PPE caches b. Disseminate protocol on resource requests, including categories of resource types available for request c. Develop, deconflict, and disseminate protocol on decontamination and disinfection procedures for various types of facilities – acute care, ED, clinics, skilled nursing | <ul style="list-style-type: none"> • Los Angeles County MHOAC • |
| <ol style="list-style-type: none"> 4. Request and deploy additional healthcare resources to support patient care and management needs <ol style="list-style-type: none"> a. See: Mental Health Mission Area(page 31-33) | <ul style="list-style-type: none"> • Los Angeles County MHOAC |



- b. Develop, deconflict, disseminate guidance on Emergency Department closures, containment of disease, and re-opening ED if necessary
 - c. Hazardous materials guidance
 - d. Guidance on intra-hospital transfer of EID patients, particularly if facilities holding ebola-like patients > 12 hours
-
- 5. Facilitate the development and standardization of Crisis Standards of Care
 - a. Identify Alternate Care Sites
 - b. Facilitate faster approval from CDPH for local credentialing and tent setup
 - c. Cohort care by activity
 - Los Angeles County DPH
 - Los Angeles County DHS
 - Long Beach DHHS
 - Pasadena PHD

Key Assumptions

1. Healthcare surge and response activities will be based upon the Los Angeles County MHOAC *Healthcare Surge Planning Guide*
2. Frontline receiving hospitals have a three day patient plan for Ebola-like diseases
3. Many healthcare workers are not required by their facilities to don specialized high risk PPE or care for severe infectious disease cases
4. Specialized decontamination/special pathogen response resources are not available at every healthcare facility. For healthcare facilities where they are available, they are usually voluntarily staffed.
5. PPE/Disinfection and decontamination requirements are constantly changing; failure by public health agencies to deconflict and provide consistent information will cause confusion and negatively affect care
6. Clinics will not likely have specialized PPE



Environmental Services, Decontamination, and Waste Management

Goals

- Support healthcare system in decontamination and environmental safety guidance of facilities and equipment
 - Develop plans for waste management
-

Command Objectives

Responsible Agencies

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Establish appropriate waste management policies and procedures <ol style="list-style-type: none"> a. Develop guidance on proper packaging, handling, treatment and storage of waste generated b. Develop agreements with waste-management vendors who have established that they have appropriate containers and procedures for safe handling, transport, and treatment c. If no vendors identified, provide guidance on sequestering waste after 7 day per Metropolitan Waste Management Agency requirement d. Identify contingency plans if vendors/facility capabilities are overwhelmed e. Identify guidance for reprocessing and reusing PPE, if necessary | <ul style="list-style-type: none"> • Los Angeles County Department of Public Health DPH • Long Beach Department of Health and Human Services (DHHS) |
| <ol style="list-style-type: none"> 2. Identify contingency plans if facility capabilities are overwhelmed <ol style="list-style-type: none"> a. Assess current treatment sites and locations b. Identify treatment options for waste c. Identify alternate vendors d. Identifying locations for sequestering waste (EVD) e. Requests to CPDH for “relaxing” some of the waste storage requirements f. Facilitate provision of resources for waste management to healthcare providers | <ul style="list-style-type: none"> • Los Angeles County DPH—Environmental Health Division • Long Beach DHHS—Environmental Health HazMat |
| <ol style="list-style-type: none"> 3. Coordinate with state and federal agencies to conduct environmental investigations, sampling and assessments <ol style="list-style-type: none"> a. Plan for treatment of patients at home (Pandemic Influenza) b. Medical and Health Operational Area Coordinator (MHOAC) c. Regional Emergency Operations Center (REOC) | <ul style="list-style-type: none"> • Los Angeles County DPH • Long Beach DHHS - Environmental Health HazMat |



4. Provide disinfection and decontamination guidance and services to healthcare facilities and transport organizations
 - a. Identify appropriate methods/protocols for decontamination and disinfection for treatment areas
 - b. Identify appropriate strategies for equipment disinfection
 - c. Identify potential third party vendors for disinfection and decontamination
 - d. Train and exercise appropriate public health inspection staff
- Los Angeles County DPH—Environmental Health Division
 - Long Beach DHHS—Environmental Health HazMat
 - Pasadena PHD
 - Cal-OSHA
 - CDC

Key Assumptions

1. "Normal" biohazard waste will increase for all scenarios
2. The disease may not have established infection control practices for potentially several weeks into the disease event
3. California Department of Public Health (CDPH) and/or local public health agencies (LAC DPH, Long Beach HHS and Pasadena PHD) will provide guidance regarding safe processing and storage of waste
4. Additional storage space for will be limited at healthcare facilities
5. There will/may not be treatment options and protocols for all potential waste
6. LAC DPH, Pasadena PHD, and LB DHHS need to develop contingency plans for treated waste
7. During a pandemic flu outbreak, local public health agencies will provide prophylactic influenza vaccine community via Medical Points of Dispensing (MPODS), if vaccine is available
8. Waste management is critical to Ebola-like scenario response
9. LAC DPH-Environmental Health and LAC EMS have existing relationships with sanitation districts in LA County, which will lead to more efficient coordination and communication
10. Environmental waste surge plans are developed in advance at individual healthcare facilities



Fatality Management

Goal

- Support the proper recovery, handling, identification, transportation, tracking, storage and disposal of human remains
-

Command Objectives

Responsible Agencies

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Develop and deconflict decedent handling information in cooperation with the County Coroner <ol style="list-style-type: none"> a. Develop generic templates for death registration processing for healthcare facilities b. Develop guidelines for surge processing of decedents <ol style="list-style-type: none"> i. Refrigeration trucks – purchase ii. Burial at sea iii. EMS guidelines for all applicable scenarios iv. Storage guidance – stacking, refrigeration, etc. v. Disinfection and decontamination guidance vi. Vendor list vii. Procedures for unknown/“John Does” <ol style="list-style-type: none"> 1. Coordinating and communicating with healthcare facilities, including clinics 2. Communicating data regarding fatalities to public | <ul style="list-style-type: none"> • Los Angeles County Department of Public Health (DPH) • Los Angeles County Coroner |
| <ol style="list-style-type: none"> 2. Disseminate, and coordinate decedent handling guidance to healthcare agencies, funeral homes, law enforcement, Emergency Medical Services (EMS), fire agencies and the community <ol style="list-style-type: none"> a. Set up communication with facilities through Reddinet, HAM radio, Everbridge, LAHAN, CAHAN (as applicable/needed) <ol style="list-style-type: none"> i. Hospitals ii. Clinics iii. LTC/SNFs b. Establish Electronic Death Registry System (EDRS) and single collection point for data within LAC <ol style="list-style-type: none"> i. Develop cause of death forms c. Provide JIT training to facilities as to resource request protocols | <ul style="list-style-type: none"> • Los Angeles County DPH • Los Angeles County Coroner |



- | | |
|--|--|
| <ol style="list-style-type: none"> 3. Facilitate mental/behavioral health support for family members, responders, and survivors <ol style="list-style-type: none"> a. Coordinate with DMH to ensure cultural respect for bodies as much as possible b. Provide mental health for elderly, pediatric family members as well as adults c. Utilize hospital mental/behavioral health teams as available d. Supplement facility teams with DMH staff e. Utilize Family Information Center for facility f. Include clinics in assessments | <ul style="list-style-type: none"> • Los Angeles County Department of Mental Health (DMH) • Los Angeles County DPH • Long Beach Health and Human Services • Pasadena Department of Public Health |
| <ol style="list-style-type: none"> 4. Provide support for Family Assistance Centers (FAC) <ol style="list-style-type: none"> a. Coordinate with Los Angeles County OEM to identify necessary FAC resources | <ul style="list-style-type: none"> • Los Angeles County Office of Emergency Management |

Key Assumptions

1. LA County Coroner is the lead County agency for directing and managing fatality operations for the County of Los Angeles
2. For some EID events, LA County Coroner will be overwhelmed
3. For EVD specific response, see *Appendix 7: Safe Handling of Human Remains for Ebola Virus Disease (EVD) Patients*
4. If a disease is diagnosed (including by “case definition”), Coroner engagement is not necessary to determine the cause of death and/or transport the decedent to a mortuary location
5. While mutual aid agreements with other coroner/medical-examiner offices exist, there will be few resources available to LA County through these mutual aid agreements
6. The US Department of Defense (DoD) has some preliminary mutual aid agreements with Coroner offices in Southern California that may be accessible in an EID event
7. Rental of refrigeration vehicles for excess storage will not be possible; facilities will be required to purchase them

Organization and Assignment of Responsibilities

The significance of an emerging disease event will require significant response by, resources of and coordination by Operational Area (Los Angeles County), State and Fed. Agencies.

Table 3: County of Los Angeles Healthcare Agency Areas of Responsibility

County of LA Healthcare Agency Roles and Responsibilities L = Lead S = Support R = Potential Resource	Epidemiology and Surveillance	Infection Control & Prevention	Laboratory Services	Non-Pharmaceutical Interventions	Operations Coordination	Surge Staffing	Worker Safety and PPE	Mental Health	Healthcare Staff Training	Patient Transportation	Patient Care and Management	Facility Infrastructure	Public Information and Warning	Environmental Health, Decontamination and Waste Management	Fatality Management
Coroner	S						S							S	L
CEO/Emergency Management	R	R	R	S	L	R	R	S	R	S	S	S	R	R	R
Fire Department				S	S	S	S		S	S		S	S	S	S
Health Services	S	S	S	S	S	S	S	S	S	L	S		S	S	S
Mental Health				S	S	S	S	L	S	S	S		S		S
Public Health	L	L	L	L	S	L	L	S	L	S	L	L	L	L	S
Public Services			S										S	S	
Public Works			S									S			
Law Enforcement	S			S		S			S		S	S	S		S

Los Angeles County Operational Area Health and Medical Emerging Infectious Disease
Health Care System Surge Annex

Department of Public Health Roles and Responsibilities L = Lead S = Support R = Potential Resource	Epidemiology and Surveillance	Infection Control & Prevention	Laboratory Services	Non-Pharmaceutical Interventions	Operations Coordination	Surge Staffing	Worker Safety and PPE	Mental Health	Healthcare Staff Training	Patient Transportation	Patient Care and Management	Facility Infrastructure	Public Information and Warning	Environmental Health, Decontamination and Waste Management	Fatality Management
Children's Medical Services					S	S		S				S			
Chronic Disease and Injury Prevention	R	S	S	S	S		S					S			
Communicable Disease Control & Prevention Acute Communicable Disease Control Immunization Program Public Health Laboratory TB Control Veterinary Public Health	L	L	L	L	S	S	S		S	S	S	S	S	S	S
Communications and Public Affairs Health Education Administration				S	R	R	S		S	R	S	S	L		
Community Health Services	S			S	S	S		S	S	S	S	S	S		
Emergency Preparedness & Response	S	S	S	S	S	L	S	S	S	S	S	S	S	S	S
Environmental Health Health Facilities Radiation Program Toxics Epidemiology	S	S	S	S	S		S		S	L	L	S	S	L	S
HIV & STD Programs	S	S	S		S				S		S		S		
Maternal, Child & Adolescent Health					S		S	S	S		S		S		

Los Angeles County Operational Area Health and Medical Emerging Infectious Disease
Health Care System Surge Annex

Medical Director Health Assessment & Epidemiology Public Health Investigation	S	S		S	S	S	S		S	S	S	S		S	S
Office of Women's Health					S							S			
Public Health Administration Information Systems Organizational Development & Training	S			S	S	S			S	S	S	S	S		
Substance Abuse Prevention & Control					S										

Glossary of Terms

ACDC:	Acute Communicable Disease Control
CDC:	Centers for Disease Control & Prevention
CEOC:	County Emergency Operations Center (within the Chief Executive Office)
DHS:	Department of Health Services
DMH:	Department of Mental Health
DPH:	Department of Public Health
DOC:	Department Operations Center
DOD:	Department of Defense
DSF:	Disaster Staging Facility; warehousing location managed by LA County EMS
EID:	Emerging Infectious Disease
EVD:	Ebola Virus Disease
EHS:	Environmental Health Services
EMS:	Emergency Medical Services
EOC:	Emergency Operations Center for County/City
FAC:	Family Assistance Centers
HHS:	Health and Human Services
HIV:	Human Immunodeficiency Virus
HO:	Health Officer
ICS:	Incident Command System
MHOAC:	Medical and Health Operational Area Coordinator/Coordination
MAC:	Medical Alert Center
NIH:	National Institute of Health
NIMS:	National Incident Management System
OEM:	Office of Emergency Management
PHD:	Public Health Department
PIO:	Public Information Officer
PUI:	Person Under Investigation
REOC:	Regional Emergency Operations Center
SARS:	Severe Acute Respiratory Syndrome

Los Angeles County Operational Area Health and Medical Emerging Infectious Disease
Health Care System Surge Annex

SNS: Strategic National Stockpile

VA: Veterans Affairs

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- California *Medical and Health Situation Report*
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- Checklist for LACDPH Executive Staff on Activating the Departmental Emergency Management System
- *Los Angeles County Department of Public Health All-Hazards Plan*
- *Los Angeles County Department of Public Health Emergent Disease Readiness, Response, and Recovery Annex, 2014*
- *Los Angeles County Department of Public Health Emergency Operations Annex*
- *Los Angeles County Medical and Health Operational Area Coordination Program Manual*
- *State of California Mutual Aid Region I: Regional Emerging Infectious Disease Transportation Concept of Operations*
- *The U.S. Department of Health and Human Services (HHS) Region IX: Ebola Virus Disease (EVD) and other special pathogens - Coordination and Transportation Plan*

Appendix 1: Emergency Authorities, Acts and Laws

Following a confirmed release of anthrax, a series of federal and state authorities, acts and laws will be enacted by various governmental agencies and authorities. As outlined below, these laws provide wide and liability protection and critical operational flexibility for response in Los Angeles County.

Federal Laws & Acts

- **Robert T. Stafford Disaster Relief and Emergency Assistance (Stafford) Act:** Constitutes and provides the legal authority for the federal government to provide assistance during declared major disasters and emergencies. A presidential declaration under the Stafford Act enables broad public health and medical waivers via:
 - **Social Security Act Section 1135:** Allows the Secretary of Health and Human Services (HHS) to temporarily waive or modify certain Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and HIPAA requirements
 - **Public Health Service Act—Section 319:** Permits the federal government to suspend or modify certain legal requirements and provide funds to address the public health emergencies
- **Public Health Readiness and Emergency Preparedness (PREP) Act:** Authorizes the Secretary of HHS to issue a PREP Act declaration that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and public health emergencies.
- **Federal Drug Administration (FDA)—Emergency Use Authorization (EUA) Authority/Investigational New Drug (IND):** Allows for use of unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by biological, chemical, radiological or nuclear threat agents (Federal Food, Drug and Cosmetic Act, Section 564).
- **Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013: Title III, Section 302:** Grants authority to the Secretary of Health and Human Services to:
 - Allows the use of unapproved medical products or the unapproved use of an approved product during declared emergencies.
 - Authorize emergency dispensing of medical countermeasures during an actual emergency without an individual prescription
 - PAHPRA permits FDA to waive otherwise applicable requirements (e.g., proper storage or handling requirements) for approved MCMs to accommodate emergency response needs

- **Volunteer Protection Act:** Provides protection to nonprofit organizations' and governmental entities' volunteers for harm caused by their acts or omissions on behalf of the organization or entity.

California Government, Health and Safety Codes

- **Health and Safety Code Section 101040:** The county health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of war emergency," "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code, within his or her jurisdiction.
- **California Government Codes (GC):** Broad powers are granted to the California Governor during an emergency that are potentially applicable during this event. When the Governor proclaims a State of Emergency he/she is empowered to:
 - Suspend regulatory statutes and regulations (**CA GC 8571**)
 - Health regulations, issue orders and create new regulations (**CA GC 8567**)
 - Commandeer property and personnel (**CA GC 8572**)
 - Authorize pharmacists to dispense medications without a prescription (**CA B&P Code 4062**)
- **Emergency Use of Facilities:** Anyone, including public or private entities who maintains or owns a building or facility which has been designated as a mass care center, first-aid station, temporary hospital annex, or as other necessary facilities for mitigating the effects of a natural, man-made, or war-caused emergency is immune from liability (**California Civil Code 1714.5**)
- **Disaster Services Worker (DSW): Emergency Services Act §8657:** Provides DSW volunteers with immunity from liability while providing disaster services.

California State Board of Pharmacy Dispensing Waivers—California Business and Professions Code

§4062(b): Waiver of requirements for prescription, record-keeping, labeling, employee ratio, consultation and other standard pharmacy practices during an emergency.

Appendix 2: Los Angeles County Patient Transportation Protocols

Patient Transportation Protocols

LA County EID 911 Flow Chart Template	54
City of Long Beach EID 911 Flow Chart Template	55
City of Pasadena 911 Flow Chart Template	56



911 EMS Provider {Enter Communicable disease here} Patient Assessment and Transportation Guidelines



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

Medical Dispatch, EMT or Paramedic determines if patient meets suspect EVD case definition

Symptoms may include: {Enter signs and symptoms here}

AND

Confirmed travel to {Enter Country(ies) of origin here} within 21 days (3 weeks) of symptom onset

If patient meets above case definition:

Implement recommended use of PPE against [Disease] exposure during assessment, transport and treatment

PPE - Any combination of the following to eliminate any skin and mucous membrane exposure:

Level C splash protection	Full body suit
Double gloves	Boots and boot covers
Hooded face shield or similar that covers the front and sides of the face	
N95 mask (fluid resistant) or APR/PAPR/SCBA respirator	

IMMEDIATELY consult with Public Health (DPH) by calling:
(213) 240-7941 (Monday through Friday 8:00 a.m. to 5:00 p.m.) or
(213) 974-1234 (nights, weekends and holidays)

Ask to speak to the Administrator on Duty (AOD) to report suspected EVD

If DPH determines the patient is **NOT** a suspect case, follow regular protocols and contact assigned base hospital for medical direction and patient destination, if applicable.

If DPH determines patient meets case definition,

1. DPH will make arrangements with the designated (insert EVD, if appropriate) hospital, if necessary
2. DPH will notify the Los Angeles County EMS Agency's Medical Alert Center (MAC) **(866) 940-4401** to request a High-Risk Ambulance
3. EMS Agency will identify the designated Exclusive Operating Area (EOA) provider and contact their Dispatch Center to request a High Risk Ambulance.

DPH must provide MAC the following information for transportation requests:

1. Patient information (name, gender, history of present illness)
2. Patient pick up location
3. Staging location, if applicable
4. Hospital destination
5. DPH point of contact information, if additional information is needed

Effective: 11/12/14
Revised: 5/23/2018



911 EMS Provider {Enter Communicable disease here} Patient Assessment and Transportation Guidelines for City of Long Beach



Medical Dispatch, EMT or Paramedic determines if patient meets suspect EVD case

Symptoms may include: {Enter signs and symptoms here}

AND

Confirmed travel to {Enter Country(ies) of origin here} within 21 days (3 weeks) of symptom onset

If patient meets above case definition:

Implement recommended use of PPE against [Disease] exposure during assessment, transport and treatment

PPE - Any combination of the following to eliminate any skin and mucous membrane exposure:

Level C splash protection	Full body suit
Double gloves	Boots and boot covers
Hooded face shield or similar that covers the front and sides of the face	
N95 mask (fluid resistant) or APR/PAPR/SCBA respirator	

IMMEDIATELY consult with Long Beach Public Health (PH) by calling:
Public Health Duty Officer
(562) 570-5537 (24 hour line)

If Long Beach PH determines the patient is NOT a suspect case,
follow regular protocols and contact assigned base hospital for
medical direction and patient destination, if applicable

If Long Beach PH determines the patient meets case definition,

1. Long Beach PH will notify and consult with Los Angeles County PH (DPH) to request arrangements with designated assessment/treatment facility:
(213) 240-7941 (Monday through Friday 8:00 a.m. to 5:00 p.m.) or
(213) 974-1234 (nights, weekends and holidays)
Ask to speak to the Administrator on Duty (AOD) to report suspected EVD
2. DPH will notify the Los Angeles County EMS Agency's Medical Alert Center (MAC)
(866) 940-4401 to request a High Risk Ambulance
3. The EMS Agency will identify the designated Exclusive Operating Area (EOA) provider and contact their Dispatch Center to request a High Risk Ambulance

Long Beach PH must provide DPH the following information for transportation requests:

1. Patient information (name, gender, history of present illness)
2. Patient pick up location
3. Staging location, if applicable
4. Long Beach PH point of contact information

Effective: 11/12/14

Revised: 5/23/2018



911 EMS Provider {Enter Communicable disease here} Patient Assessment and Transportation Guidelines for City of Pasadena



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

Medical Dispatch, EMT or Paramedic determines if patient meets suspect case definition

Symptoms may include: {Enter signs and symptoms here}

AND

Confirmed travel to {Enter Country(ies) of origin here} within 21 days (3 weeks) of symptom onset

If patient meets above case definition:

Implement recommended use of PPE against exposure during assessment, transport and treatment

PPE - Any combination of the following to eliminate any skin and mucous membrane exposure:

- | | |
|---|-----------------------|
| Level C splash protection | Full body suit |
| Double gloves | Boots and boot covers |
| Hooded face shield or similar that covers the front and sides of the face | |
| N95 mask (fluid resistant) or APR/PAPR/SCBA respirator | |

IMMEDIATELY consult with Pasadena Public Health (PH) by calling:
(626) 744-6089 (Monday through Thursday and alternating Fridays 8:00 a.m. to 5:00 p.m.) or
(626) 744-6043 (alternating Fridays, nights, weekends, and holidays)

If Pasadena PH determines the patient is **NOT** a suspect case, follow regular protocols and contact assigned base hospital for medical direction and patient destination, if applicable.

If Pasadena PH determines patient meets case definition,

1. Pasadena PH will notify and consult with Los Angeles County PH (DPH) to request arrangements with the designated assessment/treatment facility:
(213) 240-7941 (Monday through Friday 8:00 a.m. to 5:00 p.m.) or
(213) 974-1234 (nights, weekends and holidays)
Ask to speak to the Administrator on Duty (AOD) to report suspected EVD
2. DPH will notify the Los Angeles County EMS Agency's Medical Alert Center (MAC)
(866) 940-4401 to request a High-Risk Ambulance
3. EMS Agency will identify the designated Exclusive Operating Area (EOA) provider and contact their Dispatch Center to request a High Risk Ambulance.

Pasadena PH must provide DPH the following information for transportation requests:

1. Patient information (name, gender, history of present illness)
2. Patient pick up location
3. Staging location, if applicable
4. Pasadena PH point of contact information

Los Angeles County Emergency Medical Services Agency

<http://dhs.lacounty.gov/wps/portal/dhs/ems>

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Appendix 3: PUI In-Home (Known Traveler) Transportation Protocol

Pending finalization

Appendix 4: LAX Patient Transportation Protocol

Pending finalization

Appendix 5: California Region I Transportation Protocol

Pending finalization

Appendix 6: HHS Region IX Patient Transportation Protocol

Pending finalization

Appendix 7: Safe Handling of Human Remains for Ebola Virus Disease (EVD) Patients

Pending finalization