Los Angeles County Medical and Health Operational Area Coordination Program

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Medical and Health Operational Area Coordinator

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The Los Angeles County Medical and Health Operational Area Coordination (MHOAC) Plan has been approved by the various departments representing the MHOAC group. Development of this plan was a collaborative effort with contributions from the following individuals:

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1.0 Purpose

The purpose of this plan is to provide guidance to designated staff that function under the Medical and Health Operational Area Coordination (MHOAC) Program. The MHOAC Program partners include Los Angeles County Department of Health Services Emergency Medical Services (EMS) Agency, Department of Mental Health (DMH), Department of Public Health (DPH) and the Office of Emergency Management (OEM), Long Beach Health and Human Services (LBHHS) and Pasadena Public Health Department (PPHD). This plan is not designed to be comprehensive, exhaustive nor replace critical thinking.

Duties and responsibilities include:

- Establishing early situational awareness or surveillance for suspect incidents.
- Identifying and establishing trigger points and thresholds for specific events/incidents.
- Identifying and notifying departments, sections, or individuals responsible for incident types.
- Establishing and maintaining communication, coordination and collaboration with system participants.

1.1 Authorities

California Health and Safety Code Section 1797.150 -.153

In each operational area (OA), the county health officer and the local emergency medical services agency administrator may act jointly as the MHOAC. If the county health officer and the local EMS agency administrator are unable to fulfill the duties, they may jointly appoint another individual to fulfill the responsibilities of the MHOAC. Within Los Angeles County, the EMS Agency Director is appointed as the MHOAC.

California Public Health and Medical Emergency Operations Manual

Authority and Responsibility of Local Health Officers in Emergencies and Disasters

California Medical Mutual Aid Plan

California Disaster and Civil Defense Master Mutual Aid Agreement

California Emergency Services Act

1.2 MHOAC Program Duties and Responsibilities

The MHOAC Program is responsible for coordinating the functions identified in the Health and Safety Code §1797.153 and the coordination of activities to ensure management of medical and health resources and reporting of situational status from the OA to the Region and/or State during disasters/emergencies.

Key duties the MHOAC Program is responsible for in the preparedness phase include:

- Ensuring the development of medical and health disaster plans, policies and/or procedures with the MHOAC partners that include and address the following 17 MHOAC functions:
  1. Assessment of immediate medical needs
  2. Coordination of disaster medical and health resource
  3. Coordination of patient distribution and medical evaluations
  4. Coordination with inpatient and emergency care providers
  5. Coordination of out-of-hospital medical care providers
  6. Coordination and integration with fire agency personnel, resources and emergency fire prehospital medical service
  7. Coordination of providers of non-fire based prehospital emergency medical services
  8. Coordination of the establishment of temporary field treatment sites
  9. Health surveillance and epidemiological analyses of community health status
  10. Assurance of food safety
  11. Management of exposure to hazardous agents
  12. Provision or coordination of Behavioral/Mental Health services
  13. Provision of medical and health public information and protective action recommendations
  14. Provision or coordination of vector control services
  15. Assurance of drinking water safety
  16. Assurance of the safe management of liquid, solid, and hazardous waste
  17. Investigation and control of communicable disease

- Participating in periodic training and exercises to test plans, policies, procedures, and structures for the activation and implementation of the disaster medical and health response system.

Key duties the MHOAC Program is responsible for in the response and recovery phase include:

- Ensuring the 17 MHOAC functions are addressed, as appropriate based on the disaster/emergency, in collaboration with MHOAC partners.

- Operating the MHOAC operations center.

- Identifying resources, coordinating the procurement and allocation of those resources to public and private medical and health providers, required to support disaster medical and health operations in affected areas.

- Communicating the medical and health status and needs within the OA to local, regional, and state governmental agencies and officials, including the California Department of Public Health (CDPH), the EMS Authority (EMSA) and California Office of Emergency

Services (Cal OES), and to local hospitals, EMS providers and other healthcare entities and providers.

- Staffing the Medical and Health Branch (MHB) of the County Emergency Operations Center (CEOC) and being the point of contact (POC) for medical and health issues.

- Contacting the Regional Disaster Medical and Health Coordination (RDMHC) Program to obtain mutual aid support from other OAs within the region or from state/federal resources if the MHOAC and the OAs in the Region are unable to meet the needs of the OA.

These functions are accomplished through the MHOAC or designee, who may be assigned to the Operations Center Manager (OCM) role or may be the Administrator on Duty (AOD), if the Operations Center is not activated. The MHOAC/designee will:

- Address all medical and/or health related issues.

- Communicate any needs to the MHOAC partners respectively, based on the nature and location of the incident or need.

- Maintain a 24 hour-per-day, 7 day-per week, 365 day-per-year (24/7/365) single point of contact for the MHOAC Program and ensure that contact information is readily available to public health, mental health, and medical system participants within the OA, as well as the RDMHC Program, CDPH and EMSA.

- Ensure an adequate number of trained personnel are available to fulfill the roles of the MHOAC during emergencies.

- Provide situational reports in accordance with the processes identified in the California Public Health and Medical Emergency Operations Manual (EOM).

- Utilize resource requesting and management procedures consistent with the California Public Health and Medical EOM.

- Maintain a directory of MHOAC partner contacts to ensure access to resources, including equipment, supplies, personnel and facilities within the OA.

- Oversee the County staff assigned to the CEOC MHB, if activated. DPH and DMH staffing of the CEOC MHB is incident/event specific and will be determined accordingly.

- Have a broad knowledge of the concepts and operations of all 17 MHOAC functions and/or have established internal relationships with personnel who are considered subject matter experts (SMEs) and can consult during an emergency.

2.0 Concept of Operations

The EMS Agency Director is the MHOAC for Los Angeles County. The MHOAC designates the EMS Agency AOD [filling the role of duty officer (DO)], as the initial POC for the MHOAC Program during response.

MHOAC duties will be incident driven and can be designated, by the MHOAC or the EMS Agency AOD, to any of the MHOAC partners (DHS EMS Agency, DMH, DPH, PPHD and LBHHS) tasked with the responsibility for a specific function under the 17 MHOAC functions.

2.1 Duty Officers

The Los Angeles County EMS Agency assigns staff to cover 24/7/365, who can be contacted at laemsadutyofficer@dhs.lacounty.gov for routine messaging or if emergent by calling the Medical Alert Center (MAC) at (562) 378-1789 and requesting to speak with the AOD.

- Upon notification of an incident that may require MHOAC response, the EMS Agency AOD shall:

    1. Determine the level of response warranted
    2. Identify which MHOAC partner will be the incident lead and which partners will serve in a support role
    3. Contact the DPH and/or DMH Duty Officers (DO) and provide status briefing, as indicated
    4. Confirm the designated Lead Agency will interface with RDMHC/S and be responsible for Situational Status Report (SitRep) development and submission.

- DOs will adhere to their respective departmental/agency policies regarding approval of resource requests, CEOC response/staffing, Department Operations Centers (DOC) activation, response to incidents in the field, contacting their department/agency executives for policy-level decisions, etc.

2.2 County Emergency Operations Center

Los Angeles County OEM is responsible for activating and operating the OA EOC, also known as the CEOC. The MHB is a branch of the Operations (OPS) Section. Staffing for the MHB will be provided by the EMS Agency, DPH and DMH and the lead department will be determined by the nature of the incident; (e.g., an infectious disease outbreak, DPH would lead), with the other two departments serving a support role.

Upon CEOC activation, the MHOAC will contact the CEOC to determine if response to the CEOC is indicated/necessary. If response is warranted, the MHOAC will assign EMS Agency staff to report to the CEOC to be a resource on medical and health issues that arise within the County.

Upon arrival to the CEOC, EMS Agency staff will assume the MHB Director and MHOAC responsibilities (unless DPH or DMH is lead), will communicate with the EMS Agency, DPH, and

DMH DOs. The staff assigned to the CEOC will reach back to the MHOAC or OCM for direction on policy decisions and response activities.

2.3 DHS, DPH, and DMH Department Operations Centers

When the DHS (operated by the EMS Agency), DPH, and/or DMH Department Operations Centers (DOC) are activated, they will act as the coordinating body for the disaster response and will operate in accordance with the EOM, taking responsibility for the receipt and approval for all medical and health resource requests and SitReps and sharing this information with the MHB at the CEOC, to ensure awareness at that level.

Coordination and communication are paramount to successful response to incidents. The OA Resource Request System (OARRS) is the primary method of communications between the DOC, Department Emergency Coordinators and the MHB. If OARRS is not available, alternate communications methods will be utilized (radios, landlines, mobile phones, e-mail, couriers, etc.).

3.0 MHOAC Disaster Activation Primary Tasks

Key tasks are critical to the function of the MHOAC program response and recovery and are highlighted below.

3.1 Notification, Activation, and Response

Incidents with a medical and health impact will require communication and coordination with multiple county departments, stakeholder agencies and healthcare providers. In Los Angeles County, the EMS Agency Director or the AOD fulfills the MHOAC position and serves as the 24/7/365 point of contact within the OA for information related to the medical and health systems, state and regional partners, and for maintaining the MHOAC Program's ability to initiate emergency response activities.

Triggers for Notification

Notification by the MHOAC is dependent upon the incident's complexity and severity. However, the following conditions are common triggers:

- An incident that significantly impacts or is anticipated to impact the OA's Medical and Health System.
- An incident that disrupts or is anticipated to disrupt the OA Medical and Health System.
- An incident where resources are needed or anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements.
- An incident that produces media attention and/or is politically sensitive.
- An incident that leads to a regional or state request for information or mutual aid.

- An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact.

Levels of Response and Activation

The level of response activated by the MHOAC is scalable and reflective of the nature of the incident and its impact on the capacity of the medical and health system. The MHOAC will evaluate whether the OA should operate at a routine "day-to-day" level with DO status or, due to a single large event or cumulative effect of multiple smaller events, should operate at one of the following levels:

- Unusual Event/ Emergency handled within EMS or public health system *without* MHOAC
- Unusual Event/Emergency handled within OA with MHOAC
- Unusual Event/Emergency with another OA assisting MHOAC
- Unusual Event/Emergency with RDMHC, other regional OAs and MHOAC
- Unusual Event/Emergency with MHOAC, RDMHC, and State
- Catastrophic Event requiring Federal and State assistance, RDMHC and MHOAC

3.2 Situation Status and Reporting

The MHOAC is the principal POC within the OA for information related to incidents impacting the medical and health system. It is expected that the MHOAC Program will prepare the Medical and Health SitRep for the OA and share this information with the relevant County departments and stakeholder agencies, including the RDMHC/S, CDPH and/or EMSA DO or through the State Medical and Health Coordination Center (MHCC) if activated.

The MHOAC will submit an initial SitRep to the RDMHC/S within two hours of being aware of an event, either as a verbal report via telephone for fast moving events or as a written "Flash Report" for immediate notification. The MHOAC will send an updated SitRep at least one time during an operational period or when there is a significant change in status related to the incident including resource needs. Send SitRep to CDPH at CDPHdutyofficer@cdph.ca.gov and to EMSA at EMSAdutyofficer@emsa.ca.gov.

3.3 Resource Requests

The MHOAC coordinates the processing of Medical and Health resource requests within the OA using all available suppliers and local caches. General resource requests that are **not** medical and health in nature will be referred to the requestor to work with their City EOC and if not available at that level may be referred by the MHOAC to the CEOC.

Los Angeles County utilizes ReddiNet™ Resource Request module to receive, process, fill and track medical and health resource requests. ReddiNet interfaces with the State resource requesting system (Salesforce) and provides for resources to be escalated to the region or State when not available in the OA. Requests from providers or agencies that do not have a Reddinet account, will be entered into ReddiNet Resource Request module by EMS Agency staff.

Escalation of Resource Requests

If the MHOAC cannot fulfill a resource request using local sources, they may request medical and health resources from outside of the OA via their Region's RDMHC Program.

If regional resources are inadequate or delayed, the RDMHS will forward the request to the State. If in-State resources are unable to fill the request in a timely manner, CDPH/EMSA may request Federal assistance going through Cal OES. Should the Strategic National Stockpile (SNS) assets be needed to support the response to an event, acting through Cal OES, the Governor will request the SNS via the Office of the Assistant Secretary for Preparedness and Response of the Department of Health and Human Services.

Resource Tracking/Management

The MHOAC program tracks all medical and health resources given and received from within and outside of the OA. Each MHOAC partner will track the resources they coordinate and manage. When receiving resources, the MHOAC partners will track receipt of the resource(s), condition of the resource(s), where the resource was deployed, the quantity deployed and anticipated return date/times unless the resource is consumable (masks, medical supplies) then anticipated return is not indicated.

3.4 Medical and Health Mutual Aid

As stated in the Resource Request section the MHOAC coordinates all medical and health resources, including personnel, equipment, and supplies within, into and out of the OA. Based on requests and an assessment of local resources, the MHOAC may request or provide mutual aid as conditions warrant.

Los Angeles County has entered into a Cooperative Agreement with the medical and health entities in California OES Regions I and VI plus the Counties of Kern and Monterey. This Cooperative Agreement addresses the willingness of each signatory to:

- provide a reasonable and reciprocal exchange of services where feasible and appropriate.
- provide emergency medical and health disaster services.
- make available emergency equipment, supplies and personnel
- ensure the prudent use and reimbursement or replacement (at the discretion of the sending entity) of emergency medical and health disaster services, personnel, equipment and supplies utilized in assisting with emergency management related tasks

If the signatories to the Cooperative Agreement are unable to fulfill a resource request the process outlined in section 3.3 Resource Request under Escalation of Resource Requests will be followed.

The State can access national mutual aid resources through its Emergency Management Assistance Compact (EMAC) and access State National Guard and federal resources to fill resource requests using any resources available to them.

Financial Reimbursement

Generally, entities are responsible for paying for any requested resources. If a "State of Emergency" or "Disaster" is proclaimed/declared, there may be financial relief available. If relief funding becomes available as part of the recovery process, documentation of all expenses is required to receive reimbursements or other forms of assistance. Ideally, having agreements in place prior to any disaster/emergency with partner agencies will expedite reimbursement.

In order to qualify for disaster-related assistance through state and federal programs, documented eligible expenses must be/have:

- required as the direct result of the declared emergency or major disaster
- located within the designated disaster area, except for sheltering, evacuation activities and mobilization centers, which may be located outside the designated disaster area
- the legally responsible eligible applicant at the time of the disaster
- prior agreements in place with procurement entity to be eligible for reimbursement

3.5 Polling and Reporting

Coordination of patient distribution, bed polling and reporting and patient transportation is the responsibility of the MHOAC program. Real time polling is needed during an incident to maintain situational awareness to inform response planning and optimize patient dispersal within the OA or to support other OAs, upon the request of the RDMHC program or State.

Hospital Capacity

Hospital Available Beds for Emergencies and Disasters (HAvBED) was created by the federal government to standardize the terms for the various bed types found in hospitals when surveying for available beds. The difference between a HAvBED and a Multi-Casualty Incident (MCI) poll is that HAvBED captures the number of staffed and available **in-patient bed types** (ICU, Medical Surgical, etc.) and MCI polling captures how many triage-types (Immediate, Delayed, and Minor) **patients** an emergency department and hospital can accept. The information from HAvBED is used to gauge hospital inpatient capacity and possible strains on patient care or to plan for the receipt of evacuated patients or plan for hospital evacuation in anticipation of a significant disaster (e.g., Hurricane Katrina where hospitals in New Orleans were evacuated).

Polling of healthcare entities may include requesting information about the following:

Capacity Polling

- Capacity polling for an MCI, asking a hospital with an emergency department how many patients by triage type they can receive from EMS (red/immediate; yellow/delayed; green/minor).

- Bed availability by inpatient bed type using HAvBED definitions (Medical/Surgical, ICU, OR, Psychiatric, Burn, etc.).

- Bed availability within Skilled Nursing Facilities (SNFs) and Long-Term Care (LTC) Centers by bed type (gender, isolation, ventilator, bariatric, secured, etc.).

Situational Awareness Polling

- Damage (infrastructure, utilities) to healthcare facilities (SitRep)

- Level of Healthcare Facility Command Center activation (SitRep)

- Emergency Department Status (Closed, Partial, Open) (HAvBED and/or SitRep)

- Evacuation Status (None, Partial, Full) (SitRep)

- Available Decontamination (HAvBED or SitRep)

- Surge of Psychological casualties in healthcare facilities

- Activation of Hospital Family Information (FIC)/Family Assistance Center (FAC)

- Other resource availability, including:

    - Ventilators for adults and pediatric patients (HAvBED)

    - Implementation of various surge strategies (SitRep)

    - Anticipated staff shortages (SitRep)

    - Anticipated resource shortages including:

        - General medical supplies

        - Pharmaceuticals

        - Personal Protective Equipment (PPE)

- Ancillary supplies to care for ventilator patients

Additionally, depending on the disaster/emergency specific information may be needed from hospitals to determine the impact on each facility resulting in event specific polls, which could be a one-time poll or a daily poll (COVID-19 daily poll).

Medical Transportation Resource Polling

Knowing the available ground and air medical transportation resources is essential to managing the response to a disaster/emergency to ensure safe patient movement. The Los Angeles County Fire Department as the Fire Operational Area Coordinator (FOAC) coordinates medical transportation polling. The FOAC in collaboration with the MHOAC and designated private ambulance companies who provide transportation in an Exclusive Operating Area (EOA) conducts polls (surveys) to obtain ground medical transportation availability for incidents requiring significant patient movement, either from the field to definitive care or between hospitals.

The FOAC and MHOAC will also coordinate with the RDMHC to request additional transportation resources if local resources are insufficient. This collaboration enables the MHOAC Program to quickly facilitate additional medical transportation requests from another OA within or outside of Region I or VI.

3.6 Public Communication (Information and Warning)

The MHOAC program has adopted a series of communication processes that detail the flow of information sharing amongst the various partners within the MHOAC group (see Appendices Communication Process). Additionally, each MHOAC partner has adopted communication plans (see Communications Annex) based upon the departments mission to respond to and/or support routine activities or disaster incidents.

Each MHOAC partner can appoint their own PIO or designee to interface with the public, media, other agencies, and stakeholders to provide incident-related information, and updates based on changes in the status of the incident. Incidents that are complex in nature may require interface from other agencies and jurisdictions, as well as a unified command coordinated by the CEOC to ensure the release of accurate information.

All public information activity should be coordinated at the CEOC Joint Information Center (JIC), if activated. If not, Public Information Officer (PIO) activities will be handled per MHOAC entity departmental/agency policy.

4.1 Report Forms

This section contains common and frequently used forms for the MHOAC position. Please note that due to the unique circumstances within our MHOAC group, not all forms will be provided. It is at the discretion, experience, policies, and procedures of the MHOAC program to determine which forms to include within this plan.

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4.1.1 Flash Report

The Flash Report is intended to be used as a quick, information sharing prelude to a more detailed SitRep. Flash Reports can be given verbally via telephone. It is strongly recommended that MHOAC program staff establish communication with the RDMHC/S as early as possible to maximize information and assistance availability.

LA COUNTY OPERATIONAL AREA

Medical Health Operational Area Coordination

FLASH REPORT

SIGNIFICANT EVENT – EMERGENCY – EVOLVING INCIDENT

Incident Name:
Type of Incident:
Mutual Aid Req: I
Operational Area: Los Angeles
Reporting Entity:
Date: **Time:**

Prepared By	Contact Information
	MHOAC
	(Other contact):

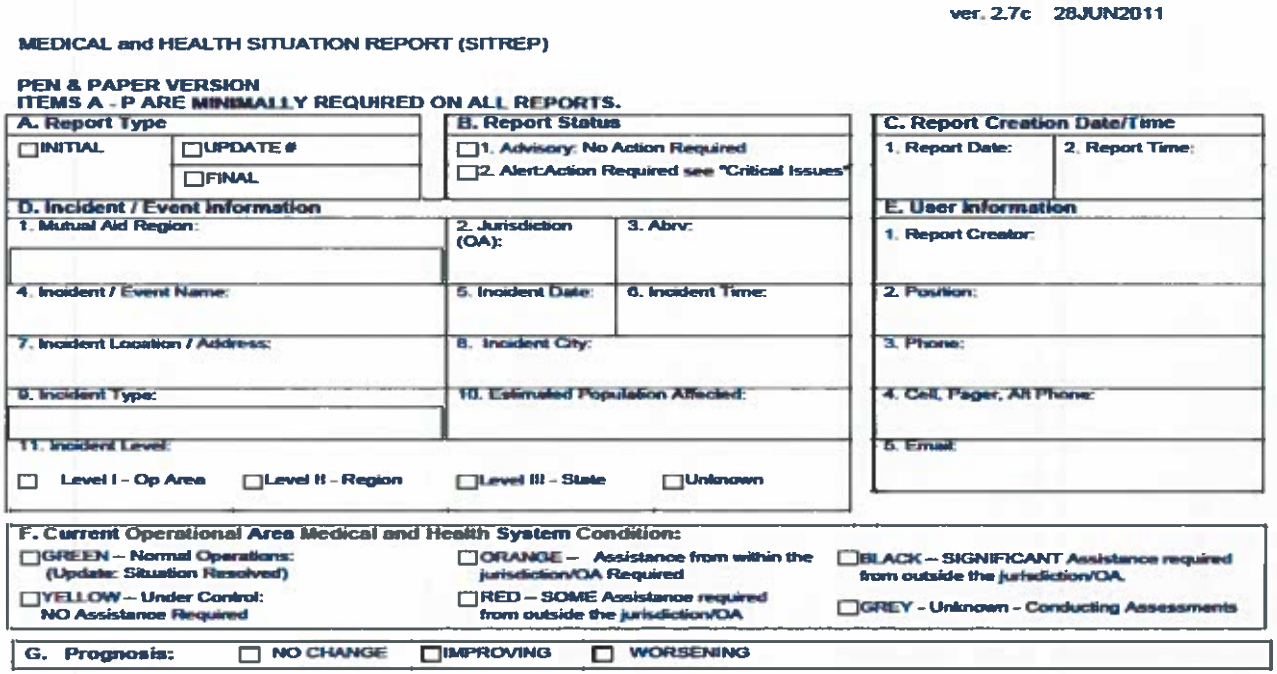
Brief Summary
Critical Issues / Priorities (specifically to the impact to medical health system):
Point of contact (MHOAC or RDMHC/S):

This flash report provides initial and sometimes limited information. It does not fulfill the spectrum of a complete situational report. It is intended as a quick advisory to upper level management as an indicator that a potential incident or situation has or is occurring within the region(s). An assessment of the situation is ongoing and may require additional documentation to support a full situational report.

Confidential
Last printed 7/1/2019 8:34:00 AM

4.1.2 Medical and Health Situation Report

The following document is an example of a Medical and Health Situation Report (SitRep). The SitRep is available here electronically in Adobe PDF format. It is strongly recommended that MHOAC partners have quick access to this document either online or via USB drive in case of emergencies.



ver. 2.7c 28JUN2011

MEDICAL and HEALTH SITUATION REPORT (SITREP)

PEN & PAPER VERSION
ITEMS A - P ARE MINIMALLY REQUIRED ON ALL REPORTS.

A. Report Type		B. Report Status	C. Report Creation Date/Time	
☐INITIAL	☐UPDATE #	☐1. Advisory: No Action Required	1. Report Date:	2. Report Time:
	☐FINAL	☐2. Alert:Action Required see "Critical Issues"		

D. Incident / Event Information			E. User Information
1. Mutual Aid Region:	2. Jurisdiction (OA):	3. Abrv:	1. Report Creator:
4. Incident / Event Name:	5. Incident Date:	6. Incident Time:	2. Position:
7. Incident Location / Address:	8. Incident City:		3. Phone:
9. Incident Type:	10. Estimated Population Affected:		4. Cell, Pager, Alt Phone:
11. Incident Level:			5. Email:
☐ Level I - Op Area ☐Level II - Region ☐Level III - State ☐Unknown			

F. Current Operational Area Medical and Health System Condition:

☐GREEN – Normal Operations: (Update: Situation Resolved)	☐ORANGE – Assistance from within the jurisdiction/OA Required	☐BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA.
☐YELLOW – Under Control: NO Assistance Required	☐RED – SOME Assistance required from outside the jurisdiction/OA	☐GREY - Unknown - Conducting Assessments

G. Prognosis: ☐ NO CHANGE ☐IMPROVING ☐ WORSENING

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Event Name: _____

PEN & PAPER VERSION SECTION 1 (Continued)

(Text boxes capacity: 9 lines)

H. Current Situation: (Provide detailed Situational Awareness Information)
I. Current Priorities: ("NONE" or "Nothing to Report" is acceptable.)
J. Critical Issues or Actions Taken: ("NONE" or "Nothing to Report" is acceptable.)

Event Name: _____

PEN & PAPER VERSION SECTION 2
ITEMS A - P ARE MINIMALLY REQUIRED ON ALL REPORTS.

K. Activities:
☐ 1. EMS/LHD DOC Active ☐ 2. OA EOC Active
☐ 3. OTHER: (Explain in Current Situation–Page 2) ☐ 4. OA EOC MH Branch Active

L. Proclamations/Declarations:
☐ 1. Local Emergency ☐ 2. State ☐ 3. Other (List in Box Q below)
☐ 4. PH Emergency ☐ 5. Federal
☐ 6. PH Hazard ☐ 7. Unknown

M. OA MH Primary Point of Contact NAME:

O. MH POC Telephone:

P. MH POC Email:

N. Health Advisories/Orders Issued:
☐ 1. Air Unhealthful ☐ 2. Heat
☐ 3. Boil Water ☐ 4. Cold
☐ 5. Food Hazard ☐ 6. Beach Closure
☐ 7. Disease Outbreak ☐ 8. Vector
☐ 9. School Dis/Closures ☐ 10. Radiation
☐ 11. Quarantine/Isolation ☐ 12. Other (List in Box Q. below)

Q. Hazard Specific Activities:

R. Summary of Impact:

1. Est. Population Affected (Reported OA OEM):	#	☐ No Report/Assessment
2. Fatalities (County Coroner Source):	#	☐ No Report/Assessment
3. Injured – Immediate:	#	☐ No Report/Assessment
4. Injured – Delay:	#	☐ No Report/Assessment
5. Injured – Minor:	#	☐ No Report/Assessment

S. Evacuations:

☐ 1. Voluntary	#
☐ 2. Mandatory	#
☐ 3. Total:	#

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Event Name: _____

PEN & PAPER VERSION SECTION 2 (Continued)

T. Medical and Health Coordination System Function Specific Status *Check box only if necessary*						(If other than green, provide brief comment)
1. Animal Care	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
2. Health HazMat	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
3. Out-Patient Clinics	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
4. In-Patient Healthcare Facilities	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
5. Drinking Water	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
6. Home Health Care	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
7. EPI / Disease Control	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
8. Homebound With Medical Needs	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
9. Locally based State/Federal Functions	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
10. LEMSA Program Services	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
11. Food Safety	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
12. Liquid Waste / Sewer Systems	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
13. Medical Waste	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
14. Radiation Health	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
15. Mental Health	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
16. Solid Waste Disposal	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
17. Public Health Lab	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
18. Vector Control	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
19. Medical Transport System	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	
20. Shellfish	☐ Green	☐ Yellow	☐ Orange	☐ Red	☐ Black	

Additional Notes:

Event Name: _____

PEN & PAPER VERSION SECTION 3

U.Overall Healthcare FACILITIES System Status	☐ Green – Normal Operations: (Situation Resolved)	☐ Yellow – Under control: NO Assistance Required	☐ Orange – Assistance from with the Facility Required	☐ Red – SOME Assistance from Outside Facility Required	☐ Black - SIGNIFICANT Assistance from Outside Facility Required

1. Total General Acute Care Hospitals:	#	**5. Acute Care Hospital Comments:**
1. GACH – Fully Functional	#	
2. GACH – Not Functional	#	
3. GACH – Partially Functional	#	
4. GACH – Not Reporting	#	☐ No Report/Assessment
2. Total SNFs / LTCFs:	#	
1. SNF – Fully Functional	#	
2. SNF – Not Functional	#	
3. SNF – Partially Functional	#	
4. SNF – Not Reporting	#	☐ No Report/Assessment
3. Total ICF - DD Intermed Care Facil:	#	
1. IFC – Fully Functional	#	
2. IFC – Not Functional	#	
3. IFC – Partially Functional	#	
4. IFC – Not Reporting	#	☐ No Report/Assessment
4. Total Acute Psych Hospitals:	#	
1. APH – Fully Functional	#	
2. APH – Not Functional	#	
3. APH – Partially Functional	#	
4. APH – Not Reporting	#	☐ No Report/Assessment
5. Total State Hospitals (Corr, DD, MH):	#	
1. StH – Fully Functional	#	
2. StH – Not Functional	#	
3. StH – Partially Functional	#	
4. StH – Not Reporting	#	☐ No Report/Assessment

Event Name: _____

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Cong Care Health Fac:	#	
1. CLF – Fully Functional	#	
2. CLF – Not Functional	#	
3. CLF – Partially Functional	#	
4. CLF – Not Reporting	#	☐ No Report/Assessment
7. Total Dialysis Centers:	#	
1. Dial – Fully Functional	#	
2. Dial – Not Functional	#	
3. Dial – Partially Functional	#	
4. Dial – Not Reporting	#	☐ No Report/Assessment

Event Name: _____

PEN & PAPER VERSION SECTION 4

V. General Infrastructure Damage as it relates to the Medical Health System (If other than green, provide brief comment)						
1. Roads	☐Green	☐Yellow	☐Orange	☐Red	☐Black	
2. Medical Health Communications	☐Green	☐Yellow	☐Orange	☐Red	☐Black	
3. Communications	☐Green	☐Yellow	☐Orange	☐Red	☐Black	
4. Power	☐Green	☐Yellow	☐Orange	☐Red	☐Black	

W. Care and Shelter			
1. Medical Mission at Shelter			
2. Number Opened:	#	3. Population Served:	#
4. Medical Support of Shelter	☐Open ☐None ☐Planned ☐Assessing – no report		
	Comments:		
5. Mobile Field Hospital	☐Open ☐None ☐Planned ☐Assessing – no report		
	Comments:		
6. Gov Auth. Alternate Care Sites	☐Open ☐None ☐Planned ☐Assessing – no report		
	Comments:		
7. Specialty Center	☐Open ☐None ☐Planned ☐Assessing – no report		
	Comments:		
8. Field Treatment Sites	☐Open ☐None ☐Planned ☐Assessing – no report		
	Comments:		

Event Name: _____

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
10. Local Disaster Warehouse	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
11. PODS	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
12. PH Response Team	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
13. Warming Centers	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
14. Other (List)	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				

X. Medical Transportation			
1. Ambulance Units Available	#	2. Ambulances Committed	#
3. AST's Available (5:1)	#	4. AST's Committed	#
5. DMSU's Available	#	6. DMSU's Committed	#
7. Additional Medical Transportation Issues			

Event Name: _____

PEN & PAPER VERSION SECTION 5

Y. General and/or Additional Information (add anything here that does not appear elsewhere in this report)

END OF REPORT

Event Name: _____

4.2 Resource Requests Forms

The following pages contain the *(4.2.1) Resource Request: Medical and Health Op Area (MHOAC) to Region / State* resource request form and the *(4.2.2) Resource Request Medical and Health: Field / HCF to Op Area* form. Please note: ReddiNet is the primary platform used for resource requesting by the EMS Agency. ReddiNet subscribers can submit resource request electronically to the EMS Agency for Medical and Health resources. A training video titled "*Sending a Resource Request*" is available at the following website: ReddiNet Help and Support

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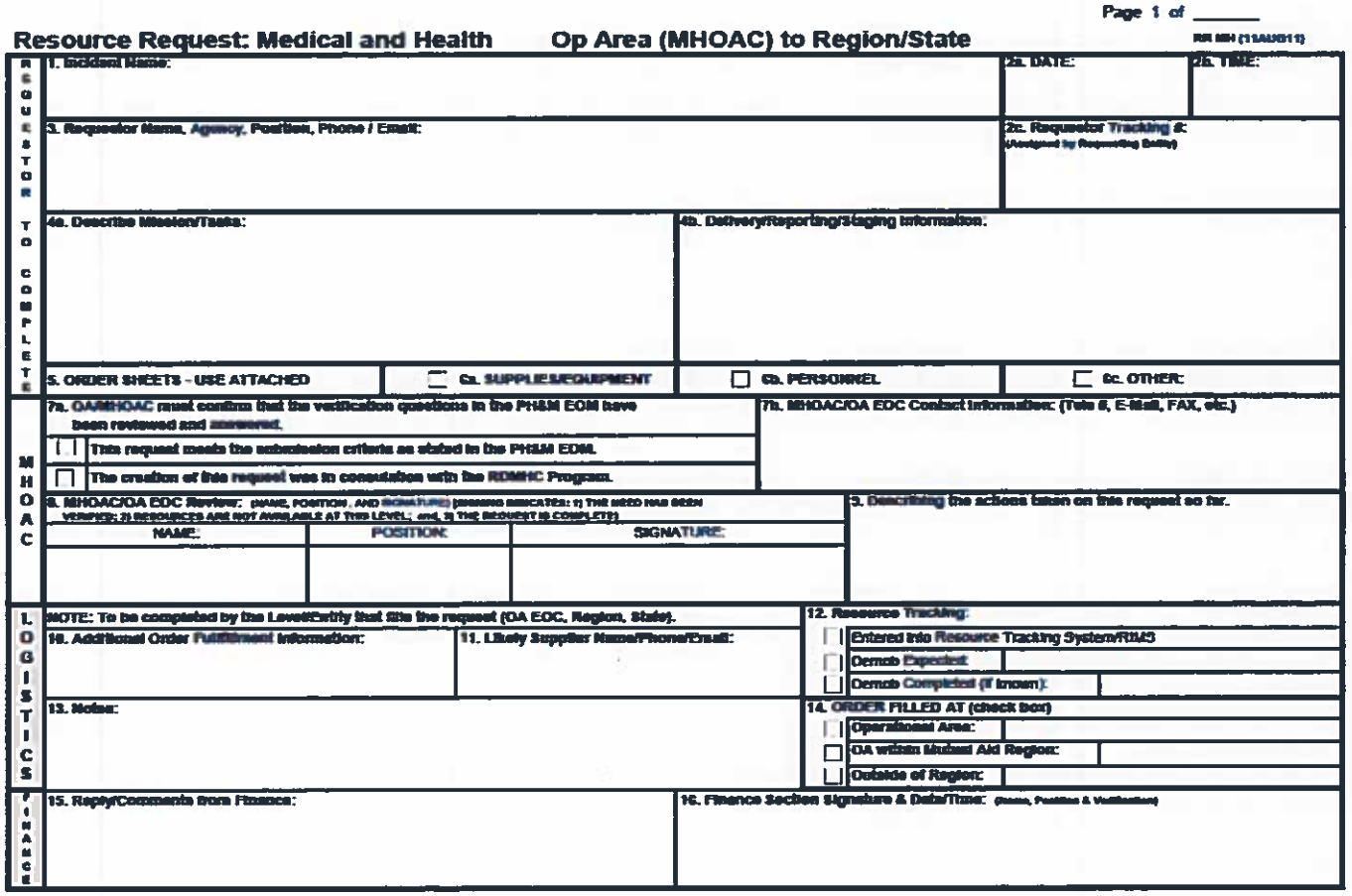
4.2.1 Resource Request: Medical and Health Operational Area (MHOAC) to Region/State



Page 1 of _____

Resource Request: Medical and Health Op Area (MHOAC) to Region/State

REQUESTOR TO COMPLETE

1. Incident Name:
2a. DATE:
2b. TIME:
3. Requestor Name, Agency, Position, Phone / Email:
2c. Requestor Tracking #:
(Assigned by Requesting Entity)
4a. Describe Mission/Tasks:
4b. Delivery/Reporting/Staging Information:
5. ORDER SHEETS - USE ATTACHED
6a. SUPPLIES/EQUIPMENT
6b. PERSONNEL
6c. OTHER:

MHOAC

7a. OA/MHOAC must confirm that the verification questions in the PH&M EOM have been reviewed and answered.
- This request meets the activation criteria as stated in the PH&M EOM.
- The creation of this request was in consultation with the RDMHC Program.

7b. MHOAC/OA EOC Contact Information: (Tele #, E-Mail, FAX, etc.)

8. MHOAC/OA EOC Review: (NAME, POSITION, AND SIGNATURE) BY SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; and, 3) THE REQUEST IS COMPLETE)

NAME:	POSITION:	SIGNATURE:

9. Describing the actions taken on this request so far.

LOGISTICS

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

10. Additional Order Fulfillment Information:
11. Likely Supplier Name/Phone/Email:
12. Resource Tracking:
- Entered into Resource Tracking System/RIMS
- Demob Expected:
- Demob Completed (if known):
13. Notes:
14. ORDER FILLED AT (check box)
- Operational Area:
- OA within Mutual Aid Region:
- Outside of Region:

FINANCE

15. Reply/Comments from Finance:
16. Finance Section Signature & Date/Time: (Name, Position & Verification)

ORDER SHEET

PAGE ___ OF ___

6a. ORDER **GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS**

17. Logistics Section: Fulfillment
NOTE: To be completed by the Local/Entity that fills the request (DA EOC, Region, State).

Line #	Priority [2]	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	Product Class (Ea, Box, Ca, Pack)	Items per Product Class	Quantity [1] Requested	Expected Duration of Use:	Quantity: Approved	Quantity: Filled	Quantity: Back-Ordered	Tracking #	Estimated Time of Arrival (Date & Time)	COST

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

Deliver to/Report to POC (Name/Title/Location/Cell/Email/Radio#)

[1] QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed.

[2] PRIORITY: (E)mergent <12 hour (RISK: FLASH/HIGH), (U)rgent >12 hour (RISK: MEDIUM) or (S)ustainment (RISK: LOW)

11AUG11

ORDER SHEET

PAGE _____ OF _____

6a. ORDER **PERSONNEL REQUEST DETAILS** ☐ PAID ☐ NON-PAID 17. Logistics Use/Issue/Fulfillment

ITEM #	Priority [1]	Personnel Type & Probable Duties Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	Minimum Required Clinical Experience (1=retired hospital, 2=current clinical, 3=current license, 4=clinical education)	Required Skills, Training, Certs (e.g., PALS, Current ICU experience, Languages, ICS training, Addt'l Lic. i.e., FNP, etc.)	Preferred Skills, Training, Certs	Date/Time Required (estimate anticipated mobilization or duty date.	Anticipated Length of Service (estimate days or hours.	Quantity		Tracking # or DHV Mission Number
									Approved	Filled	

Additional Instructions:

Deliver to/Report to POC (Name, Title, Location, Telcit, Email, Radio, etc.)

Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.

[1] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

11AUG11

ORDER SHEET

PAGE _____ OF _____

Sec. ORDER **OTHER REQUEST DETAILS**						17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (DA EOC, Region, State).					
Item #	Priority [2]	Detailed Specific Description (Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)	Product (Ea, Cache, Team)	Quantity [1] Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival (Date & Time)	COST
						Approved	Filled	Back-Ordered			
1	E										
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						Deliver to/Report to POC (Name, Title, Location, Telef, Email, Radio, etc.)					

[1] QUANTITY: Number of individual items, caches, strike teams, or resources needed .

[2] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

11AUG11

4.2.2 Resource Request Medical and Health: Field/HCF to Op Area

E-mail completed form to laems.adutyofficer@dhs.lacounty.gov[1]
or fax: number will be provided at time of event

Resource Request Medical and Health: FIELD/HCF[2] To Op Area

1. Incident Name:	2a. DATE:	2b. TIME:
User needs ability to enter data / to name incident (Free form) - mandatory field		

3. Requestor Name, Agency, Position, Phone / Email:	2c. Requestor Tracking Number: Facility code+3 digit number (Assigned by requesting entity)

4. Describe Mission/Tasks:

5. ORDER SHEET(S) - ATTACH ADDITIONAL IF NEEDED ☐ SUPPLIES ☐ PERSONNEL ☐ EQUIPMENT

6. ORDER *MEDICAL & HEALTH REQUEST DETAILS*

Item #	Priority[3]	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (Attach product information pages, photos, In-House purchase order documentation)	Qty	Expected Duration of Use (does not apply to supplies)

7. Requesting facility must confirm that these 3 requirements have been met prior to submission of request
- ☐ Is the resource(s) being requested exhausted or nearly exhausted?
- ☐ Facility is unable to obtain resource within a reasonable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office?
- ☐ Facility is unable to obtain resource from other non-traditional sources?

8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION
(NAME, POSITION, AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)

1 -When EMS DOC activated MH-RR to be sent to Operations Section Coordinator
2 -HCF = Health Care Facility
3 -Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

F:\1 Department of Emergency Coordination\Forms\FRM-Resource Request Medical and Health

Resource Request Medical and Health (RRMH) Completion Instructions

11/6/2011

Note: Within any large cell you can move to a new line within the cell by holding down the "Alt" Key and pressing the "Enter" Key once for each new line needed.	
1. Incident Name:	Name assigned by Incident Commander/ Jurisdictional Emergency Management: Be as general as possible, i.e.; March 2011 EQ or IED at Covention Center.
2 a. Date:	Use mm/dd/yyyy format
b. Time:	Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.
c. Requestor Tracking Number:	This is a requestor generated number. Consider using a 3 letter entity identifier (fire department, etc.), county identifier (Cal EMA county code), or hospital code; a dash "-"; and, a 3 digit number (number of this request - in sequential order). Example CSM-001 is Cedars Sinai Medical Center and their first RRMH request.
3. Requestor Name:	To be completed by whomever is filling this form.
4 a. Describe Mission/Tasks:	Give a brief description of reason for request or duties to be performed.
b. Delivery/Reporting/Staging Info:	Provide Name, Title, Location, Telephone #, E-mail, Radio Call Sign/#, and Deployment information to who will be receiving the requested items and where they should be delivered or whom will receive the items or meet the personnel, where they should arrive or stage, and what they should bring or have available to them.
5. Order Sheets:	Check each box that applies to your order, if additional sheets are attached. If additional Line Item are needed, fill out the appropriate RRMH sheet for each type of request and attach to the cover sheet.
6. Order - Detailed Specific Item Description:	
Item #:	Each NEW line item is numbered.
Priority:	(E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment. If completing form electronically there is a drop down menu.
Detailed Description:	Specifically describe the requested item by using brand, sizes, model #, dose, form (tabs vs caps vs suspension), strength, quantities,etc. Example: 3M N-95 Mask, Model #1234 size Medium or Penicillin 500mg tablets - 100 tablet/bottle, or Normal Saline1000ml IV fluid. RN w/ICU Experience, PharmD, MD w/OR Experience. Ambulance Strike Team (AST); Generator - Gas, 6000 KW; Drinking Water - 16oz bottles, etc.
Quantity Requested:	Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin 500mg Tabs - 100 Tabs/bottle - Quantity Requested 50 = hospital will receive 5000 tablets; N-95 3M 1860 1 Case = 120/case; IV fluid 1 Case = 12 Bags; AST 1 = 5 Ambulances with 1 Strike Team Leader; Water 1 Case = 24 bottles.
Expected duration of use:	This only applies to equipment and personnel. Supplies will normally be considered expendible and will not be returned.
7. Confirm Requirements:	These questions must be considered and answered to show the requestor's efforts to fill the need from the closest available source at local or regularly used public agencies and/or private companies.
8. Command Review & Verification:	Authorized management staff review and approve. Printed name, position, and signature are required.

4.3 Communications

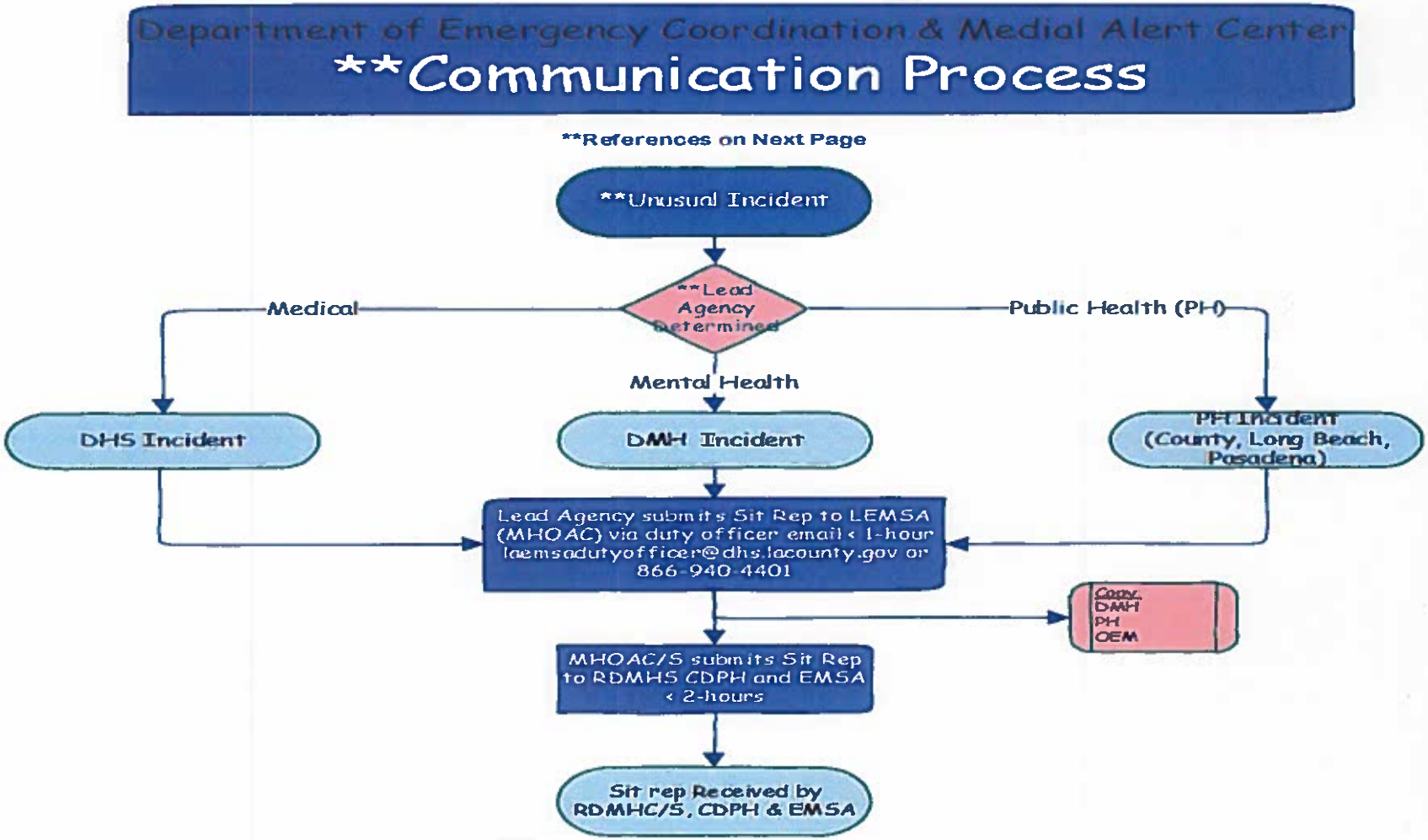
It is strongly recommended that all MHOAC partners maintain an up-to-date list of contacts for their internal use. The documents need to be easily accessible by MHOAC program staff either online, via USB drive, or paper copies in case of emergencies. Examples include:

- Agencies and departments within your county/jurisdiction
- Neighboring MHOAC programs
- City contacts
- Special districts
- Non-profits (community, faith-based, etc.)
- Response organizations (American Red Cross, etc.)
- Private sector partners
- Hospitals
- Clinics
- Skilled nursing facilities (SNFs)
- EMS providers
- Ambulance Strike Team leader(s) contact information
- Dialysis Centers
- Blood banks
- Other health and medical contacts as appropriate

To know what communication processes and tools are used to communicate with MHOAC partners refer to the *Los Angeles County Emergency Medical Services Agency Communication Plan* located at:

https://file.lacounty.gov/SDSInter/dhs/206683_Communication.pdf

4.3.1 Communication Process



4.3.2 Communication Process References

**Communication Process References:

Included Communications Processes:

- Sit Rep
- Flash Report
- Resource Request

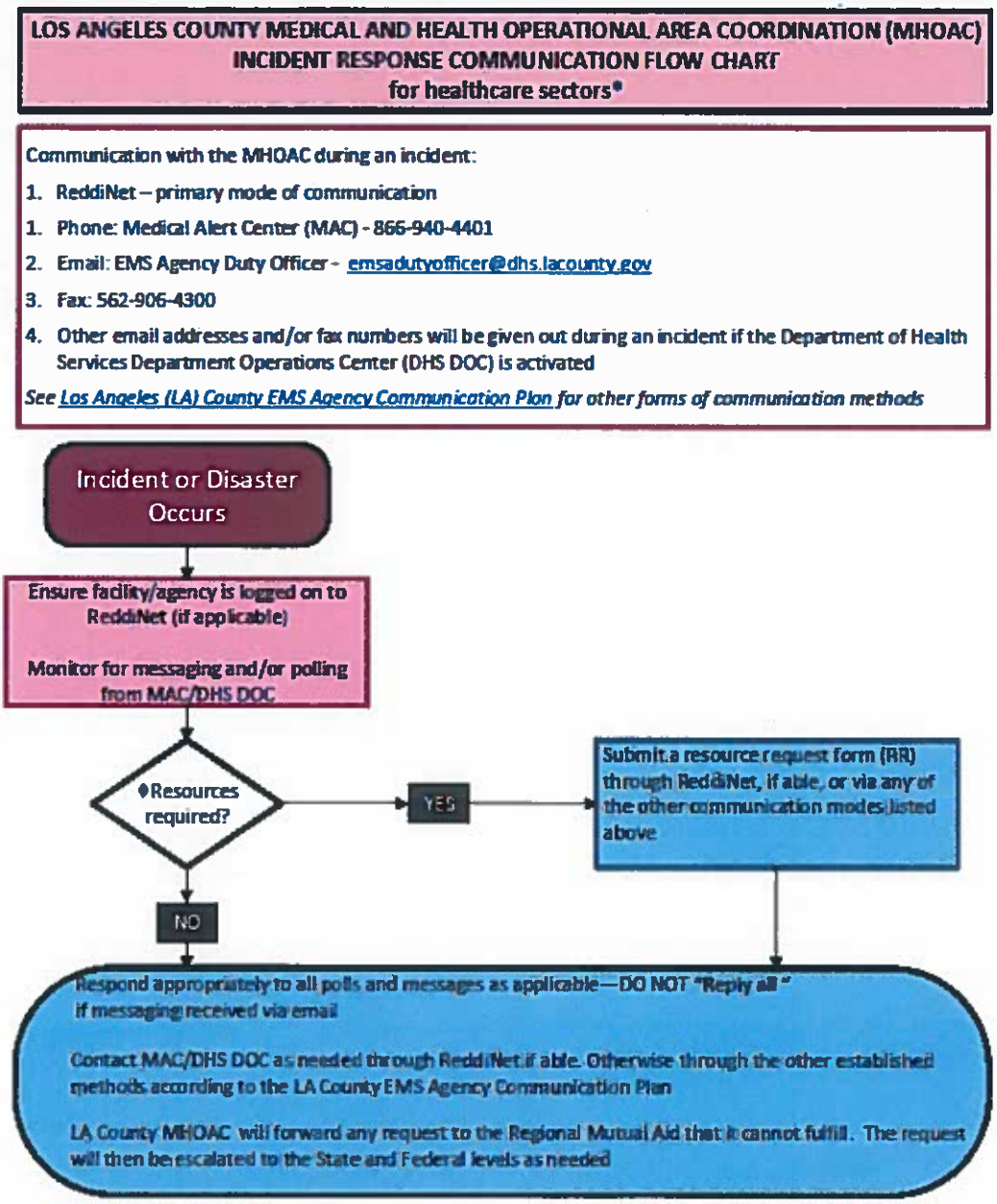
Unusual Incident:

Any event or incident deemed to have impact or potential system wide impact on Medical, Public Health and Mental Health systems within LA County or that would require a response that goes beyond the capacity of the departments day-to-day operations to adequately manage. This includes a County Emergency Operations Center (EOC) or Department Operations Center (DOC) activation and politically sensitive or newsworthy incidents.

Lead Agency Determination:

Coordination of disaster medical, health, and mental/behavioral health resources	DHS, DPH, DMH
Coordination of out-of-hospital medical care providers	DHS, DPH, DMH
Provision of medical and health public information protective action recommendations	DHS, DPH, DMH
Management of exposure to hazardous agents	DPH, DMH
Coordination of patient distribution and medical evaluation	DHS
Coordination with inpatient and emergency care providers	DHS
Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services	DHS
Coordination of providers of non-fire based pre-hospital emergency medical services	DHS
Coordination of the establishment of temporary field treatment sites	DHS
Provision or coordination of mental health services	DMH
Assurance of food safety	DPH
Provision or coordination of vector control services	DPH
Assurance of drinking water safety	DPH
Assurance of the safe management of liquid, solid, and hazardous wastes	DPH
Investigation and control of communicable disease	DPH
Health surveillance and epidemiological analyses of community health status	DPH

4.3.3 Communication Flow Chart for Healthcare Sectors

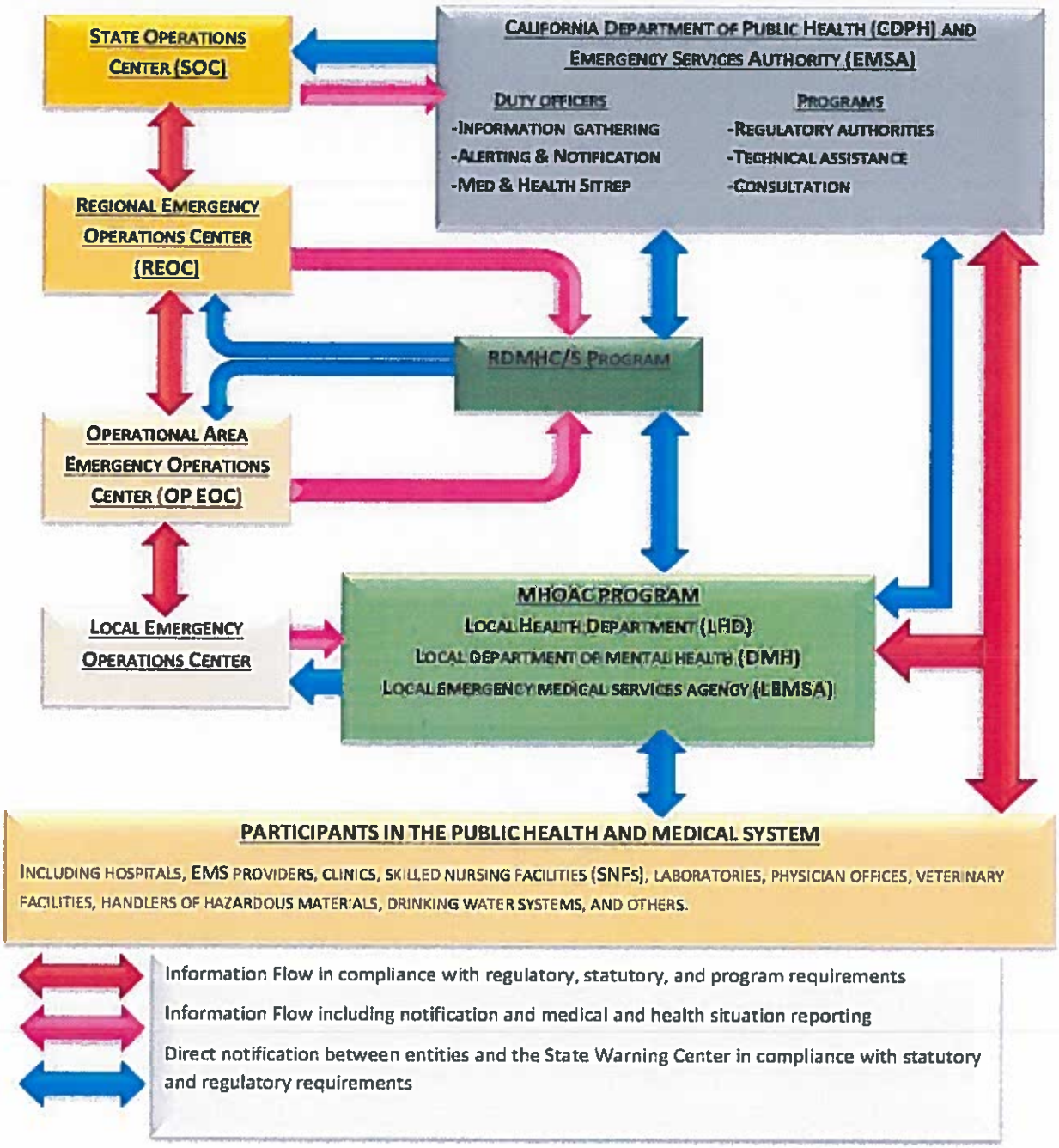


*Healthcare sectors include but are not limited to: hospitals, clinics, ASCs, dialysis centers, EMS providers, LTC facilities and home health/hospice agencies

♦All other methods of obtaining resources must be exhausted prior to requesting any from LA County

4.3.4 Communication Flow Chart - Emergency System Activation

Communication Flow during Emergency System Activation



4.4 Training

The Los Angeles County MHOAC program has determined that personnel are required to complete the following minimum courses to be considered SEMS/NIMS compliant and support or work in a Department Operations Center (DOC) and/or the County Emergency Operations Center (CEOC). Additional courses may be required by each department.

CATEGORY I GENERAL / SUPPORT PERSONNEL (IT, ADMIN)	CATEGORY II DOC SECTION PERSONNEL	CATEGORY III SECTION LEADERSHIP (DEPUTIES AND EXECUTIVES)	CEOC CADRE TRAINING
Personnel in this category should complete the following five (5) courses: • **LACO Disaster Service Worker Awareness (30 minutes)** • **SEMS Introductory Course (4 hours)** • **ICS/IS 100 A/B: An Introduction to ICS (2 hours)** • **IS-700.A NIMS: An Introduction (3.5 hours)** • **LACO MHOAC Introductory Course (1 hour)** *(11 hours total)*	Personnel in this category should complete category I courses and the following two (2) additional courses: • ***Category I Courses*** • **CDPH/EMSA EOM Course (5 hours)** • **MHOAC DOC Course / Exercise (Hours TBD)** *(5+ hours total)*	Personnel in this category should complete category I and II courses and the following six (6) additional courses. • ***Category I and II Courses*** • **ICS 200C: ICS for Initial Response (4 hours)** • ***ICS-300 Intermediate ICS for Expanding Incidents (24 hours)** • ***ICS-400 Advanced Incident Command (16 hours)** • **IS-800.A/B: National Response Framework, An Introduction (3 hours)** • **SEMS/EOC Course – CalOES G775 or TEEX MGT 346 (16 hours each)** • **IS368: AFN (4 hours)** *(67 hours total)*	Personnel in this category should complete the following eight (8) courses: • **Course One – EOC Operations (G775) 16 hours** • **Course Two – Field ICS and EOC Interface (G191) 8 hours** • **Course Three – EOC Action Planning (G626E) 8 hours** • **Courses Four through Eight – EOC Section Specific:** ○ **Management (G611M) 8 hours** ○ **Operations (G611O) 8 hours** ○ **Logistics (G611L) 8 hours** ○ **Planning and Intel (G611P) 8 hours** ○ **Finance and Admin (G611F) 8 hours** *(72 hours total)*
The five (5) classes referenced above are considered the baseline disaster classes Additional classes may be taken at the individual's or supervisor's discretion.	Additional classes may be taken at the individual's/supervisor's discretion. * Does not address classes for CalOES Type I, II, or III EOC credentialing	Additional classes may be taken at the individual's/supervisor's discretion. * Does not address classes for CalOES Type I, II, or III EOC credentialing	

4.5 Acronyms

Acronym	Meaning
AOD	Administrator on Duty
AST	Ambulance Strike Team
CAHAN	California Health Alert Network
CBRN	Chemical, Biological, Radiological, and Nuclear
CCLHO	California Conference of Local Health Officers
CDO	Central Dispatch Office
CDPH	California Department of Public Health
CEOC	County Emergency Operations Center
CERT	Community Emergency Response Team
DHS	Department of Health Services
DBH	Disaster Behavioral Health
DHV	Disaster Healthcare Volunteer
DSC	Disaster Spiritual Care
DMH	Department of Mental Health
DMSU	Disaster Medical Support Unit
DOC	Department Operations Center
DO	Duty Officer
DPH	Department of Public Health
EH	Environmental Health
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOA	Exclusive Operating Area

EOC	Emergency Operations Center
EOM	Emergency Operations Manual
EOP	Emergency Operations Plan
FAC	Family Assistance Center
FIC	Family Information Center
FOAC	Fire Operational Area Coordinator
HAvBED	Hospital Available Beds for Emergencies and Disasters
HCF	Health Care Facility
HERT	Hospital Emergency Response Team
HICS	Hospital Incident Command System
ICS	Incident Command System
ICU	Intensive Care Unit
JIC	Joint Information Center
LBHHS	Long Beach Health and Human Services
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
LHO	Local Health Officer
MAC	Medical Alert Center
MCI	Multi-Casualty Incident
MHB	Medical and Health Branch
MHOAC	Medical and Health Operational Area Coordinator
MOU	Memorandum of Understanding
NG	National Guard
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System

OA	Operational Area
OARRS	Operational Area Response and Recovery System
OEM	Office of Emergency Management
OES	Office of Emergency Services
OPS	Operations Section
OR	Operating Room
PIO	Public Information Officer
POC	Point of Contact
PPE	Personal Protective Equipment
PPH	Pasadena Public Health Department
RDMHC	Regional Disaster Medical and Health Coordinator
RDMHS	Regional Disaster Medical and Health Specialist
ReddiNet™	Rapid Emergency Digital Data Information Network
REOC	Regional Emergency Operations Center
RRMH	Resource Request Medical and Health
SEMS	Standardized Emergency Management System
SitRep	Situation Report
SNF	Skilled Nursing Facility
TERT	Technical Emergency Response Training (CBRNE)

Electronic version can be found at:

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