

DEPARTMENT EMERGENCY PLAN



Health Services

LOS ANGELES COUNTY

EFFECTIVE DATE:

REVISED DATE:

06/30/2019

APPROVED:



Director EMS Agency

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1. LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES COMMUNICATIONS PLAN
2. MEDICAL HEALTH OPERATIONAL AREA COORDINATION PROGRAM GUIDE

INTRODUCTION

Major disasters such as earthquakes, floods, fires, civil unrest, acts of terrorism, etc., are likely to affect large numbers of people and may occur at any time. The County recognizes that every contingency cannot be anticipated; however, the more our departments plan and train, the more we will be able to rely on our operational readiness. Should there be a major disaster many governmental agencies will be called upon to provide staff, equipment, and facilities to assist in managing the event. In almost any type of disaster, lives can be saved and property damage mitigated if people and departments are prepared and have done advanced planning.

The Board of Supervisors formed the current Department of Health Services (OHS) in 1972 that provides a broad range of hospital, emergency services, and other health care operations. Today, OHS is the second largest health system in the nation and is governed by the Los Angeles County Board of Supervisors. OHS serves the healthcare needs of nearly ten million residents and encompasses hospital and out-patient care, clinics, Emergency Medical Services (EMS) and rehabilitation services.

The Disaster Plan for OHS was established to provide for the organization, mobilization, coordination and direction of medical health services, both public and private, during a disaster. In addition, the plan delineates the authority, responsibility, functions and operations of all public and private agencies whose resources must be utilized if medical care is to be provided during a disaster.

PLAN APPROVAL

This Department Emergency Plan (DEP) establishes policies and procedures for the Los Angeles County Department of Health Services.

Following is the sequence of events this DEP will undergo before it is officially approved:

- 11 OHS EMS Agency Department Emergency Coordination Section (drafting and internal coordination)
- 11 EMS Agency Assistant Director (review)
- 111 EMS Agency Director (approval)

The Department will distribute this plan and familiarize its staff with the contents. It will be made available on the Department website at <http://ems.dhs.lacounty.gov> for the general staff to become familiar with the plan. Printed copies will be sent to the following:

- 111 OHS Director
- 111 OHS Department Emergency Coordinator
- 111 OHS Building Emergency Coordinator
- 11 LA County Office of Emergency Management

AUTHORITY

- California Emergency Services Act
- State of California Emergency Plan
- California Emergency Medical Mutual Aid Plan
- Los Angeles County Code Chapter 2.68
- Los Angeles County Multi-Hazard Functional Plan
- Federal Disaster Relief Act (PL 93-288)
- Health and Safety Code Division 2.5
- California Code of Regulations, Title 19, Division 2, Chapter 1. Standardized Emergency Management System (SEMS)
- National Response Framework
- Homeland Security Presidential Directive 5: National Incident Management System (NIMS)
- Homeland Security Presidential Directive 8: National Preparedness
- California Master Mutual Aid Agreement, adopted December 12, 1950 by the County Board of Supervisors (Board)
- Resolution adopted on July 5, 1995 by the Board forming the Los Angeles County Operational Area (OA)
- Inter-Region Cooperation Agreement for the Emergency Medical and Health Disaster Assistance
- Memorandum of Understanding between the County and the Los Angeles Chapter of the American Red Cross (ARC)

PURPOSE

The OHS Departmental Emergency Plan outlines the operational framework for coordination and allocation of medical resources during a medical and health emergency. The EMS Agency, as the designated Medical and Health Operational Area Coordinator (MHOAC) for LA County, is responsible for coordinating the medical response for the operational area and includes OHS-operated facilities as well as privately-owned health facilities. This coordination function includes the provision of medical and health mutual aid within the operational area and the state mutual aid region.

The EMS Agency, as the lead agency responsible for coordinating medical response to local and regional disasters, provides coordination of medical resources to local governments in support of their disaster response. This may include the identification, acquisition and deployment of medical supplies and personnel from unaffected regions of the county to meet the needs of disaster victims. Response activities may also include coordinating hospital evacuations to move patients to hospitals in areas/regions not impacted by the incident.

Los Angeles is a diverse county and, as a direct recipient of Hospital Preparedness Program grant, the County is responsible for addressing surge capacity and disbursing funds. The 13 Disaster Resource Centers (DRCs) are geographically located throughout Los Angeles County and conduct preparedness activities with 8-10 umbrella hospitals, clinics, EMS providers and other healthcare entities.

POLICIES

Department

- 911 Role of OHS' Employees in the Event of an Emergency
- 990 Building Closure Policy
- 310.301 Use of Volunteer Practitioners in Emergency/Disasters
- 189 Americans with Disabilities Act (ADA)
- 206 Disaster Services Planning and Operations

EMS Agency, Prehospital Care Manual

- 1100 Disaster Management Planning

A detail list of policies is in Volume 3 of 5

DEPARTMENT EMERGENCY COORDINATOR

The EMS Agency Director is the Department Emergency Coordinator (DEC) for OHS. This role is supported by the Department Emergency Coordination program staffed with emergency preparedness professionals. The DEC will ensure the development and maintenance of the Department Emergency Plan (DEP), coordination of the department's emergency response activities with the Chief Executive Office's Office of Emergency Management, and coordination of the Building Emergency Coordinator (BEC) program within the department.

BUILDING EMERGENCY COORDINATOR

OHS has identified a Building Emergency Coordinator (BEC) for all buildings that houses OHS operations. The BEC is tasked with the development and maintenance of the Building Emergency Plan (BEP) for their facility and, coordinating an emergency evacuation of employees commensurate to its size and/or geographic area of a building.

The BEPs have important information on building systems and emergency contact information for the department's facilities. This information is used to help ensure the safety of the building occupants and for coordination of departmental emergency evacuation activities following a disaster.

Various tasks may be required to be performed when managing emergent situations such as controlling utilities, reporting damage, providing first aid, fire extinguisher usage, assisting mobility-challenged persons, stairwell monitors, traffic monitors, and accountability recorders. These functions are established through a management by objectives approach, whereby BECs are knowledgeable regarding functions and key personnel within their respective buildings. Acute care facilities have robust emergency preparedness and response programs that exceed the BEC requirements.

The BEC is directed in their activities by the DEC.

(See Volume 5, Resource and Contact Directory)

AMERICANS with DISABILITIES ACT (ADA)

Each OHS facility complies with the County's guidance on ADA, as established in the Emergency Evacuation Procedures for Persons with Disabilities. The policy covering ADA is included in Volume 3: Disaster Authorities-Laws, Ordinances, Regulations, Agreements and Policies.

PERSONNEL POLICIES

1. All employees are part of the County's emergency response system.
2. Employees shall report, as soon as safely possible, to their pre-designated assigned locations during regular assigned shift, unless instructed otherwise.
3. Designated personnel will report directly to the DOC per a prescribed schedule.
4. Team members assigned to the CEOC shall report as instructed.
5. Personnel without pre-designated assignments will be available to the department's Personnel Division for deployment.

FOUR PHASES of EMERGENCY MANAGEMENT

Emergency activities are divided into four phases that require different types of organization and preparation.

MITIGATION

Mitigation is the initial phase. It is considered long before the emergency occurs and includes activities aimed at eliminating or reducing the probability of causing an emergency or disaster. An example is the regulation of transportation of hazardous carcinogen through congested urban areas. It also includes activities designed to postpone, dissipate, or lessen the effects of a disaster or emergency.

PREPAREDNESS

Preparedness is an "insurance policy" against emergencies since we cannot mitigate against every disaster. It is undertaken because mitigation activities cannot prevent an emergency from occurring. Preparedness activities include planning to ensure the most effective, efficient response efforts to minimize damages, such as forecasting and warning systems, and laying the groundwork for response operations, such as stockpiling supplies and surveying facilities for shelter and protection.

RESPONSE

Response is the first phase that occurs after the onset of a disaster. It is intended to provide emergency assistance for casualties, including search and rescue, shelters, and medical care. Reducing the probability or extent of secondary damage through such measures as anti-looting security patrols, and to reduce damage by efforts such as sandbagging against impending flood waters, remedial movement of those sheltered in heavily contaminated fallout areas, or other measures that will enhance future recovery operations, such as damage assessment.

RECOVERY

Recovery activities continue beyond the emergency period immediately following the disaster. Their purpose is to return all systems, both formal and informal, to normal. They can be broken down into short-term and long-term activities. Short-term activities attempt to return vital human systems to minimum operating standards and usually encompass approximately a two-week period. For example, crisis counseling may help victims of catastrophic loss. Long-term activities will stabilize all systems. These include such functions as redevelopment loans, legal assistance, community planning and radiation exposure control which can last for years after a disaster.

CONCEPT of OPERATIONS

This plan is predicated on the concept that there are three levels of disasters and that the level of the response will be directly related to the level of the disaster.

DEPARTMENT OPERATIONS CENTER NEW ACTIVATION LEVEL SEQUENCE Effective July 1, 2018

ACTIVATION LEVEL	CONDITIONS/DEFINITION
Level 1 (FULL ACTIVATION)	A major disaster where resources in or near the impacted areas are overwhelmed and extensive State and/or Federal resources are required. The state requests a federal disaster declaration on behalf of the OA.
Level 2 (MID-LEVEL ACTIVATION)	A minor to moderate incident where local resources are not adequate and mutual aid may be required on a regional or even statewide basis. A local emergency will be proclaimed and a State of Emergency might be proclaimed. The Governor proclaims a state of emergency when a disaster requires extraordinary action by the State in order to protect the lives, property, and environment of its citizens.
Level 3 (LOW LEVEL ACTIVATION)	A minor to moderate incident where local resources are adequate and available. A local emergency may or may not be proclaimed.
Normal Operations/Monitoring (DUTY OFFICER MONITORING)	Medical Alert Center (MAC) Operations section monitoring all communications systems with all healthcare partners 24/7. Administrator on Duty available 24/7.

- " This plan anticipates an increased demand for the delivery of extraordinary medical health services.
- " This plan will function countywide.
- " The EMS Agency Director or Administrator on Duty will activate this plan.

The OHS DOC will coordinate the medical and health response activities of both the public and private sector. The DOC, hospital and health center command posts will be activated as necessary. The DOC will maintain a structure that maintains communications with all units within the department, and can liaise with the County Emergency Operations Center (CEOC).

The department will maintain communications and it will coordinate activities with other County departments through its representatives at the CEOC.

Medical and Health emergency response and recovery coordination will be conducted using the Medical and Health Operational Area Coordination guide and the Emergency Operations Manual.

OPERATIONAL ASSUMPTIONS

The County of Los Angeles covers 4081 square miles and with a population in excess of 10 million, it has the largest population of any county in the United States. The County led the nation in federal disaster declarations in the decade of the 1990s, with nine declared disasters, including earthquakes, floods, wildland fires, and civil unrest. The Los Angeles County Operational Area includes more than 280 independent local governments, including 88 cities, 94 school districts, and dozens of other special districts.

- Earthquakes, wildland urban interface fires, floods, landslides, major accidents, civil unrest and hazardous materials emergencies are the most likely causes of a disaster in the County. However, considering today's environment, terrorism is also considered.
- Hospitals and health care agencies may not have warning when a disaster occurs and may have to implement their disaster plans without notification.
- Normal communications systems may become disrupted and information exchange may not be possible until emergency communications can be established. Therefore, hospitals may have to function independently in the initial stages of a disaster.
- All resources, both public and private, necessary to provide medical health services during a disaster, will be mobilized and coordinated by the EMS Agency Director, as the Medical and Health Operational Area (MHOAC) Disaster Coordinator and the Regional Disaster Medical and Health Coordinator.
- Delivery of pre-hospital care by Emergency Medical Technician-I (EMT) and paramedic provider agencies may differ from normal operating procedures depending on the number of casualties, the number of available personnel, and the number of other responsibilities handled by the provider agencies (e.g., firefighting, search and rescue, etc.). In addition, base hospitals may not be able to provide the usual medical direction to paramedic units.

- Contamination of local water and food supply may present major health problems.

The Emergency Support Function (ESF) 8 is attachment 2.

DEPARTMENT OPERATIONS CENTER (DOC)

Primary Location of the DOC:

The DOC is located at 10100 Pioneer Blvd, Santa Fe Springs, CA 90670. It is located adjacent to the Medical Alert Center (MAC), which is staffed 24 hours per day, 7 days per week. This provides a decided advantage to the department because, in essence, the DOC is partially staffed full time. In the event of a major disaster, or an emergency in which the scope of the emergency is not known, MAC staff is trained to conduct initial assessment of the problem and notify appropriate personnel as needed. The telephone number of the DOC is (562) 378-1545. The telephone number of the MAC is (562) 941-1037.

Alternate Location of the DOC:

The Disaster Staging Facility (DSF) will be used as the alternate DOC in the event that the primary DOC is severely damaged or rendered non-functional. The alternate DOC is located at 10430 Slusher Dr. Santa Fe Springs, CA 90670.

Mobile DOC:

The department also maintains a mobile DOC that is equipped with similar communications equipment found in the primary DOC. While the mobile DOC can be transported to another location, it can be operated from where it is housed at the DSF.

Facility Command Centers:

All private and county healthcare partners maintain an emergency command center and communicates with the OHS DOC under the EMS Communications Plan.

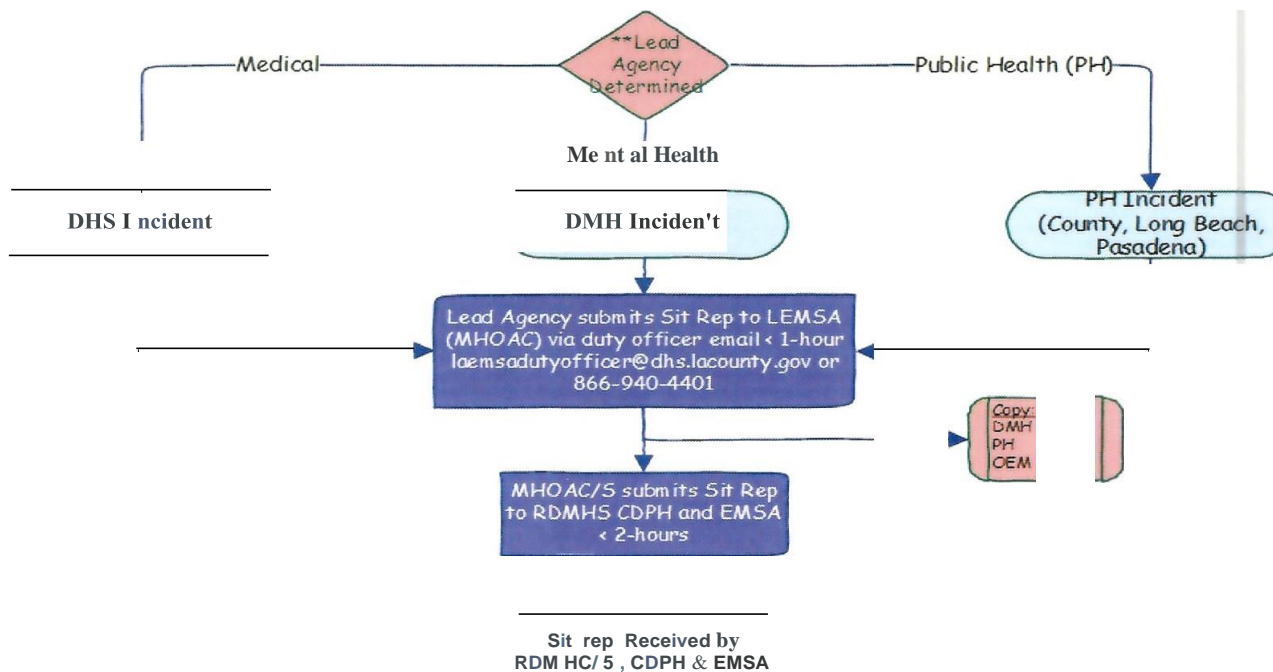
ALERTING AND MOBILIZATION

In preparation for a perceived threat to the County or following a major emergency or disaster, communication flows as depicted in the following chart:

**Communication Process

" *R e f e r e n c e s o n N e x t P a g e

••urusual Incident



Key executive staff and departmental staff assigned to the DOC shall report to the DOC. If the primary DOC is inoperable, staff should report to the Alternate DOC or to locations directed by the EMS Agency management.

If communication via CWIRS is functional, executive staff should monitor their assigned channel and wait for instructions from the Director, his designee or the EMS Director.

ACTIVATION OF THE DOC

Should a major emergency or disaster occur, the EMS Director or the Administrator on Duty (AOD), upon notification, would make the initial determination to activate the DOC, and, if activated, determine the level of activation. The highest-ranking staff member at the DOC serves as the manager until a higher authority arrives.

Partial (low level and mid-level) Activation

A partial activation means the DOC is activated and managed by EMS staff, representatives from other divisions are generally not required, and the CEOC may or may not be activated. SEMS/NIMS are implemented, and the DOC manager determines which personnel assigned to the following positions will be requested to respond:

- Manager
- Operations Chief
- Logistics Chief
- Planning & Intelligence Chief
- Communications (Operations)
- MAC Operations
- Transportation Operations
- Logistics
- Operations-all or a portion
- Operations Liaison at CEOC, if activated
- Regional Disaster Medical Health Specialist (RDMHS), Region I Liaison to State Emergency Medical Services Authority (EMSA)
- Finance Chief

Full Activation

A full activation occurs when the event/disaster is significant enough to require assistance in the DOC from other divisions and support departments. In general, a "full" activation may require the following individuals to be in contact with or report to the DOC.

- Director
- Chief Medical Officer
- Public Information Officer
- Personnel Representative
- Procurement Representative
- Public Health Representative
- Sheriff Representative
- Fire Representative
- Personal Health Representative
- All staff assigned to the DOC
- EMS staff (2) Assigned to the CEOC

When activated, shifts in the DOC are generally from 0700-1930 (Team A) and 1900-0730 (Team B). Often times, depending on the time of activation, it is possible that Team A could work more than 12 hours during the initial response to the DOC/CEOC because the event started before 0700

and some or all of the team may need to stay until 1930 (this should only occur on the first day of the disaster response). All other EMS staff is to remain on-call, should additional support be necessary. It is suggested that personnel reporting to the DOC wear comfortable clothing and shoes. Staff should also bring a sweater or jacket and enough food for at least a 12-hour shift.

Should assigned personnel be unable to respond to the DOC as scheduled, they should call the DOC or MAC Supervisor as soon as possible. (See Attached EMS Agency Communications Plan)

The following individuals will be notified whenever the DOC is partially or fully activated:

- OHS Director
- OHS Chief Medical Officer
- RDMHS

The DOC Plan is attachment 3.

EMPLOYEE ACKNOWLEDGEMENT

Each division is responsible for advising its employees of their disaster responsibilities. Generally, this is accomplished during new employees' orientation or as part of the annual Performance Evaluation process and ensuring that the employee receives the Departmental Policy No. 911: Role of OHS' Employees in the Event of an Emergency.

In general:

- Personnel are part of the emergency response system.
- Personnel are expected to report, as soon as they can, to their pre-designated assigned location and shift, unless they have been instructed otherwise.
- EMS personnel assigned to the DOC are expected to report directly to the DOC per a designated schedule.
- Team members assigned to the CEOC are to report as instructed (usually by notification system).
- All unassigned personnel are available to the department's Personnel Division for deployment.

COMMUNICATIONS

OHS Employees will be notified by Mass notification system Everbridge during a large scale incident. See attached EMS Agency Communications Plan

PUBLIC INFORMATION

In the event of a County disaster involving medical health coordination/response, OHS may activate its DOC. In conformity with SEMS/NIMS, a Public Information Officer (PIO) may report to the DOC as needed. The PIO will prepare press releases from information provided by key department officials, obtain approval from the responsible official and the DOC Manager, and send the approved releases by fax or e-mail to the media with copies to the Board of Supervisors' Health and Press Deputies, the CEO Public Affairs Director, and the CEOC PIO.

All OHS media releases and contacts must be cleared by the PIO. The Director has designated his Director of Communications to speak on behalf of the department.

(See Volume 2, Operations Manual)

TRAINING AND EXERCISES for DOC STAFF

An approved course of instruction is available, consisting of the following courses:

- Introduction to SEMS/NIMS
- SEMS Emergency Operations Center
- NIMS ICS 100, Introduction to Incident Command System
- NIMS ICS 200, ICS for Single Resources and Initial Action Incidents
- NIMS ICS 700.a NIMS, an Introduction
- NIMS ICS 800.b National Response Framework, An Introduction
- SEMS ICS 300, Intermediate Incident Command System for Expanding Incidents
- SEMS ICS 400, Advanced Incident Command System, Command and General Staff - Complex Incidents

EXERCISES:

- Coordinates the annual Statewide Medical and Health Exercise For Los Angeles County
- Participates in the annual Operational Area Exercise
- Participates with cities and other agencies and departments as requested
- Conducts regular ReddiNet drills with hospitals
- Conducts Multi-Casualty Incident drills with provider agencies and hospitals
- Conducts regular drills with the Community Clinic Association of LA County.

DISASTER REIMBURSEMENT

The Department follows the guidance provided by the County Disaster Administrative Team through the CEO's office for tracking disaster expenses and the Centers for Medicare and Medicaid Services guidance for delivery of medical services.

ATTACHMENTS

1. Abbreviations/Glossary
2. Emergency Support Function #8-Health
3. Department Operations Center Plan
4. Emergency Response Plan Matrix of Responsibilities
5. County Lead and Support Departments

ABBREVIATIONS/GLOSSARY

ACS	Alternate Care Support
ADA	Americans with Disabilities Act
AOD	Administrator on Duty
ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
AST	Ambulance Strike Team
BEC	Building Emergency Coordinator
BEP	Building Emergency Plan
CalEMA	California Emergency Management Agency
CDC	Community Development Commission
COO	Central Dispatch Office
CEO	Chief Executive Officer
CEOC	County Emergency Operations Center
CISD	Critical Incident Stress Debriefing
CWIRS	Countywide Integrated Radio System
DCFS	Department of Children and Family Services
DCS	Disaster Communication System
DEC	Department Emergency Coordinator
DEP	Department Emergency Plan
OHS	Department of Health Services
DMAT	Disaster Medical Assistance Team
DOC	Department Operations Center
DPSS	Department of Public Social Services
DPW	Department of Public Works
DSF	Disaster Staging Facility
DSR	Department Status Report
EDAC	Emergency Disaster Assistance Coordinators
EMMA	Emergency Management Mutual Aid

EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMT	Emergency Medical Technician
ENLA	Emergency Network Los Angeles
EOC	Emergency Operations Center
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HHS	Health and Human Services
IAP	Incident Action Plan
ICS	Incident Command System
ISO	Internal Services Department
LACOE	Los Angeles County Office of Education
LEMSA	Local Emergency Medical Services Agency
LSC	Logistics Section Chief
MAC	Medical Alert Center
MHOAC	Medical Health Operational Area Coordinator
MTA	Metropolitan Transit Authority
NIMS	National Incident Management System
OA	Operational Area
OARRS	Operational Area Response and Recovery System
OASIS	Operational Area Satellite Information System
OEM	Office of Emergency Management
OSC	Operations Section Chief
PH	Public Health
PIO	Public Information Officer
PSC	Plans Section Chief
RDMHS	Regional Disaster Medical Health Specialist
ReddiNet	Rapid Emergency Digital Data Input Network
RIMS	Response Information Management System
SEMS	Standardized Emergency Management System
TTS	Temporary Treatment Site

USDA	United State Department of Agriculture
VCLA	Volunteer Center of Los Angeles
VMED 28	Nationwide Interop Frequency Designation

EMERGENCY SUPPORT FUNCTIONS

Emergency Support Functions (ESFs) is the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

There are 15 ESFs; Health and Human Services (HHS) is the primary agency responsible for ESF 8 - Public Health and Medical Services. ESF 8 is coordinated by the Secretary of HHS principally through the Assistant Secretary for Preparedness and Response (ASPR). ESF 8 resources can be activated through the Stafford Act or the Public Health Service Act.

ESF 8 - Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, Tribal, and local resources in response to the following:

- Public health and medical care needs
- Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA)
- Potential or actual incidents of national significance
- A developing potential health and medical situation

ESF #8 involves supplemental assistance to State, Tribal, and jurisdictional governments in identifying and meeting the public health and medical needs of victims of major disasters or public health emergencies. This support is categorized in the following functional areas:

Please note: The assigned agency for each function may differ based on individual or organizational structure.

Emergency Service Functions		Agencies	
		Public Health	Mental Health
1) Assessment of immediate medical needs	+	+	+
2) Coordination of disaster medical and health resources	+	+	+
3) Coordination of patient distribution and medical evaluations	+		
4) Coordination with inpatient and emergency care providers	+		
5) Coordination of out-of-hospital medical care providers	+	+	
6) Coordination and integration with fire agency personnel resources and emergency fire pre-hospital medical services	+		
7) Coordination of providers of non-fire based, pre-hospital 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 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		+	
<i>Provided by the California Public Health and Medical Emergency Operations Manual (EOM) Working Group</i>			

OHS DOC FUNCTIONS MEDICAL AND HEALTH SUPPORT FUNCTIONS/DESCRIPTIONS

FUNCTION	DESCRIPTION	TARGET CAPABILITY	L.A. COUNTY LOCAL EMERGENCY MEDICAL SERVICES AGENCY (LEMSA) ROLE
<p>1. PLANNING AND TRAINING</p> <p>(Development and Maintenance of Medical and Health Disaster Plans, Policies, and Procedures)</p>	<p>The infrastructure of a disaster medical and health system that includes:</p> <p>1) Plans, policies, and procedures that incorporate the provisions of SEMS and NIMS and are consistent with the planning Services; guidance of local and state Offices of Emergency</p> <p>2) Plans and procedures for the activation operation and de-activation of the medical and health functions in emergency operations centers;</p> <p>3) Capability of EMS system personnel and organizations; and,</p>	<p>Preparedness Response Recovery</p>	<p><i>Establish</i> a disaster medical infrastructure for the OA disaster medical system that include:</p> <p>1) <u>Develop</u> plans, policies, and procedures that incorporate the provisions of SEMS and NIMS and are consistent with the planning guidance of local and state offices of emergency services;</p> <p>2) <u>Develop</u> plans and procedures for the activation, operation and de-activation of medical support functions in emergency operations centers;</p> <p>3) <u>Develop</u> training and exercises to ensure the response capability of EMS organization; and</p> <p>4) <u>Develop</u> plans and procedures to conduct after-action reviews of the disaster medical response</p>
<p>2. ASSESSMENT</p> <p>(immediate medical needs and</p>	<p>4) Plans and procedures to conduct after action</p>		
	<p>reviews of the disaster medical response</p> <p>A system to provide a rapid evaluation of the acute</p>	<p>Preparedness Response</p>	<p><i>Prepare and establish</i> a system to:</p>

initiate response)

medical needs within the impacted area immediately

and the ability of the healthcare infrastructure in the impacted

following an event and the

the medical related needs

ability of the healthcare

immediately following a disaster

FUNCTION	DESCRIPTION	TARGET CAPABILITY	L.A. COUNTY LOCAL EMERGENCY MEDICAL SERVICES AGENCY (LEMSA) ROLE
			2) <u>Notify</u> the Medical/Health Operational Area Coordinator (MHOAC) and other entities required to mobilize a response <u>Identify, mobilize, deploy, and deactivate</u> medical and health resources needed for the response to disasters. (Resources include medical and health personnel, medical transport, equipment and supplies acquired from local, regional, state, or federal governments or through contracts and agreements with the private sector).
3. RESOURCE MANAGEMENT	Those medical and health resource, including medical transport resource, that can be requested by an impacted community and provided through local, state, or federal assistance or through contracts and agreements with private industry. Resources include medical and health personnel, equipment and supplies	Preparedness Response	
4. PATIENT DISTRIBUTION & EVACUATION	supplies The process of directing the movement of victims from point of injury to designated receiving facility, transfer among medical facilities and the transport of patients from medical facilities within the impacted area to other facilities either inside or outside the impacted area due to patient or facility status	Preparedness Response Recovery	1) <u>Direct</u> the movement of casualties from point of injury to designated receiving facility; 2) <u>Coordinate</u> transfers among medical facilities, and 3) <u>Coordinate</u> the transport of patients between medical facilities within the impacted area or to other facilities outside the impacted area.
5. SUPPORT HOSPITALS	Medical and health services provided by an acute care facility and associated personnel including triage, initial treatment and other emergency services and definitive, resuscitative and restorative treatment services and patient support in appropriate patient care settings to	Preparedness Response Recovery	1) <u>Promote</u> the development of standardized hospital emergency plans consistent with the medical response plan of the OA; 2) <u>Develop</u> a system to support the provision of emergency department and inpatient services provided by acute care facilities

FUNCTION	DESCRIPTION	TARGET CAPABILITY	L.A. COUNTY LOCAL EMERGENCY MEDICAL SERVICES AGENCY (LEMSA) ROLE
	victims with in·u or illness		
6. SKILLED NURSING FACILITIES & CLINICS	All other facilities and services associated with the healthcare system where medical and/or healthcare services are provided including, but not limited to, skilled nursing facilities, board and care facilities, home health agencies, public health clinics, out-patient surgical clinics, specialty clinics, doctors' offices and urgent care facilities	Response Preparedness Recovery	<u>Provide</u> support to non-hospital facilities and services
7. PRE-HOSPITAL COORDINATION	Those services, including organization, equipment and personnel provided to treat, stabilize and transport victims of acute injury or illness to a medical facility capable of providing appropriate treatment and supportive care	Preparedness Response Recovery	<u>Develop</u> plans, policies and procedures to: 1) dispatch medical response resources; and 2) continue the provision of EMS capabilities during a response to disasters
8. ALTERNATE CARE FACILITIES	Medical triage and treatment sites established following a disaster event on a temporary basis to provide healthcare support to disaster victims and displaced personnel	Preparedness Response Recovery	<u>Support</u> the establishment or management of temporary medical triage and treatment sites created following a disaster event to provide health care to disaster victims and displaced personnel

Functions and DOC Focus:

1. Planning and Training: Development and maintenance of medical health disaster plans, policies, and procedures
 - a. Develop plans, policies, and procedures for the activation, operation and de-activation of the DOC
 - b. Conduct training and exercises to ensure the response capability of the EMS system personnel and organizations
2. Assessment: Immediate medical needs and initiate response
 - a. MAC conducts ReddiNet poll to assess bed capacity/availability
 - b. MAC provides a rapid evaluation of the medical related needs immediately following a disaster and the ability of the healthcare infrastructure in the impacted area to meet those needs
 - c. MAC contacts Administrator on Duty (AOD) to update status of the event
 - d. AOD consults with Director and PHAOD, if appropriate to determine response activity
 - e. AOD, based upon status briefing, determines whether to activate the DOC
3. Resource Management: Disaster medical resources
 - a. AOD determines to activate the DOC
 - b. DOC Manager assesses the situation and establishes objectives
 - c. DOC Manager prioritizes objectives
 - d. DOC Manager convenes a briefing of Section Chiefs to publish objectives, as prioritized.
4. Patient Distribution and Evacuation:
 - a. MAC/Central Dispatch Office (COO) operations distributes patients appropriately, based upon results of the ReddiNet poll
 - b. MAC coordinates patient destination.
 - c. MAC/COO coordinates the transport of patients between medical facilities within the impacted area or to other facilities outside the impacted area
5. Support hospital
 - a. Operations Section Chief (OSC) monitors requests to transport
 - b. Logistics Section Chief (LSC) monitors requests for resources
 - c. Plans Section Chief (PSC) ensures that the Documentation and the Situation Status units are documenting events/info to be included in the Incident Action Plan (IAP)
6. Skilled nursing facilities & Clinics: Support for out of hospital emergency services
 - a. MAC/COO coordinate scheduling transporting patients from hospitals to Skilled Nursing
7. Prehospital Coordination
8. Alternate Care Facilities: Support for temporary treatment sites

Department Operations Center (DOC): Department Emergency Operations Plan

Los Angeles County Department of Health Services



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

July 2018

Introduction:

Department Operation Centers (DOC) are established and activated by individual departments to coordinate and manage actions specific to that department during an emergency event. A DOC is a physical facility or location similar to the County Emergency Operations Center (EOC).

The DOC is the contact point for the exchange of information, collection of data, communication with outside agencies and request for assistance from the medical and health community during a major emergency or disaster.

The DOC may activate independently, in response to local events that require extraordinary attention (e.g. power failure, internet failure or attack, civil disturbance, etc.). The DOC is activated when a protracted response to a medical health emergency/disaster is anticipated or occurred. It is staffed by the Emergency Medical Services Agency for both full and partial activations. Full activation of the DOC requires staff from other divisions of the Department as well as other agency representatives. The DOC may also be directed by the EOC to activate.

The EOC is where the coordination of countywide information and resources takes place. The EOC will provide interdepartmental coordination of activities and will establish operational priorities for the DOC. The DOC will work to restore the department's critical business functions and on high priority response activities as directed by the EOC.

When the EOC is activated, it is staffed by personnel from the department who coordinate County actions through the DOC. Personnel selected by the department to be part of the DOC/EOC receive training and participate in drills and exercises to develop their skills.

Because DOCs are primarily for departments that play a role in immediate response during a disaster or emergency, not all departments are required to have a DOC.

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Roles & Responsibilities

A. Scope of Response Duties

During an emergency or disaster, the mission of the Department of Health Services (OHS) is as follows:

- 11 Coordinate patient destination and transportation
- 11 Medical resource management , support and coordination

B. Role in County Emergency Management Organization

OHS performs an operational coordination and support role during and following an emergency.

C. Department Response Priorities

During an emergency or disaster, the Department's response priorities are as follows, in decreasing order:

- 111 To ensure emergency provision of medical services.
- 111 To facilitate and/or coordinate the provision of private resources for medical for disaster victims

To supplement with additional medical personnel as needed. =D. Reporting

The Department will coordinate its activities with the County Emergency Operations Center (EOC) during an emergency through the Operations Section-Medical Health Branch personnel and with the following:

Contact	Phone	Governance policy/ regulation
RDMHS	310-435-3666	California Health & Safety Code §1797.152
Public Health DOC	213-989-7140	County Code 2.68
Emergency Desk		
EOC	323-459-3779	

A. Recall & Notification

During Business Hours

If an emergency occurs during normal business hours, Department personnel will be notified as follows:

- 111 Normal work hours are from 0630-1700 hrs; notification will be via the EMS Agency's notification system (EverBridge): Responsible party- notification system administrator.
- 111 In the absence of the notification system administrator, the alternate administrator will be responsible for activating the notification system.

Outside Business Hours

If an emergency occurs outside normal business hours, the Department will be notified in the following manner:

- The CEOC will notify Medical Alert Center (MAC)
- MAC will contact the AOD who will consult with the EMS Director to determine whether to activate and the staffing need
- MAC will initiate an Everbridge notification to recall staff as directed by the AOD.

8. Shifts

The Department will be prepared to carry out 24-hour operations during an emergency. Department personnel will be organized into two shifts that will work 12 hours per shift (shift A may work longer in the initial activation). This will be organized as follows:

- The AOD, in consultation with the EMS Director, will determine when to activate the DOC and will, if necessary, notify the EOC. The MAC will contact the EOC duty officer (323) 459-3779 or dutyofficer@cedacounty.gov or the alternate duty officer (323) 895-3313 or AltDutyOfficer@cedacounty.gov to inform them that the DOC has been activated
- The DEC will enter a Department Status Report (DSR) in OARRS within the first hour of activation.

C. EOC Representatives

The following individuals have been designated as EOC representatives from this department and will report to the EOC when dispatched to fill the positions noted, in the order listed. For a list of EOC liaisons please refer to the DOC roster.

E. Supplemental Personnel

In the event that the number of regular Department personnel is insufficient to accomplish the Department's mission during an emergency, the Department may call upon the following sources for additional personnel.

Private Providers-Transportation Resources

Source	Approx. #/type	Contact	Phone
Ambulance Providers	Ambulance Strike Teams (AST)	Los Angeles County Fire Operational Area Coordinator (FOAC)	Dispatch Supervisor: (323) 881-6183

Volunteers

Source	Approx. #/type	Contact	Phone
Disaster Health Volunteer (DHV) Program	Nurses, pediatric nurses, Physicians, respiratory technicians, etc.	Personnel Unit Leader, Logistics Section	(562) 378-1530

City/County Mutual Aid

City/County MA source	Approx. #/type	Contact	Phone
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City/County MA source	Approx. #/type	Contact	Phone
Operational Areas	Emergency Management Mutual Aid (EMMA)	CEOC	(323) 980-2119

State Mutual Aid

State MA source	Approx. #/type	Contact	Phone
EMSA	Alternate Care Support (ACS)	RDMHS	(310) 435-3666
Medical Mutual Aid	Medical Personnel	RDMHS	(310) 435-3666

DOC Operations Guide

A. Location

The Department's primary Emergency Operations Center (DOC) is located at 10100 Pioneer Blvd, Santa Fe Springs, CA 90670

The alternate DOC is located at 10430 Slusher Dr. Santa Fe Springs, CA 90670.

B. Activation/Deactivation

Activation

- 1) If the DOC is being activated, it will be at the direction of the EMS Director or, in his/her absence, the AOD.

When the DOC is activated, staff notification will be sent via the notification system administrator using the Everbridge notification system.

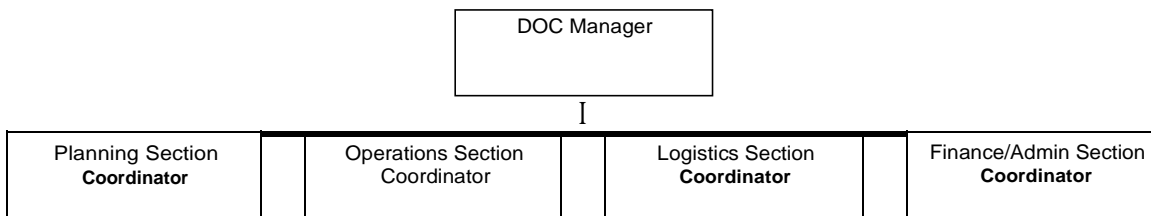
Deactivation

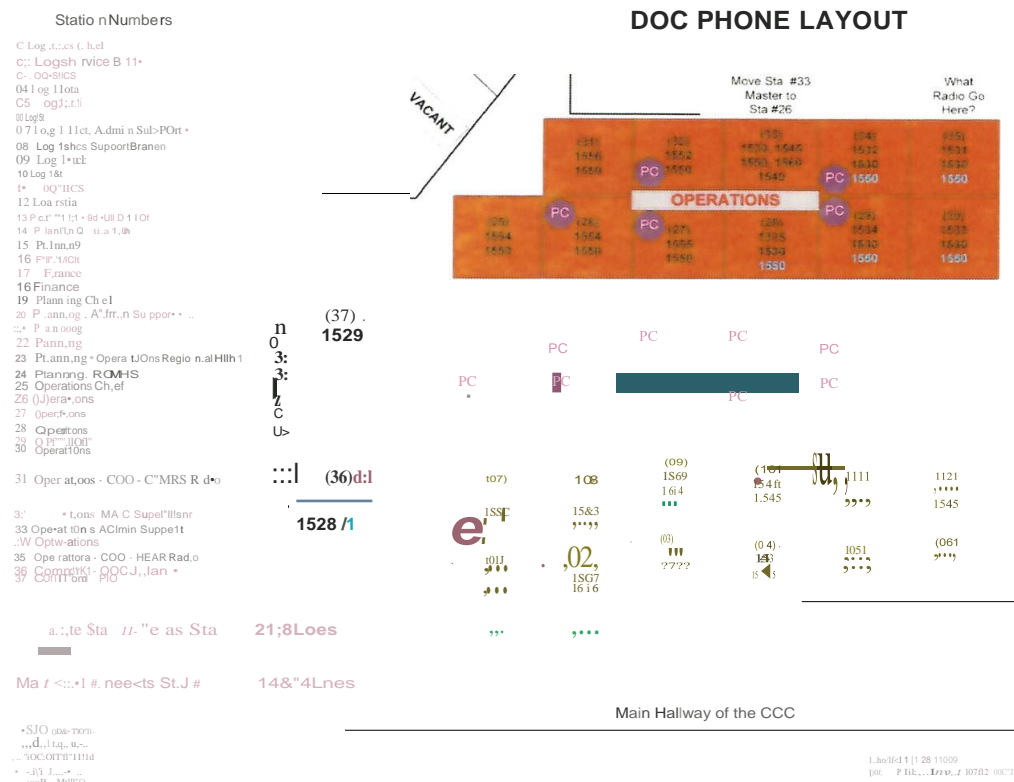
The DOC Manager or his/her alternate will periodically review Department operations and the emergency conditions to determine whether the DOC should be deactivated. He/she will coordinate this decision with the EOC (if it is operational). If he/she decides to deactivate the DOC:

- 11 Announcement to the Section Chiefs will be made and included in the Incident Action Plan (IAP). A completion of an Incident Command System (ICS) 221 form.
- 111 The EOC Operations Medical/Health Branch will be notified via phone, Everbridge Notification, and/
- 11 MAC will continue to perform as the OHS emergency point of contact.

C. Organization

The DOC will generally be organized using ICS, as shown below.





B. Special Administrative Procedures

Timekeeping

Sign-in sheets will be retained for documentation of personnel assigned DOC and/or disaster related duties, Human Resources Division will provide instruction to all personnel on how to code time cards for tracking disaster related work.

Contract and temporary workers will also receive instructions for tracking

Records management

The Finance Section Chief is in charge of emergency records management

Documentation will be collected daily and stored in a file in the DOC. Sensitive data will be stored in a safe away from non-sensitive data.

C. Emergency Communications

¹¹¹ See Los Angeles County Emergency Medical Services Communications Plan

D. Supplies, Equipment and Services

The Department expects increased consumption of supplies and equipment during an emergency, Tracking consumption and inventory levels for supplies is an important part of the Department's ability to continue to operate under emergency conditions, as well as being essential for seeking possible reimbursement after the emergency,

Critical supplies: office supplies to include items such as pens, pencils, batteries, etc.

Pre-existing supply and equipment agreements: Refer to Health Services Administration (HSA) Emergency Supply Chain ordering via Internal Services Department (ISO) at (323) 267-2321,

E. Department Support

The Department will attempt to support its own emergency operations with supplies and staffing, If unable to provide support as needed, the EOC will provide assistance.

Operation- and Situation-Specific Procedures

- The MAC will be the point of contact with the field and the DOC
- .. Service level assessment, HaveBed, and other polls will be conducted via ReddiNet
- Public Health's Health Facilities Inspection Division will be contacted to provide inspectors in the event of damage to medical and/or care facilities.
- Amateur Radio operators will be contacted, Refer to the Amateur Radio Communications Policy Ref. 1132Should the Mobile Medical System require deployment, Law Enforcement will be requested to provide security services.

Plan Approval & Maintenance

A. Approval and Distribution

This Department Operations Center (DOC) Plan establishes policies and procedures for the Los Angeles County Department of Health Services.

Following is the sequence of events this Department Emergency Operations Plan will undergo before it is officially approved:

- 111 OHS EMS Agency (drafting and internal coordination)
- 111 EMS Agency Assistant Director (review)
- 11 EMS Agency Director (approval)

The Department will distribute this plan and familiarize its staff with the contents. It will be made available on the Department website at <http://ems.dhs.lacounty.gov> for the general staff to become familiar with it. Printed copies will be sent to the following:

- 1111 Emergency Operations Center
- 1111 DOC staff and DOC staff assigned to the EOC

B. Maintenance and Revision

The DOC Plan will be reviewed at least annually and modified as needed. The Department will review the DOC Plan in the following circumstances:

- 11 After any Departmental or County/Operational Area emergency exercise
- 111 After any actual emergency that affects the Department
- 111 After any major change in state or federal law affecting the Department's operations

THE EMERGENCY MANAGEMENT RELATIONSHIP BETWEEN LEAD/CONTACT DEPARTMENT/SPECIAL DISTRICTS

PURPOSE

The purpose for establishing an emergency management relationship between Lead and Contact Departments and Special Districts is to ensure that there is a means for passing emergency management plans, policies, and procedures between county departments and special districts during non-emergent times. It also provides a communications channel between these agencies and the County Emergency Operations Center (CEOC) during emergent periods. Changes will be made with the approval of the County Emergency Management Council (EMC).

LEAD DEPARTMENTS

Lead County departments are those departments that are voting members of the County EMC. These departments are responsible for developing countywide emergency management policies, plans, and procedures. During an emergency, they play a primary role of ensuring that the county is accomplishing its mission of reducing emergent conditions impacting lives and property, and restoring the delivery of County services to the public. They are responsible for coordinating with their "contact" departments and special districts to:

1. Ensure that they are aware of countywide emergency management policies, plans, and procedures.
2. Assist them with the implementation of countywide emergency management policies, plans, and procedures.
3. Provide a point of contact between the CEOC and those departments and special districts that do not have access to the County's Operational Area Response and Recovery System (OARRS).

CONTACT DEPARTMENTS AND SPECIAL DISTRICTS

Contact departments and special districts are agencies that provide services to the public. Under the state of California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS), County government must take all reasonable measures to plan and conduct emergency response operations, and ensure speedy restoration of services to the public. To accomplish this mandate, the EMC, through the County Office of Emergency Management (OEM), must have information on the status of contact departments and special districts meeting the requirements of countywide emergency management policies, plans, and procedures. This information will flow through lead departments. Additionally, during an emergency, the CEOC must have information on the status of contact departments and special districts.

The primary means of communications during an emergency is OARRS. Contact departments and special districts with Internet access are encouraged to have three to five staff registered as OARRS users and trained to use the system. Emergency related communications and reports are accomplished in accordance with the Operational Area's Disaster Information Reporting Procedures. Contact departments and special districts that do not have OARRS access must coordinate with their lead department to establish an alternate means of communications through the lead department.

COUNTY CONTACT DEPARTMENTS/SPECIAL DISTRICTS LIST

CHIEF EXECUTIVE OFFICE (lead)	SHERIFF (Lead)
Affirmative Action	Alternate Public Defender
Art Museum	Animal Care and Control
Auditor Controller	Courts
Consumer Affairs	District Attorney
Executive Office, Boar of Supervisors	Probation
Natural History Museum	Public Defender
Registrar Recorder	<i>Office of Ombudsman</i>
Treasurer and Tax Collector	
Human Resources	PUBLIC SOCIAL SERVICES (lead)
County Counsel	Children and Family Services
	Community and Senior Services
PUBLIC WORKS (Lead)	Office of Education
Assessor	Parks and Recreation
Sanitation	Public Library
Regional Planning	Library Districts
Community Development Commission	School Districts
Garbage Districts	Park Districts
Irrigation Districts	Child Support Services
Landscape Districts	
Sanitation Districts	HEALTH SERVICES (lead)
Special Road Districts	
Street Lighting Districts	PUBLIC HEALTH
Water Districts	Agricultural Commissioner/Weights & Measures
	Mosquito Districts
	MENTAL HEALTH SERVICES (Lead)
CORONER (lead)	INTERNAL SERVICES (Lead)
Military and Veteran Affairs	Chief Information Office
Cemetery Districts	All Utilities Except Water
	FIRE (Lead)
	Beaches and Harbors

DEPARTMENT FUNCTIONAL DESCRIPTIONS

Principal/Lead department representatives in the CEOC need to be aware of the status/availability of the resources they may need in order to carry out their primary emergency mission. To accomplish this, Support and Resource Agency departments must keep track of the resources they have deployed, the resources they are able to furnish and quickly provide information to their lead Department DOC. Lead Department DOCs will communicate the information to their representatives in the CEOC when requested.

The following is a brief description of the functions of County departments and their roles during an emergency or major disaster.

EXECUTIVE OFFICER, CHIEF-(Lead)

The Chief Executive Officer (CEO) serves as the Chair of the Emergency Management Council and is Director of the Office of Emergency Management (OEM). The CEO is charged with other duties and responsibilities, as defined in the Emergency Ordinance, in coordination of countywide emergency preparedness activities, response at the County Emergency Operations Center (CEOC), and cost-recovery efforts following major emergencies and disasters.

AGRICULTURAL COMMISSIONER/WEIGHTS AND MEASURES (Support to DPH)

The Department of Agricultural Commissioner/Weights and Measures is a Support Department to the Department of Public Health and is responsible for administering and enforcing laws and policies regarding standards for marketable foods, plants, weighing and measuring devices, and other commodities, and controlling and eradicating plant and animal pests.

In response to a disaster, the Department eliminates and prevents invasions of pests such as fruit flies, which are harmful to crops; controls and eradicates noxious weeds; inspects produce and other commodities to ensure that they meet standards for public health, quantity and quality; and inspects gas pumps, scales and other commercial measuring devices to ensure that they work accurately.

ALTERNATE PUBLIC DEFENDER- (Support to Sheriff)

During periods of emergency or disaster, the primary responsibilities and considerations of the Alternate Public Defender's office are the safety of employees and the public at work sites, preservation of vital departmental records and property, and continuation of legal services to clients. In addition to these responsibilities, the department shall provide supportive assistance to the Sheriffs Department.

ANIMAL CARE AND CONTROL-(Support to Sheriff)

During emergencies, the Department of Animal Care and Control patrols disaster areas to rescue domestic animals that are displaced by catastrophic events, and provides support to Fire and law enforcement agencies responding to the crisis. Additionally, the Department offers emergency animal housing at its shelters. Depending on the circumstances, the Department may also set up

temporary emergency animal shelters to assist persons who have taken their pets from evacuated areas.

ASSESSOR-(Support to Public Works)

In response to an emergency, the Assessor will continue to provide for equitable, accurate and timely assessment of all taxable property within the County and make appropriate adjustments in the tax rolls.

AUDITOR-CONTROLLER-(Support to CEO)

Maintains professional financial leadership for the County through continued monitoring of financial performance by providing recommendations, reporting financial results in sustaining economy and efficiencies, and in fulfilling the legal duties of the Auditor-Controller. Continuity of this mission following an event is essential to the conduct of County business.

BEACHES AND HARBORS-(Support to Fire)

During emergencies the Department of Beaches and Harbors is a support to both the Fire and Sheriff's Departments. They will provide continuous essential services such as employee safety and the mobilization of off-highway and heavy equipment and personnel to mitigate damage to public and private property.

CHILDREN AND FAMILY SERVICES-(Support to DPSS)

The primary concern of the Department of Children's and Family Services (DCFS) is the safety and well-being of the children in its care, the department's employees, and children otherwise known as "unaccompanied minors" who may be left unsupervised because of a disaster.

In a major disaster, DCS will provide a variety of services for displaced children and offer various programs, including 1) deployment of DCS staff to designated Red Cross shelters to process the initial intake and registration of unaccompanied minors, including follow-up action to reunite them with their parents/guardians or to provide appropriate placement; 2) support the Department of Public Social Services (DPSS), on request, in the provision of emergency welfare services, including assigning staff to emergency shelters or relief programs to assist in interviewing victims, processing requests for disaster assistance and other related tasks; and 3) continuing its commitment to provide services to children under DCS care, including the placement of children affected by a disaster.

COMMUNITY DEVELOPMENT COMMISSION-(Support to Public Works)

The Community Development Commission (CDC), during an emergency, will continue and may need to augment, their response in implementing the County's housing and community development programs, including redevelopment, low-and moderate-income housing development and rehabilitation in unincorporated areas of the County and participating cities, including community revitalization and loan assistance for small businesses.

CORONER-(Lead)

The Coroner is mandated by law to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths occurring within Los Angeles County including all homicides, suicides, accidental deaths and natural deaths where the decedent has not seen a physician within 20 days prior to death.

In a major disaster, the Coroner is responsible for activating the Emergency Mortuary Response Plan; establishing a Death Notification Center and Mass Fatality Collection Points, in conjunction with other key agencies; and, disseminating information according to protocols.

COUNTY COUNSEL-(Support to CEO)

Provides legal representation, advice and counsel to the Board of Supervisors, the County and other public officers and agencies. In times of emergency, County Counsel serves as advisor to the Command Group and key CEOC staff on the legal aspects of emergency management, provides advice on the formulation of emergency orders, and reviews all emergency proclamations and orders prior to their being signed by the authorized executive.

DISTRICT ATTORNEY-(Support to Sheriff)

The District Attorney's Office, pursuant to established contingency plans, will continue to represent the people in all felony prosecutions and juvenile hearings as well as in all misdemeanor prosecutions where there is no city attorney. In addition to these responsibilities, the Department shall provide supportive assistance to the Sheriff's Department.

FIRE DEPARTMENT-(Lead)

The Fire Department's mission is to "proudly protect lives and property and the environment providing prompt, skillful, cost-effective protection and life safety services." This includes response to emergencies of all types: fires, floods, earthquakes, wildland fires, hazardous materials incidents, civil disturbances, emergency medical rescues, Urban Search and Rescue incidents and ocean lifeguard rescues.

The Los Angeles County Fire Chief is designated as the Region I Coordinator and is primarily responsible for the overall coordination and dispatch of mutual aid fire and rescue resources during major emergencies.

HEALTH SERVICES-(Lead)

The mission of the Department of Health Services (OHS) during disaster response conditions is to provide for the medical needs of the population of the Los Angeles County Operational Area

OHS is unique in that a majority of its medical response capability is provided by private sector health facilities. These facilities include hospitals, clinics and skilled nursing facilities. Additionally, Temporary Treatment Sites (TTS) may be set-up at hospitals to handle mass casualties.

The Los Angeles County Emergency Medical Services Agency Director is designated as the Region I coordinator and is primarily responsible for the overall coordination of medical and health resources during emergencies.

HUMAN RESOURCES-(Support to CEO)

Provides a countywide human resources program for a comprehensive personnel system and assists departments in their operations and ability to develop and maintain a high-quality workforce to provide critical services to the public. During an emergency, the department may be called upon to implement personnel adjustments to respond to the event. They may also implement the Employee Disaster Assistance Program (EDAP) to help employee disaster victims.

INTERNAL SERVICES-(Lead)

It is the primary responsibility of the Internal Services Department (ISO) to gather safety assessment information relative to County facilities and report their status to the CEOC. Additionally, ISO must determine if County facilities are mechanically safe for occupancy; then if feasible, facilitate the repair or alterations of damaged/unsafe County facilities to safe operating levels or secure them.

Under SEMS/NIMS, ISO is also the head of the Logistics Section of the CEOC for the Los Angeles County Operational Area. ISO supports other emergency services by providing and repairing communications, vehicles and off-highway equipment; by providing fuel, water and temporary power; by providing procurement support for essential emergency supplies; and by maintaining and/or restoring computer operations to support critical applications required for the operation of the County. ISO provides a liaison with utilities (except water) concerning the status of electrical, natural gas and telecommunications systems. ISO is also the transportation coordinator for mass transportation resources such as the Metropolitan Transit Authority (MTA).

MENTAL HEALTH-(Lead)

The Department of Mental Health is responsible for providing care and treatment of mentally disordered individuals through County-operated mental health clinics and hospitals, State hospitals and private contract providers.

In response to a disaster, the Department will augment the Department of Public Health and the Department of Health Services' Medical Divisions by providing disaster mental health services as requested through the Los Angeles County Emergency Operations Center. The Department will coordinate and provide mental health services, including Critical Incident Stress Debriefing (CISD) Teams, to community disaster victims and disaster workers throughout the entire duration of the disaster and its recovery period.

MILITARY AND VETERANS-(Support to Coroner)

Assists veterans, their dependents, and survivors in pursuing legal claims and benefits under Federal and State laws.

MUNICIPAL COURTS-(Support to SheriffD)

During periods of emergency or disaster, the primary responsibility and considerations of the Municipal Courts are safety of employees and the public at work sites, preservation of vital departmental records, and maintaining the jurisdiction in misdemeanor cases, civil cases up to \$25,000, small claims up to \$5,000, and felony arraignments and preliminary hearings. In addition to these responsibilities, the Department shall provide supportive assistance to the Sheriff's Department.

PARKS AND RECREATION-(Support to DPSS)

The role of the Department of Parks and Recreation in the event of a disaster is to make its parks and facilities available to relief and disaster agencies for use as evacuation centers or mass care shelters for disaster victims. The County Police will act as the primary security resource at these facilities.

In a widespread disaster, DPSS and Parks and Recreation personnel may be used to assist staff from the relief agencies.

PROBATION DEPARTMENT-(Support to SheriffD

The Probation Department, pursuant to standard operating procedures, will continue to enforce court orders, operate correctional institutions, incarcerate delinquents and, time permitting, recommend sanctions to the courts and design and implement additional programs to reduce crime and ensure victims' rights. In addition to these responsibilities, the Department shall provide supportive assistance to the Sheriff's Department.

PUBLIC DEFENDER-(Support to SheriffD

During periods of emergency or disaster, the primary responsibilities and considerations of the Public Defender's office are the safety of employees and public at work sites, preservation of vital departmental records and property, and continuation of legal services to clients. In addition to these responsibilities, the Department shall provide supportive assistance to the Sheriff's Department.

PUBLIC HEALTH-(Lead)

The Department of Public Health is responsible for assessing health needs, develop policies to address those needs, assure prevention and control of communicable diseases, manage harmful agents in the environment, encourage healthy behavior, and provide health promotion and preventive services.

PUBLIC LIBRARY-(Support to DPSS)

The County of Los Angeles Public Library is designated as a support department to DPSS. Upon activation of the CEOC, or as instructed, the Public Library will assist disaster relief efforts by providing staff to support the County's Disaster Victim Inquiry System (DVIS).

In addition to supporting the disaster information needs of the residents of the County of Los Angeles, the Public Library's Maintenance Section has general maintenance workers experienced in all types of repairs, equipment and they have several types of vehicles that can be made available to support the Logistics Section if necessary.

PUBLIC SOCIAL SERVICES-(Lead)

The Department of Public Social Services (DPSS) is designated as the Los Angeles County Area Branch coordinator for Care and Shelter. DPSS is the Operational Area liaison with private, not-for-profit human services agencies, including Community Based Organizations. DPSS is also the Operational Area liaison with the grocer industry.

DPSS manages the Emergency Food Stamp program when activation is requested by the County and approved by the USDA. DPSS In-Home Supportive Services (IHSS) Social Workers conduct health and welfare checks on high risk disabled and elderly IHSS recipients immediately following a disaster.

PUBLIC WORKS (-Lead)

The Department of Public Works (DPW) is the lead County department in conducting Safety Assessment and Construction and Engineering Recovery activities and has a lead role in

responding to major emergencies. DPW is responsible for maintenance and repair of infrastructure, including the road network, flood control system, general aviation airports administered by the department, sewer and waterworks districts and building and safety functions.

RAPID TRANSIT (MTA)-(Support to ISO)

The Metropolitan Transit Authority (MTA) is the primary source of mass transportation equipment used by the County Operational Area. Both busses and mass transit trains are available for use in evacuations, transportation of equipment and supplies, transportation of emergency response workers and establishment of temporary bus/train lines for the transportation of victims to Disaster Assistance Centers and other relief locations such as mass shelters. Requests for MTA resources are handled through the Logistics Section, Transportation Coordinator in the CEOC.

REGIONAL PLANNING (Support to Public Works)

Regional Planning prepares and maintains the Countywide General Plan, administers the County's subdivision and zoning ordinances and maintains information based on demographic and development conditions in the County.

Regional Planning supports the County departments of Public Works, Community Development Commission and the CEO in accomplishing the Construction/Engineering and Recovery functions and supports the Board of Supervisors and Regional Planning Commission in dealing with the many disaster-related land use/zoning issues.

REGISTRAR-RECORDER/COUNTY CLERK-(Support to CEO)

Conducts federal, State and local elections; verifies initiative and referendum petitions; records real estate documents; maintains birth, death, and marriage certificates; issues marriage licenses; files business documents. To the extent possible, the department will continue to fulfill these duties in the aftermath of an event.

SCHOOLS/OFFICE OF EDUCATION-(Support to DPSS)

The Los Angeles County Office of Education (LACOE) is designated as the Los Angeles County Operational Area Coordinator for matters relating to public schools. As such, LACOE shall monitor and report the overall condition of public education in the Operational Area. Reports include the status of reunification of student populations with families, school closings and condition of facilities.

As a direct operator of a number of educational and administrative programs, LACOE is responsible for coordinating response and recovery activities for its own programs.

As a support department to other County departments, LACOE may be called upon to assist in matters related to care and sheltering in public schools, coordinating assignment of school resources to the disaster effort and providing information to the public on the status of schools.

SHERIFF-(Lead)

The Sheriff's Department performs mandated law enforcement functions regardless of the level of the emergency. Standard operating policies and procedures (i.e. Manual of Policy and

Procedures, Emergency Operations Procedures, etc.) are in place to keep the peace, to enforce applicable laws fairly and impartially, to protect the rights of all people involved, and to prevent property damage and personal injury. During an emergency where the CEOC is activated, the Sheriff is the Director of Emergency Operations. It is anticipated that only in worst-case emergencies involving the entire County, would the supporting County law enforcement agencies be mobilized. The following departments support law enforcement: Superior and Municipal Courts, District Attorney, Public Defender, Alternate Public Defender, Human Resources-Office of Public Safety, and Probation.

SUPERIOR COURT - (Support to Sheriff)

During periods of emergency or disaster, the primary responsibility and considerations of the Superior Court are the safety of employees and the public at work sites, preservation of vital departmental records and property, and maintaining the jurisdiction in felony cases, civil cases in excess of \$25,000, small claims cases over \$5,000, and juvenile matters. In addition to these responsibilities, the Department shall provide supportive assistance to the Sheriff's Department.

TREASURER-TAX COLLECTOR-(Support to CEO)

Bills, collects, invest and safeguards monies and properties on behalf of the County, other governmental agencies and entities and private individuals as specified by law. Continuity of this mission following an event is essential to the conduct of County business.

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LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
DEPARTMENTAL EMERGENCY OPERATIONAL PLAN

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