



**Health Services**  
LOS ANGELES COUNTY

# DEPARTMENT OF HEALTH SERVICES EMERGENCY PLAN

EFFECTIVE DATE:  
9/30/2023

APPROVED:

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Director, DHS

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Director, EMS Agency

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## **INTRODUCTION**

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The Los Angeles County Department of Health Services (DHS) is the second-largest municipal health system in the nation. DHS operates as an integrated health system, operating 26 health centers and four acute care hospitals, in addition to providing health care to youth in the juvenile justice system and inmates in the LA County jails. Across the network of DHS' directly operated clinical sites and through partnerships with community-based clinics, DHS cares for about 600,000 unique patients each year, employs over 23,000 staff, and has an annual operating budget of \$6.5 billion.

Through academic affiliations with the University of California, Los Angeles (UCLA), the University of Southern California (USC), and the Charles R. Drew University of Medicine and Sciences (CDU), DHS hospitals are training sites for physicians completing their Graduate Medical Education in nearly every medical specialty and subspecialty. In addition, to its direct clinical services, DHS also runs the Emergency Medical Services (EMS) Agency and the County's 9-1-1 emergency response system, as well as Housing for Health and the Office of Diversion and Re-entry, each with a critical role in connecting vulnerable populations, including those released from correctional and institutional settings to supportive housing.

The Department's Emergency Plan 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**

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The Department Emergency Plan (DEP) follows the review process before the plan is officially approved:

- DHS Department Emergency Coordination Section and the Medical and Health Operational Area Coordination (MHOAC) program
- DHS Director

The Department will post the plan on the Department's SharePoint Site to familiarize the organization with the plan. Printed copies will also be kept in the following areas:

- DHS Director's Office
- LA County EMS Agency
- LA County Office of Emergency Management

## **AUTHORITY**

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- 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**

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The Department Emergency Plan outlines the operational framework for coordinating and allocating medical resources during a medical and health emergency. This includes the county Hospitals, Ambulatory Care Network, Correctional Health Services, Community Programs, and Administrative Support Services (Human Resources, Information Technology, Contracts and Grants, etc.). This plan will coordinate with the MHOAC program, when necessary.

## **POLICIES AND PROCEDURES**

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### **Department**

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

## **DEPARTMENT EMERGENCY COORDINATOR (DEC)**

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Department of Health Services Representative will serve as the Department Emergency Coordinator (DEC). This position will be supported by the Department Emergency Coordination program as well as the EMS Agency MHOAC. 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 (BEC)**

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The Department has identified Building Emergency Coordinator (BEC) as the Disaster Manager for all buildings/facilities that house DHS operations. The BEC is tasked with developing and maintaining the Building Emergency Plan (BEP) for their facility, which includes coordinating an emergency evacuation of employees commensurate to the size and 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 building occupants' safety and coordinate departmental/facility emergency evacuation activities following a disaster.

The scale of the disaster will dictate the response actions and responsibilities. This could be local to the facility or systemwide. Various tasks may include managing emergent situations such as controlling utilities, reporting damage, providing first aid, fire extinguisher usage, and assisting mobility-challenged persons. These functions are established through a management-by-objectives approach, whereby BECs know functions and key personnel within their respective buildings. Acute care facilities have robust emergency preparedness and response programs exceeding BEC requirements.

## **PERSONNEL POLICIES**

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

## **AMERICANS with DISABILITIES ACT (ADA)**

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

## **EMERGENCY MANAGEMENT PHASES**

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**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 an emergency occurs and includes activities to eliminate or reduce the probability of causing an emergency or disaster. An example is regulating the transportation of hazardous carcinogens 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**

The 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. It is reducing the probability or extent of secondary damage through such measures as anti-looting security patrols and reducing 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 formal and informal systems 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 two weeks. 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**

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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.

- This plan anticipates an increased demand for medical health services.
- This plan will function depending upon the scale of the disaster.
- The DHS DEC, EMS Agency Director, or Administrator on Duty can activate this plan.
- The MHOAC will support the needs of the operations when necessary.

The Department Operations Center (DOC), hospital, and health center command posts will be activated as necessary. The DOC will maintain communications with all units/facilities/programs within the Department and can liaise with the County Emergency Operations Center (CEOC), when necessary. A DHS representative will coordinate activities with other County departments through its representatives at the CEOC.

## **DEPARTMENT OPERATIONS CENTER (DOC)**

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### **Primary Location of the DOC**

The DOC is at 313 N. Figueroa St., Los Angeles, CA 90012, in room 910. At this location, department-wide command decisions will be made.

### **Alternate Location of the DOC**

The Alternate Department Operations Center (DOC) is located at 10100 Pioneer Blvd. Santa Fe Springs, CA 90670. The DOC at this location is referred to as the Medical Coordination Center (MCC). The telephone number for the MCC is (562) 347-1545. The mission of the MCC is to provide support and coordination to all healthcare partners both public and private throughout all of Los Angeles County.

### **Facility Command Centers**

Each facility will maintain an emergency command center and communicate with the DHS DOC under the EMS Agency Communications Plan when necessary.

**DEPARTMENT OPERATIONS CENTER  
ACTIVATION LEVEL SEQUENCE**

<b><u>OPERATIONAL ASSUMPTIONS</u></b>	<b><u>ACTIVATION LEVEL</u></b>	<b><u>CONDITIONS/DEFINITIONS</u></b>
<b><u>Systemwide</u></b>  <b>All/Majority of Health Facilities and Program Impacted</b>	<b><u>Level 1</u></b> <b><u>(FULL ACTIVATION)</u></b>  <b>Department Command Center Activated</b> <b>All DHS Leaders Engaged</b>	<p>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.</p>
<b><u>Regional</u></b>  <b>Multiple Health Facilities Sites Impacted</b>	<b><u>Level 2</u></b> <b><u>(MID-LEVEL ACTIVATION)</u></b>  <b>Local Command Center (s) Activated</b> <b>DHS Director and Other Key Leaders Notified and kept informed.</b>	<p>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 to protect the lives, property, and environment of its citizens.</p>
<b><u>Local</u></b>  <b>One Health Facility Impacted</b>	<b><u>Level 3</u></b> <b><u>(LOW LEVEL ACTIVATION)</u></b>  <b>Local Command Center may be Activated.</b> <b>DHS Director Notified</b>	<p>A minor to moderate incident where local resources are adequate and available. A local emergency may or may not be proclaimed.</p>
<b><u>None</u></b>	<b><u>Normal Operations/Monitoring</u></b> <b><u>(DUTY OFFICER MONITORING)</u></b>	<p>The Medical Alert Center (MAC) Operations monitors all communications systems with all healthcare partners 24/7. The Administrator on Duty is available 24/7.</p>

## **ACTIVATION OF THE DOC**

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Should a major emergency or disaster occur, the DHS Director will 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 DHS staff and representatives from other divisions are generally not required, and the CEOC may or may not be activated. SEMS/NIMS is 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)
- Logistics
- Operations-all or a portion
- Operations Liaison at CEOC, if activated
- 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 need the following individuals to be in contact with or report to the DOC.

- DHS Director
- Chief Deputy Director
- Chief Financial Officer
- Chief Deputy Director of Health Services Operations
- Director Patient Access and Experience
- Administrative Deputy
- Chief, Information Systems
- Chief Operations Officers
- Designees
- Public Information Officer
- Personnel Representative
- Procurement Representative
- Public Health Representative
- All staff assigned to the DOC.
- DHS staff (2) Assigned to the CEOC

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

- DHS Director
- DHS Chief Medical Officer
- DEC
- MHOAC

## **EMPLOYEE ACKNOWLEDGEMENT**

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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 Departmental Policy No. 911: Role of DHS' 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.
- 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**

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Key leaders and employees will be notified by the mass notification system during a large-scale incident.

## **PUBLIC INFORMATION**

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In the event of a countywide disaster involving medical health coordination/response, DHS 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 DHS media releases and contacts must be cleared by the PIO. The Director has designated their Director of Communications to speak on behalf of the department.

## **TRAINING AND EXERCISES**

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

- SEMS G606, Standardized Emergency Management System Course
- NIMS IS 100, Introduction to Incident Command System
- NIMS IS 2200, Basic Emergency Operations Center Functions
- NIMS IS 700, An Introduction to NIMS
- NIMS IS 800.A/B, National Response Framework, An Introduction
- TEEX MGT 346, EOC Operations and Planning for All-Hazards
- DEP
- BEP

For CEOC representatives, approved courses consist of the following:

- Field ICS and EOC Interface G191
- Courses Four through Eight – EOC Section Specific:
  - Management G611
  - Operations G611
  - Logistics G611L
  - Planning and Intel G611P
  - Finance and Admin G611F
- NIMS IS 800.A/B, National Response Framework, An Introduction

### **EXERCISES:**

- MHOAC coordinates the annual Statewide Medical and Health Exercise for Los Angeles County MCC
- DHS participates in the annual Statewide Medical and Health Exercise for Los Angeles County
- DHS participates in countywide communication drills.
- DHS hospitals conduct regular annual disaster drills.

## **DISASTER REIMBURSEMENT**

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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 (CMMS) guidance for the delivery of medical services. Appropriate ICS forms must be utilized for Federal and State reimbursement. ICS forms may include, but is not limited to, ICS 214, ICS 252, ICS 256 and ICS 257.

## ABBREVIATIONS/GLOSSARY

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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
CDO	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
DHS	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
ISD	Internal Services Department
LACOE	Los Angeles County Office of Education
LEMSA	Local Emergency Medical Services Agency
LSC	Logistics Section Chief

MCC	Medical Coordination Center
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
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

## REFERENCES:

- DOC Plan (To be developed for DHS DOC)
- County of Los Angeles Operational Area Emergency Operations Plan
- Los Angeles County Emergency Medical Services Communications Plans