

**State of California
Mutual Aid Region I
Regional Emerging
Infectious Disease
Transportation Concept of
Operations**

Version 3 .0



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I. Overview, Goals and Objectives:

Overview-

The five (5) counties which make up California Mutual Aid Region I (Orange, Los Angeles, Ventura, Santa Barbara, and San Luis Obispo) have a population of approximately 15 million residents, tens of thousands of visitors, and hundreds of high-profile historical, industrial, tourism, transportation, and environmental resources in the region. The large population and wide geography make California Region I susceptible to emerging infectious diseases (EID) such as Ebola, Influenza, and other novel viruses.

The California Department of Public Health (CDPH) and the state Emergency Medical Services Authority (EMSA) and the five counties in Region I have already adopted the all-hazard California Public Health and Medical Emergency Operations Manual (EOM) which fulfills the information sharing and resource request requirements of the Standardized Emergency Management System (SEMS). Each county has established a single point-of-contact for medical and health emergency management to facilitate these processes: The Medical and Health Operational Area Coordinator (MHOAC), and regionally the Regional Disaster Medical Health Coordination (RDMHC) program. At every level Public Health and Medical representatives' partner with their counterparts from law enforcement, fire suppression, emergency medical services (EMS) transport providers, and emergency management (EM) agencies.

However, patients with highly EIDs, or other forms of contamination, require specialized attention. It is necessary to transport infected or contaminated patients with specially prepared vehicles and personnel to minimize cross-contamination, disease spread, and first responder risk. This plan is intended to cover patient and evaluation team transports, whose operations will be directed by local EMS protocols.

Since the 2014 West African Ebola outbreak, and subsequent return of Ebola healthcare workers to California, the RDMHC program worked with local MHOAC programs and three large ambulance providers to transport potential or confirmed Ebola Virus Disease (EVD) or other EID patients. The ambulance providers have specially designed ambulances on stand-by for high-risk transports to increase healthcare worker protection from infectious diseases. The High-Risk Ambulances (HRA) were designed to have negative pressure capabilities with separate HVAC units for the driver and patient compartments. The HRAs are recognized nationally as a best practice and are the first of their kind.

With the establishment of the *State of California Mutual Aid Region I Regional Emerging Infectious Disease Transportation Concept of Operations (REID ConOps)* as a structure, specialized teams of EID prehospital medical responders throughout Region I will be more prepared to train, exercise, and respond to future EID patients.

Goal -

To address specialized regional prehospital and inter-facility transportation situations to minimize impact of these patients/incidents on the healthcare system while maximizing patient and healthcare provider safety.

Objectives-

- Reinforce the current all-hazard system of information sharing and resource requesting through the EOM.
- Address the operational components of a specialized HRA transport program including:
 - o Effective cooperation between Local Health Department (LHD) authorities, transport personnel, and receiving medical facilities through specialized training and exercising.

II. Strategies, Policies and Constraints:*Strategies-*

This REID ConOps will address the following strategies for specialized HRA transports.

- Standardization of vehicles, equipment and decontamination.
 - o Specialized transport vehicles will be prepared, deployed and decontaminated in accordance with ambulance company policies and health department directives, with the goals of protecting response personnel and the public from exposure and facilitating decontamination of the patient care area.
- Standardization of training/exercises.
 - o The pre-designated HRA ambulance providers will implement a training and exercise program consisting of quarterly didactic and hands-on training for the HRA transport core personnel and coordinate an annual functional exercise with a receiving Special Pathogen Treatment Center (SPTC) in collaboration with the MHOAC and RDMHC programs.
- Standardization of response policies.
 - o Each Operation Area (OA) will establish response policies, standardized to the extent possible within the region, including deployment configuration, assessment team utilization, donning and doffing locations, etc.
- Standardization of activating specialized resources and sharing information.
 - o Each OA will continue to use the EOM as the baseline guide for requesting mutual aid resources and sharing information.

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Policies-

These operations will continue to utilize the applicable policies and relevant authorities including:

- California Vehicle Code.
- California Health and Safety Code.
- California Public Health and Medical Emergency Operations Manual.
- Policies and procedures from California Department of Public Health.
- Policies and procedures from California Emergency Medical Services Authority.
- Local policies and procedures from Local Emergency Medical Services Agencies (LEMSA).
- Policies and procedures from LHD/Healthcare Agencies.
- Policies and procedures from the participating ambulance providers.
- Departmental policies and procedures from participating hospitals.

Constraints-

The current, improvised method of response to EID will benefit from standardization and structure.

III. Participants and Activities:*Participants-*

- California Department of Public Health.
- California Emergency Medical Services Authority.
- California Governor's Office of Emergency Service (CalOES).
- Region I Disaster Medical Health Coordination program.
- Health Departments/LEMSAs/Healthcare Agencies:
 - o County of Orange
 - o County of Los Angeles
 - o City of Pasadena
 - o City of Long Beach
 - o County of Ventura
 - o County of Santa Barbara
 - o County of San Luis Obispo
- Ambulance providers, as pre-designated by the RDMHC program – Region I, currently:
 - o AMR Ambulance – (including Gold Coast Ambulance, Ventura Co.)
 - o Falck Ambulance - (including Los Angeles & Orange Co.)
 - o WestMed - McCormick Ambulance
- SPTCs, as Pre-Designated by the CDC/CDPH/LHDs/Healthcare Agencies and RDMHC – Region I, currently:
 - o Cedars Sinai – Los Angeles (Region IX Regional Treatment Center)
 - o Kaiser Permanente – Los Angeles (LA County Treatment Center)
 - o UCLA Ronald Reagan Medical Center – Los Angeles (LA County Treatment Center)

Activities-

- Coordinate yearly Region I functional exercises and drills with the focus on communication and coordination.
- The LA County EMS Agency will be responsible for standardizing HRA personnel EID training consisting of:
 - o Donning and doffing personal protective equipment (PPE)
 - o Spill and waste management
 - o Equipment and vehicle decontamination procedures
- Continue to work with the LA County EMS Agency and SPTCs to incorporate HRAs into their exercises and drills.
- The Region I MHOAC and RDMHC programs will continue to exercise the EOM's established process of requesting resources, situational reporting, and sharing of information during all trainings, exercises, and activations.

IV. Responsibilities and Authorities Delegated:*Responsibilities-*

- The Region I RDMHC program will be responsible for implementing this ConOps in coordination with the Region I MHOACs.
- The MHOAC programs for each county will be responsible for activating the ConOps and requesting specialized Region I prehospital transport resources, if needed, in accordance with the EOM and local procedures. The MHOAC program will be responsible for notifications to the RDMHC program, LHD, LEMSA, Law Enforcement (LE), Fire Departments (FD), Emergency Management, CDPH duty officer, and EMSA duty officer during a "real event" as needed, as well as participating in plan revision, training, and exercises.
- County LHD/LEMSA's/Healthcare Agencies (if different from MHOACs) will be responsible for following local procedures and plans in dealing with specialized transport situations for suspect EID patients and contacting MHOAC programs as necessary. They will also be responsible for participating in plan revision, training, and exercises.
- Pre-designated ambulance providers, in accordance with their Memorandum of Understanding (MOU) with the LA County EMS Agency, will be responsible for maintaining specialized vehicles, participating in training and exercises, maintaining PPE caches, activating for response when necessary, and post-response operational review.
- Designated SPTCs will be responsible for maintaining receiving capabilities as determined by local healthcare agencies, participate in training and exercises, provide assessment teams if that is part of their plan, activate for reception of patients, and participate in post-response operational review.
- The requesting MHOAC will provide a situational report within 2 hours of activating the REID ConOps to the RDMHC Program, CDPH and EMSA Duty Officers.

Authority Delegated-

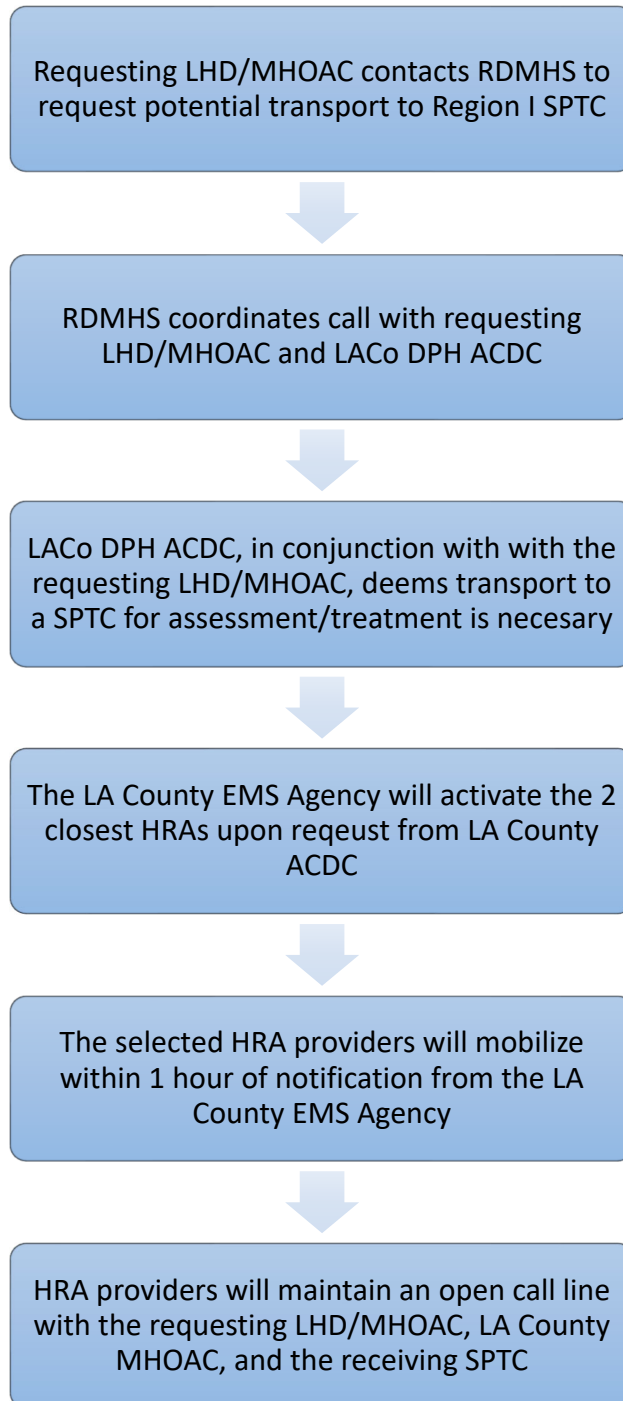
All MHOACs, LEMSAs, and LHDs in Region I shall follow local county medical transport regulations set by the LEMSA in an EID emergency. The REID ConOps will be activated when the requesting county does not have the appropriate resources available and requests the appropriate resource as outlined in the California EOM. The requesting MHOAC must grant approval for transporting vehicles to enter their jurisdiction if necessary. This resource may then be considered “mutual aid,” and will be requested, activated, deployed, tracked, and demobilized according to normal mutual aid processes and procedures.

V. Operational processes:*Activation-*

- The *State of California Mutual Aid Region I REID ConOps* activation process will be initiated by the requesting **MHOAC** for the county wishing to have an EID patient(s) transported. If the requesting county does not have a specialized EID transport team within their OA, the MHOAC will provide the Region I Regional Disaster Medical Health Specialist (RDMHS) with a situation briefing and medical/health resource request (verbal and/or written) if necessary.
- The requesting MHOAC will maintain ongoing communications with all appropriate stakeholders throughout the activation.
- The Region I RDMHC program will coordinate with the requesting MHOAC, the Los Angeles County Department of Public Health – Acute Communicable Disease Control (DPH ACDC), Center for Disease Control (CDC) and CDPH to determine if a HRA response is needed to transport an EID patient(s).
- Activation of the closest HRAs will be determined by the Los Angeles County EMS Agency.
- Upon activation, the Region I RDMHC program, the requesting MHOAC, and the local county Public Health/LEMSAs/Healthcare Agencies will work together with DPH ACDC to determine the most appropriate destination for the suspected EID patient and make appropriate pre-notifications to the selected SPTC. If the suspect EID patient requires transport from a General Acute Care Hospital (GACH) to a SPTC, all requirements relating to EMTALA law must be followed pursuant to 42 CRF 489.24 for inter-facility transfers.
- County/City LHD/LEMSAs/Healthcare Agencies/facilities will provide information updates, evaluation/treatment personnel, incident guidance, and incident monitoring per local policies and procedures.
- Requests to transport patients to and from operational areas outside of Region I will follow the established resource requesting and notification protocols as outlined in the CDPH/EMSA Health and Medical EOM and this REID ConOps.

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External Communication Flowchart for Transport of Patients with Suspected or Confirmed EID



Resource Mobilization and Patient Transportation-

- The selected HRA team(s) will mobilize **two** HRA transport vehicles, supervisor vehicle, and appropriate medical personnel **within one 1 hour** per their HRA transport service agreement with the County of Los Angeles. If the two HRAs are from different providers, the closest HRA will not delay mobilizing to wait for the second HRA to arrive. The second closest HRA will mobilize and chase the closest HRA.
- The responding HRA team(s) will maintain open line communications with their “home” county MHOAC, the requesting MHOAC, and the receiving MHOAC, throughout the activation, mobilization, and transport.
- Upon activation by Health Officials, the pre-designated SPTC will mobilize their evaluation team(s) and treatment areas, as needed per their agreement with County Health Department/LEMSA/Healthcare Agency.
- During transport, the HRA transport team shall not divert from transporting to the SPTC regardless of changes to the patient’s overall condition.
- Upon arrival at the SPTC, the HRA transport team will contact the receiving team at the hospital and initiate proper transfer of patient care.

Post-Incident Procedures-

- The HRA transport team will initiate PPE doffing procedures upon completion of the patient transfer and initiate decontamination protocols for the transporting ambulance vehicle, as directed by the LHD.
- PPE will be decontaminated or discarded at the direction of the SPTCs LHD.
- The responding HRA provider will perform ongoing medical surveillance of the transport personnel as directed by the County LHD/LEMSA/Healthcare Agency in which the transporting personnel reside.

VI. Initiation, maintenance, and retirement

The *State of California Mutual Aid Region I REID ConOps* will go into effect when approved by the five (5) county MHOACs or designees as well as the Region I RDMHC.

This ConOps document (Version 3) will be reviewed and revised annually at the fourth quarter regional MHOAC meeting and as needed.

This ConOps document (Version 3) will be retired at the request of the majority of the MHOACs in Region I.

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VII. References:

1. Center for Disease Control and Prevention: Ebola Outbreaks – Current/Recent & Past: [Outbreaks | Ebola \(Ebola Virus Disease\) | CDC](#)
2. Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present With Possible Ebola Virus Disease in the United States (CDC): <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>
3. Recommendations on Selection and Use of Personal Protective Equipment for First Responders against Ebola Exposure Hazards (OSHA): [https://www.osha.gov/ebola/control-prevention#:~:text=Workers%20who%20may%20be%20exposed%20to%20aerosolized%20Ebola%20virus%20particles,%20Dpurifying%20respirator%20\(PAPR\)%20in](https://www.osha.gov/ebola/control-prevention#:~:text=Workers%20who%20may%20be%20exposed%20to%20aerosolized%20Ebola%20virus%20particles,%20Dpurifying%20respirator%20(PAPR)%20in)
4. Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who present with Possible Ebola Virus Disease (CDC): <http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html>
5. Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing) (CDC): <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
6. Occupational Safety and Health Standards, Toxic and Hazardous Substances: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS
7. US Environmental Protection Agency Office of Pesticide Program, List G: EPA Registered Hospital Disinfectants Effective Against Norovirus (Norwalk-like virus): [List G: EPA Registered Hospital Disinfectants Effective Against Norovirus \(Norwalk-like virus\)](#)
8. Disinfectants for Use Against the Ebola Virus: <https://www.epa.gov/pesticide-registration/list-l-disinfectants-use-against-ebola-virus>
9. Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus: <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

10. US Army Decontamination of Vehicles & Equipment Used for Transportation of Potential Ebola Virus Disease (EVD) Patients or Related Equipment – Technical Information Paper 13-031-0914:
<https://www.hsdl.org/?view&did=758214>
11. Ebola Associated Waste Management (CDC):
<http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html>
12. Q&A's about the Transport of Pediatric Patients (<18 years of age) Under Investigation or with Confirmed Ebola (CDC):
<http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/transporting-pediatric-patients.html>
13. Ebola Virus Disease Medical Waste Management – Interim Guidelines (CDPH):
https://www.cdph.ca.gov/Programs/CEH/DRSEM/CDPH%20Document%20Library/EMB/MedicalWaste/EVD_Waste_Management_Interim_Guidance_October_2022.pdf
14. Transporting Infectious Substances (DOT):
<https://www.phmsa.dot.gov/transporting-infectious-substances/transporting-infectious-substances-overview>
15. Ebola Patient Preparation for Transport, Patient Movement, and Decontamination Procedures (American Medical Response):
<https://www.amr.net/resources/ebola/community-partners/ebola-patient-transport-procedures-final-11-11>
16. California Injury and Illness Prevention Program:
https://www.dir.ca.gov/dosh/dosh_publications/iipp.html
17. California Code of Regulations, Title 8, §5193. Bloodborne Pathogens:
<https://www.dir.ca.gov/title8/5193.html>
18. California Code of Regulations, Title 8, §5144. Respiratory Protection:
<https://www.dir.ca.gov/title8/5144.html>
19. Centers for Medicare & Medicaid Services, 42 CFR 489.24
<https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec489-24.pdf>

VIII. Acronyms:

ACDC – Acute Communicable Disease Control
CalOES – California Governor’s Office of Emergency Medical Services
CDC – Centers for Disease Control and Prevention
CDPH- California Department of Public Health
ConOps – Concept of Operations
DPH – Department of Public Health
EID – Emerging Infectious Disease
EM – Emergency Management
EMS – Emergency Medical Services
EMSA – California Emergency Medical Services Authority
EOM – Emergency Operations Manual
EVD – Ebola Virus Disease
FD – Fire Department
GACH – General Acute Care Hospital
LE – Law Enforcement
LEMSA – Local Emergency Medical Services Agency
LHD – Local Health Department
MHOAC – Medical Health Operational Area Coordinator
MOU – Memorandum Of Understanding
OA – Operational Area
PPE – Personal Protective Equipment
RDMHC – Regional Disaster Medical Health Coordination
RDMHS – Regional Disaster Medical Health Specialist
REID ConOps – Regional Emerging Infectious Disease Transportation Concept of
Operations
SEMS – Standardized Emergency Management System
SPTC – Special Pathogen Treatment Center