

TITLE: DISASTER MEDICAL RESOURCE MANAGEMENT AND SUPPORT

APPROVED: _____
Executive Director

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Medical Director

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DISASTER MEDICAL RESOURCE MANAGEMENT AND SUPPORT

I. AUTHORITY

Division 2.5, Health and Safety Code, Section 1797.150-152

II. DEFINITIONS

- A. Medical/Health Operational Area Coordinator (MHOAC)- means the individual responsible for the coordination of medical and health resources and activities within the operational area.
- B. Medical Mutual Aid- refers to medical resources utilized outside of the Operational Area's arrangements for response to day-to-day needs.
- C. Ambulance Strike Team- means five ambulances with a Team Leader and common communications.
- D. Regional Disaster Medical Health Specialist (RDMHS) means the individual responsible for the coordination of medical and health resources within each OES Region, under the direction of the Regional Disaster Medical Health Coordinator.

III. PURPOSE

The purpose of this policy is to provide direction for out-of-area response and the management and support of out-of-area medical resources.

IV. POLICY

- A. Ambulance providers shall seek prior approval from the MHOAC if the out-of-area response would reduce ambulance coverage below the level required to meet contract requirements.
- B. Ambulance Providers shall relocate at the direction of the MHOAC. This may include: back-up, move-up, or posting within the county or to another county.
- C. Requesting Resources

1. The MHOAC shall be notified of all requests for out-of-area medical resources.
2. Uniformed medical resources such as fire and law enforcement, if accessing medical resources through their respective mutual aid channels, should collaborate with the MHOAC to ensure that resource requests are not duplicated or unclear.
3. The MHOAC, when accessing medical resources through mutual aid channels, should collaborate with uniformed OA representatives to ensure that resource requests are not duplicated or unclear.

D. Allocation of Resources

1. Allocation of available resources shall be in accordance with the Operational Area Action Plan as determined by the MHOAC.

E. Ambulance Strike Teams

1. Team Structure: Teams will be drawn from within a given region – following the six OES geographical regions and coordinated by the MHOAC and RDMHS. All Team personnel will function under the protocols and scope of practice of the EMS agency of their accreditation. If possible, all units in a Strike Team shall stay together unless otherwise directed by the Strike Team Leader. At a minimum, all team members shall remain in constant communications.
2. Equipment & Training: Team members shall have a minimum training of ICS-100 and meet the minimum equipment requirements outlined in the EMSA Ambulance Strike Team Guidelines.
3. Strike Team Leader: Team Leaders shall have minimum training of ICS-100, ICS-200, ICS-300, MCI Basic Field Operations, and Strike Team Leader – Ambulance. Team Leaders shall meet the minimum equipment requirements outlined in the EMSA Ambulance Strike Team Guidelines.
4. Communications: The Strike Team Leader, in cooperation with the MHOAC and RDMHS, is responsible for ensuring that all Team Members have common communications capabilities during travel to and from the incident. Strike Team Leaders shall have radios programmed with the CALCORD frequency.

F. On-Scene Support

1. The requesting agency must supply communications capabilities and local maps to requested out-of-area ambulances. Examples include:
 - a. Local cache of radios, programmed with local frequencies, and map books;
 - b. Assign a local responder equipped with a local radio and map book (consider exchanging local EMT with out-of-area EMT) to incoming units.

2. The requesting agency or jurisdiction that receives medical mutual aid is expected to provide all logistics support to the responding resources unless otherwise specified or agreed upon. Logistics support includes all of the following: food, shelter, medical supplies, mental health support, communication, maps and directions, fuel and reasonable vehicle maintenance, transportation, and security.
3. Facilities, services, and materials at an incident are typically provided by the on-scene ICS Logistics Section. Medical personnel should contact the on-scene ICS Division/Group Supervisor for instructions on accessing these services.

G. Demobilization

1. In cooperation with Incident Command, determine when resources are to be released. No unit or individual leaves without permission from their Team Leader, Group/Division Supervisor, or Section Chief.
2. Ensure required reports and forms are completed.
3. Ensure the open actions are completed or transferred to other appropriate response units.
4. Return phones, radios, other equipment.
5. Report lost or broken equipment or supplies. If unable to replace lost, used or damaged equipment, notify employer representative and get written acknowledgment from the Incident Commander prior to leaving the incident.
6. Obtain debriefing and consider any needs for Critical Incident Stress Management.