

LOS ANGELES COUNTY DEPARTMENT OF



HEALTH SERVICES EMERGENCY PLAN

Revised July 2010

Approved:

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Director of Health Services

Date:

A handwritten date "July 8, 2010" written in black ink over a horizontal line.

DEPARTMENT EMERGENCY PLAN



Health Services
LOS ANGELES COUNTY

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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 (DHS) in 1972 that provides a broad range of hospital, emergency services, and other health care operations. Today, DHS is the second largest health system in the nation and is governed by the Los Angeles County Board of Supervisors. DHS 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 DHS 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:

- DHS EMS Agency (drafting and internal coordination)
- EMS Agency Assistant Director (review)
- EMS Agency Director (approval)
- DHS 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:

- DHS Director
- DHS Senior Leadership
- DHS Disaster Coordinators
- Emergency Operations Center
- DOC/EOC Staff

The DEP will undergo regular updates and revisions every three years or sooner, if significant changes warrant, then submitted to the DHS Director and the Emergency Management Council for approval.

REVISIONS DATES

DIRECTOR'S SIGNATURE	REVISION DATE
	June 28, 2010

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

This plan applies to all areas of Los Angeles County in which medical health services are required as the result of an extraordinary occurrence, whether or not there is a declaration of an emergency. The plan is also applicable to the private sector through liaison with the Hospital Association of Southern California and/or individual hospitals; the Los Angeles County Medical Association and/or individual physicians; the Los Angeles County Ambulance Association, Private Ambulance Provider Association and/or individual ambulance companies; and individual pharmacies; American Red Cross Blood Banks and/or individual blood banks; California Association of Health Care Facilities and/or individual facilities; Community Clinic Association of Los Angeles County and/or individual clinics; and individual centers, laboratories, laundries and any other element of the private sector necessary for support during a disaster

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 diverse a 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 DHS' 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

- 1100 Disaster Management/Planning

A detail list of policies is in Volume 3 of 5

DEPARTMENT EMERGENCY COORDINATOR

Cathy Chidester, Director, EMS Agency, is the Department Emergency Coordinator (DEC). Gertha Benson, the Senior Disaster Analyst, is designated as the Alternate DEC and Jessie Comer, Disaster Services Analyst, is designated as the Assistant DEC. The DEC will ensure the development and maintenance of the department emergency plan, coordination of the department's emergency response activities with the Chief Executive Office's Office of Emergency Management, coordinate training and maintenance of the Building Emergency Coordinator (BEC) positions within the department.

BUILDING EMERGENCY COORDINATOR

DHS has identified a Building Emergency Coordinator (BEC) for all of its owned and leased buildings. The BEC is tasked with the development and maintenance of the Building Emergency Plan (BEP) for their facility and, coordinating an emergency response team 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 response 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, and search and rescue functions, 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.

The BEC is directed in their activities by the DEC.

(See Volume 5, Resource and Contact Directory)

AMERICANS with DISABILITIES ACT (ADA)

Each DHS 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.

EMPLOYEE DISASTER ASSISTANCE COORDINATORS (EDACs)

1. DHS has designated EDACs for each of the major divisions within the department.
2. Each EDAC will be responsible for informing employees about available disaster assistance resources; will be a direct contact for employees affected by an event, and; will be responsible to coordinate a number of employee disaster assistance programs under consideration for activation immediately following a disaster (e.g. short-term child care, employee resources polling and trip reduction efforts). See Volume 5, Resources and Contact Directory for a list of EDACs.

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.

- Level I:** A minor to moderate incident where local resources are adequate and available. A local emergency may or may not be proclaimed.
- Level II:** 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 III:** 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.

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

The Director will coordinate the medical health activities of both the public and private sector. Neither the Director, nor his staff, will direct the internal activities of other County departments,

private hospitals or other allied agencies. Emergency medical services will be coordinated through the DOC by the EMS Director.

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 maintain liaison 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.

Emergency services will be provided, when feasible, as an extension of standard operating procedures. Some activities of the department and support departments may need modification or suspension.

Medical health care may be administered in a variety of locations including hospitals, health centers, first aid stations, and Temporary Treatment Sites (TTS).

Medical health services personnel may be augmented with technical and professional personnel who can be utilized to care for the sick, injured, and/or related logistical support. Los Angeles County's Emergency System for the Advance Registration of Volunteer Health Professionals (LA County ESAR VHP) health volunteer program recruits, registers, and pre-credentials health, mental health, and other volunteers (including non-medical/ general volunteers) in advance of the next large scale disaster or other public health emergency. These volunteers will assist with hospital surge capacity, alternate care sites, and staffing Points of Dispensing (POD) sites. A burn surge team is also being developed and recruited to meet the demand for medical personnel with a specialty in burn care treatment.

Private professional and volunteer groups, including disaster health volunteer and/or Disaster Medical Assistance Teams, may be requested to provide resources.

When local resources are exhausted, mutual aid will be requested through the CEOC and the Regional Disaster Medical and Health Coordinator. (This request may be made in anticipation of future needs.)

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 prior 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.
- 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., fire fighting, 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 1.

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 are trained to conduct initial assessment of the problem and notify appropriate personnel as needed. The telephone number of the DOC is (562) 347-1545. 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 the same 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:

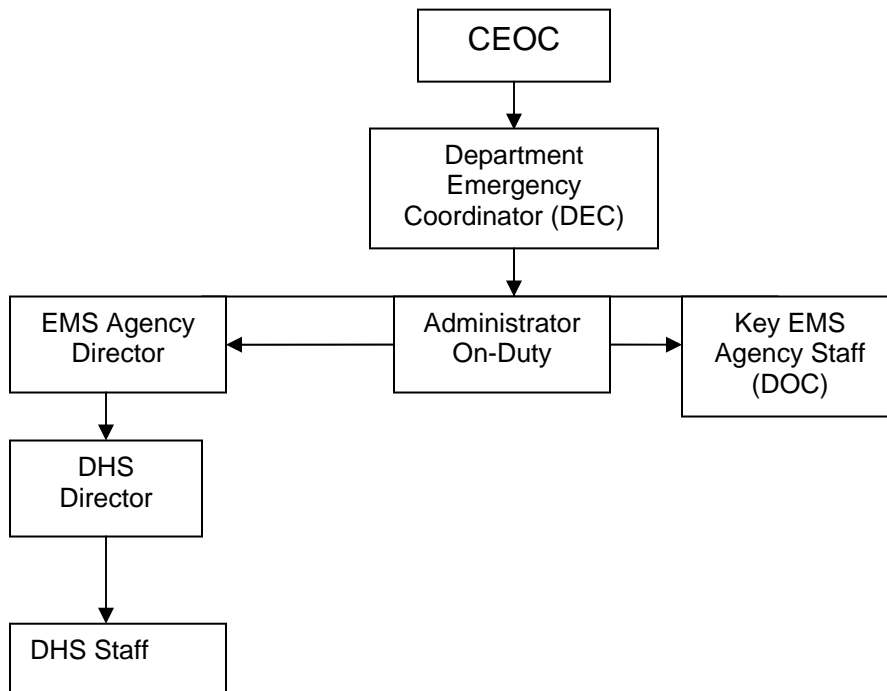
Each healthcare facility maintains an emergency command center. Hospital and comprehensive health centers are connected to the DOC via the Countywide Integrated Radio System (CWIRS). Almost all clinics report through the comprehensive health center in their "cluster" via CWIRS.

Clinics that are not equipped with CWIRS provide reports to the County Police. The County Police will forward the information to the comprehensive health center. Other communications systems used to report facility status are: telephone, cell phone, ReddiNet, Hospital Emergency Administrative Radio (HEAR) and CommandAware.

Private hospitals also maintain a hospital command center. These hospitals are connected to the DOC via the ReddiNet, the HEAR system and the HAM Radio System.

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:



In a disaster resulting in the disruption of telephone and radio communications, personnel will report to pre-designated locations. These locations are established in the disaster plans of each division/facility.

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 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:

Partial Activation

- 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 requires 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
- Personal Health Representative
- All staff assigned to the DOC
- EMS staff (2) Assigned to the CEOC

When activated, shifts in the DOC and CEOC are 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 are to remain on-call, should additional support be necessary. It is suggested that personnel reporting to either the DOC or the CEOC 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 at (562) 347-1545 or MAC Supervisor (562) 941-1037 as soon as possible.

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

- Director
- Chief Medical Officer
- Chief Network Officer
- Chief Deputy Director
- RDMHS, who will contact the Deputy Officer, EMSA

The DOC Plan is attachment 2.

ALTERNATE HEADQUARTERS

Health Services Administration building is located at 313 North Figueroa Street, in the city of Los Angeles. It is comprised of many divisions, including: the Director's office, Personal Health Services, Finance, Contracts and Grants, Facilities Planning and Development, and the library. DHS headquarters houses approximately 800 personnel.

If the building were to become non-functional, it would be difficult to relocate all of the divisions to a single building. The department would seek to decentralize its administrative functions to other departments or County facilities on a temporary basis. If possible, alternate work sites will be selected based on similar functionality. The department would also consider leasing appropriate space until repairs are completed, or a permanent replacement facility is identified. Additionally, the department would consider temporarily expanding use of telecommuting for suitable positions.

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 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.
- 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.

A ComLine, (323) 890-7750, provides the status of various department facilities and instructions for employees following a disaster. The ComLine cannot receive messages from employees. The ComLine is generally activated within the first twelve hours following a disaster, and after initial damage-assessments are completed. The ComLine telephone number is distributed every April with employees' paychecks.

If necessary, the Alert LA, emergency mass notification system, will be used to disseminate information to employees.

COMMUNICATIONS

In the event of a major emergency or disaster, staff are notified in the following manner:

- CEOC contacts the DEC.
- The DEC contacts the AOD and the on-duty MAC supervisor.
- The AOD will contact the EMS Director who will contact the department Director. At this point, a determination to activate the DOC will be made. Should it be determined to activate, the AOD will contact the DOC Manager.
- The DOC Manager assesses the need for additional staffing and, if the need arises, notifies DOC staff when to report.
- Upon activation of the DOC, a CWIRS roll call of key management staff and facilities is initiated.

If telephone systems are functional, notifications will be conducted via telephone. If telephone systems are not functioning, DHS executive staff and key disaster response personnel possessing handheld portable CWIRS radios are requested to monitor their channel and await instructions.

If a disaster appears to be so large that it is evident that disaster procedures must be initiated, personnel assigned to the CEOC or the DOC should report to those locations. Administration executive staff should initially report to the DOC for a briefing and initial response planning.

DISASTER COMMUNICATIONS SYSTEMS

Telephone System

If a facility cannot make out-going telephone calls on normal business lines during a disaster, personnel should consider the use of the Government Emergency Telecommunications Service (GETS) and the Wireless Priority Service (WPS) as an option, if available.

Hospital Emergency Administrative Radio (HEAR) and Rapid Emergency Digital Data Input Network (ReddiNet) Systems

1. HEAR and ReddiNet systems are the communications links between hospitals (both public and private), and the DOC. Some provider agencies and ambulances are also equipped with HEAR and ReddiNet.
2. The MAC manages this capability.

3. The MAC will conduct Hospital Disaster Assessments via either the HEAR or ReddiNet systems to determine the capability of each facility.
4. Ongoing polls of hospitals are conducted as the DOC manager deems necessary.

Paramedic Communications System

1. The system provides a radio communication link between paramedic units and paramedic base hospital.
2. The system may be the only viable communication link from disaster sites, and may be used for information gathering, rather than its usual activity.
3. In the event the system fails, the DOC may authorize paramedics to care for patients per policy 806.

Disaster Communications

Amateur Radio Emergency Service (ARES) is an organization (referred to as HAM) which supports Los Angeles County EMS and Hospital Facilities. They are comprised of volunteers specially trained in not just emergency communications, but specifically the procedures of how and what radio traffic and information EMS needs and typically asks for. The system involves the use of a 2 meter, 440 MHz, and HF with 2 meter and 440 MHz interconnected by a privately owned network dedicated to disaster communications by one of their members (the Disaster Amateur Radio Network, or DARN). It is considered an exceptional alternative for communications by local jurisdictions and agencies, if primary communications systems fail. Amateur Radio Equipment is installed in the DOC and MDOC, with a contingency that the team that reports to the DOC and the teams that report to the various DRC's and hospitals bring their own equipment. The teams are pre-assigned by the organization and trained by both the MAC, and ARES; these teams relay information and intelligence to and from the hospitals they report to and the DOC. They deploy when primary and back-up communications fail.

Operational Area Satellite Information System (OASIS)

OASIS is a satellite-based communication system that allows the CEOC to communicate with the state and other counties, even when the conventional communications systems are not functioning. The system, located at the CEOC, includes a high-frequency radio and a satellite communications networks.

Operational Area Response and Recovery System (OARRS)

1. OARRS is a web-based software system that functions to support facilitation of emergency response activities, multi-jurisdictional response coordination, and information flow for the County as the facilitation and coordination point for emergency management activities within the geographic boundaries of the County.
2. It establishes an interface to the State of California Emergency Response Information Management System (RIMS).

CommandAware

1. CommandAware is the computerized data system that provides a snapshot of the status of hospitals, and other facilities, personnel, damage, and financial estimates during emergencies/disasters. Comprehensive centers will communicate through their network.

2. CommandAware is used to gather and distribute information among hospitals, comprehensive centers, and other facilities within the department.
3. Its objective is to automate collecting and processing information within the department.

Response Information Management System (RIMS)

1. RIMS is CalEMA's official system for responding to requests for assistance and reporting/disseminating disaster intelligence during emergencies.
2. RIMS uses Lotus Notes, a workflow software program, a statewide system for submitting, tracking, and filing requests for assistance. An OA can electronically submit a request and monitor its progress as it makes its way through CalEMA to the responding state and/or federal agency. Additionally, RIMS has enhanced CalEMAs' ability to disseminate critical information by providing connected agencies access to vital disaster intelligence.
3. The RIMS system is used by the Region I Disaster Medical/Health Coordinator to track resource requests.

Disaster ComLine

1. Employees, may access the Disaster ComLine or "hotline" on an as-needed basis, to obtain important information, such as alternative work locations, etc., during disasters.
2. The ComLine number is (323) 890-7750. **YOU CANNOT LEAVE MESSAGES.**

Countywide Integrated Radio System (CWIRS)

1. CWIRS facilitates communications between County-operated hospitals, clinics, administration, the DOC, and the CEOC. If a private hospital is without communications, an ambulance/van may be dispatched to provide a communications link between the facility and the DOC.
2. In the absence of functional telephone communications, CWIRS will provide the primary means of communicating alerts and notifications to Executive staff in a disaster. CWIRS procedures and a CWIRS directory are provided for each radio holder. CWIRS drills are conducted monthly. (CWIRS procedures are in Volume 2, Operations Manual and CWIRS Directory is maintained in Volume 5, Resource and Contact Directory).
3. CWIRS radios are installed in the following locations:
 - HSA, Administration Command Center (Director's Office conference room)
 - Each County-operated hospital's Command Center
 - Each Comprehensive Health Center's Command Center
 - Each Comprehensive Health Center's County Sheriff's Representative
 - Each DHS-operated ambulance and clinic van
 - Central Dispatch Office
 - DOC
 - Alternate DOC
 - Mobile DOC
 - Mobile Medical System
 - Mobile Clinics (stationed at Mid-Valley, Long Beach, Humphrey and El Monte)

The following level staff and agency representatives have handheld CWIRS radios:

- Executive
- EMS Management

- Hospital and Comprehensive Health Center Administrators
- Key Clinic County Sheriff

PUBLIC INFORMATION

In the event of a County disaster involving medical health coordination/response, DHS will activate its DOC. In conformity with SEMS/NIMS, a Public Information Officer (PIO) will report to the DOC. 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 his Director of Communications to speak on behalf of the department.

(See Volume 2, Operations Manual)

VITAL RECORDS

The department's vital records are stored with File Keeper, a contract service provider.

TRAINING AND EXERCISES

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:

- Participates in the annual Statewide Medical and Health Exercise
- 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 patient care.

RESTORATION of SERVICES

The MAC will coordinate patient destination and the transfer of patients to other hospitals in and outside of the County as needed.

Should the DOC become inhabitable, the DSF will be utilized to continue operations.

Employees should access the Disaster ComLine or "hotline" on an as-needed basis, to obtain important information, such as alternative work locations, etc., during disasters. The ComLine number is (323) 890-7750. **YOU CANNOT LEAVE MESSAGES.**

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
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
HEAR	Hospital Emergency Administrative Radio
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
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

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:

ESF Areas	Medical Health	Public Health
Assessment of public health/medical health needs	X	X
Public health surveillance		X
Medical care personnel	X	
Medical equipment and supplies	X	
Patient movement	X	
Hospital care	X	
Outpatient services	X	
Victim decontamination	X	
Safety and security of human drugs, biologics, medical devices, veterinary drugs, etc.	X	
Blood products and services	X	
Food safety and security		X
Agriculture feed safety and security		X
Worker health and safety		X
All hazard consultation and technical assistance and support		X

Mental health and substance abuse care		X
Public health and medical information		X
Vector control		X
Potable water/wastewater and solid waste disposal, and other environmental health issues		X
Victim identification/mortuary services		X
Veterinary services		X
Federal public health and medical assistance consists of medical materiel, personnel, and technical assistance*	X	X

DHS 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 (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> <ol style="list-style-type: none"> 1) 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; 2) Plans and procedures for the activation, operation and de-activation of the medical and health functions in emergency operations centers; 3) Training and exercises to ensure the response capability of EMS system personnel and organizations; and, 4) Plans and procedures to conduct after action reviews of the disaster medical response 	<p>Preparedness Response Recovery</p>	<p><u>Establish</u> a disaster medical infrastructure for the OA disaster medical system that include:</p> <ol style="list-style-type: none"> 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; 2) <u>Develop</u> plans and procedures for the activation, operation and de-activation of medical support functions in emergency operations centers; 3) <u>Develop</u> training and exercises to ensure the response capability of EMS system personnel and organizations; and 4) <u>Develop</u> plans and procedures to conduct after-action reviews of the disaster medical response
<p>2. ASSESSMENT (immediate medical needs and initiate response)</p>	<p>A system to provide a rapid evaluation of the acute medical needs within the impacted area immediately following an event and the ability of the healthcare infrastructure in the impacted area to meet those needs</p>	<p>Preparedness Response</p>	<p><u>Prepare and establish</u> a system to:</p> <ol style="list-style-type: none"> 1) <u>Provide</u> 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; and

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
3. RESOURCE MANAGEMENT	Those medical and health resources, including medical transport resources, 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	<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).
4. PATIENT DISTRIBUTION & EVACUATION	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 victims with injury or illness	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
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, skill 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 organizations, 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 PH AOD, 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 (CDO) operations distributes patients appropriately, based upon results of the ReddiNet poll
 - b. MAC coordinates transfers among medical facilities
 - c. MAC/ CDO 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/CDO 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

November 2009

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, which facilitates appropriate response.

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 (DHS) is as follows:

- Coordinate patient destination and transportation
- Medical resource management , facilitation and coordination

B. Role in County Emergency Management Organization

DHS 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:

- To ensure emergency provision of resources for medical and personal care
- To facilitate and/or coordinate the provision of private resources for medical and personal care for disaster victims
- To supplement and support disrupted or overburdened medical service personnel and facilities
- To relieve personal suffering and trauma

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	Governing policy/ regulation
RDMHS	213-305-4819	California Health & Safety Code §1797.152
Public Health DOC		County Code 2.68
The Message Center	213-989-7217	
Operations Section	213-240-8020	
Emergency Desk	213-989-7140	
EOC	323-980-2179	

Organization

A. Line of Succession

During an emergency, this department will follow this chain of command for making decisions:

- Interim Director

- Chief Medical Officer
- Chief Deputy Director
- Chief Network Officer
- Director, Emergency Medical Services Agency (EMS) Agency
- Administrator on Duty (AOD) /Assistant Director, EMS Agency

B. Recall & Notification

During Business Hours

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

- Normal work hours are from 0630 – 1700 hrs; notification will be via the EMS Agency's notification system (EverBridge): Responsible party- notification system administrator.
- 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 the Department Emergency Coordinator (DEC)
- DEC will contact the AOD who will consult with the EMS Director to determine whether to activate and the staffing need
- DEC will contact the notification system administrator to initiate notification to recall staff
- Notification system administrator initiates staff recall notification

C. 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 DEC will contact the EOC duty officer (323) 459-3779 or duty officer@ceo.lacounty.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.

D. 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. This person will be responsible for activating the Department Operations Center when requested by the EOC.

Name	EOC Position	Contact Information	Alt Contact
Gertha Benson	Operations Medical Health Branch	562-235-7307	D/C 122*6541*138
Kathy Egan	Operations Medical Health Branch	562-618-0748	
Jim Crabtree	Operations Medical Health Branch	626-393-1784	
Lucy Adams	Operations Medical Health Branch	714-2586694	D/C 122*6541*126
Jerry Crow	Operations Medical Health Branch	562-900-1781	D/C 122*6541*150
Terry Crammer	Operations Medical Health Branch		
Jessie Comer	Operations Medical Health Branch	213-471-0625	D/C 122*99478*20
Operations: Medical Health Branch		323-980-2119	

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 be able to call upon the following sources for additional personnel.

Private Providers-Transportation Resources

Source	Approx. #/type	Contact	Phone
Ambulance Providers	Ambulance Strike Teams (AST)	Cathy Chidester-Local Emergency Medical Services Agency (LEMSA)	W: 562-347-1604 C: 213-590-3353

Volunteers

Source	Approx. #/type	Contact	Phone
Volunteer Center of Los Angeles (VCLA)	Nurses, pediatric nurses, Physicians, respiratory technicians, etc.	Volunteer Management Coordinator	

City/County Mutual Aid

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	213-305-4819
Medical Mutual Aid	Medical Personnel	RDMHS	213-305-4819

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 her absence, the AOD.

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

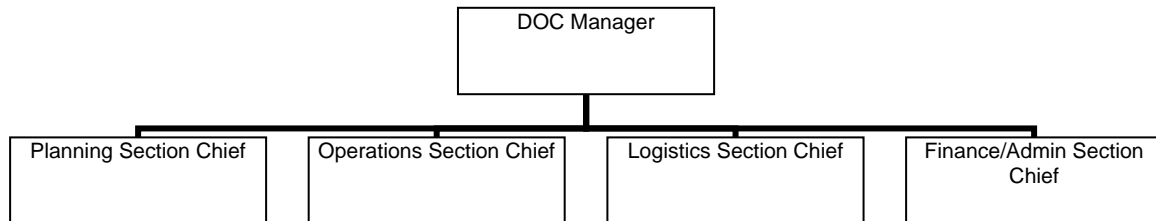
Deactivation

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:

- 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.
- The EOC Operations Medical/Health Branch will be notified via phone, Everbridge Notification, and/or the Emergency Management Information System (EMIS).
- MAC will continue to perform as the DHS emergency point of contact.

C. Organization

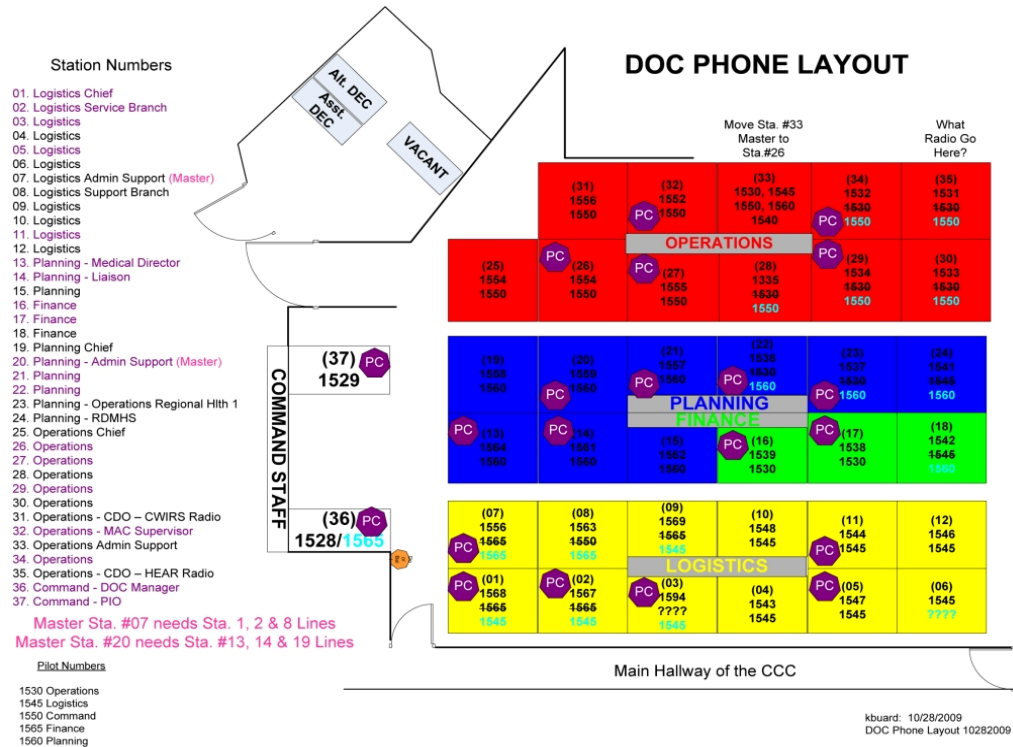
The DOC will generally be organized using ICS, as shown below.



D. Layout

The primary DOC is laid out as shown in Figure 1.

Figure 1



E. DOC Contact Information

Position	Phone
Admin Support	562-347-1545
	562-347-1556
	562-347-1559

Logistics

A. Special Financial Procedures

Procedures are in place to ensure that necessary approvals have been obtained. Purchasing requests are approved by signature (HS2) or electronically (OLR) ratified by individuals having the proper dollar-authority levels.

The delegated individuals are responsible for the commitment of funds to acquire supplies and services.

Finance has an accounting system that records, classifies, and reports information on the financial position and operation of DHS.

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

Voice Communications

The Department will use the following communications systems during an emergency:

Endpoints	Primary	Secondary	Tertiary
Intra-department	Landline phone	Cell phone	Runner
Dispatch & Field	Cell phone	Satellite phone	HAM radio
DOC & Field	Landline/Cell phones	Satellite phone	CWIRS radio
Field & Field (between ambulances)	Mobile Data Transmitter	CWIRS radio	Runner
DOC & EOC	Landline phone	CWIRS radio	HAM radio
DOC & DSF	Landline phone	CWIRS radio	Runner
DOC & Mobile Field Hospital	Cell phone	Nextel Direct Connect	CWIRS radio

Data Communications

The Department intends to use its normal data systems and data communications tools during the emergency. If they are not available, the following substitutes will be used:

- Intranet Email (between and within County departments)
- Internet Email
- ReddiNet (to communicate with ReddiNet equipped, external partners)
- CommandAware
- Notification system (EverBridge) via email

- Runners

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

Items	Vendor	Quantity	PO #	Call to Activate
Mobile Hospital	Vonic Truck	1	Q19516	714-533-3333

Pre-existing service agreements

Items	Vendor	Quantity	PO #	Call to Activate
CommandAware	Concerro	1		

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.

General support

During an emergency, and dependent upon the Department's involvement, the Department will maintain normal services in addition to conducting emergency operations. This decision will be coordinated through the Director's office.

Operation- and Situation-Specific Procedures

- The MAC will be the point of contact with the field and the DOC
- Service level assessment, HavBed, and other polls will be conducted via ReddiNet
- Public Health's Health Facilities will be contacted to provide inspectors in the event of damage to medical and/or care facilities.
- ARES will be contacted, during an earthquake for communications disruption, to provide alternate and/or redundant communications with hospitals, comprehensive centers, clinics, and the EOC.
- Should the Mobile Medical System require deployment, County Police will be contacted to provide convoy 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:

- DHS EMS Agency (drafting and internal coordination)
- EMS Agency Assistant Director (review)
- 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:

- DHS Director
- DHS Chief Medical Director
- DHS Network Officer
- DHS Disaster Coordinators
- Emergency Operations Center
- DOC staff and DOC staff assigned to the EOC

B. Maintenance and Revision

The DOC Plan is a living document and will be reviewed and modified annually. The Department will review the DOC Plan in the following circumstances:

- After any Departmental or County/Operational Area emergency exercise
- After any actual emergency that affects the Department
- 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	Pubic 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 Sheriff's 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 (DHS) during disaster response conditions is to provide for the medical needs of the population of the Los Angeles County Operational Area

DHS 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 (ISD) to gather safety assessment information relative to County facilities and report their status to the CEOC. Additionally, ISD 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, ISD is also the head of the Logistics Section of the CEOC for the Los Angeles County Operational Area. ISD 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. ISD provides a liaison with utilities (except water) concerning the status of electrical, natural gas and telecommunications systems. ISD 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 Sheriff)

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 Sheriff)

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 Sheriff)

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 Pubic 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 ISD)

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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