

**City of Los Angeles**

# **EMERGENCY OPERATIONS PLAN**

## **MASS CARE AND SHELTERING ANNEX**

### **HEALTH AND MEDICAL APPENDIX**

May 2018



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# TABLE OF CONTENTS

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APPENDIX DEVELOPMENT AND MAINTENANCE.....	1
APPROVAL & IMPLEMENTATION .....	2
RECORD OF CHANGES.....	3
CITY EMERGENCY OPERATIONS PLAN/ANNEX CROSS REFERENCES .....	4
BACKGROUND.....	5
I. PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS.....	6
A. Purpose.....	6
B. Scope.....	6
C. Situation Overview.....	6
D. Assumptions.....	8
II. CONCEPT OF OPERATIONS.....	11
A. Terminology.....	11
B. Los Angeles County Department of Health Services .....	11
C. Medical Shelters.....	11
D. Alternative Care Sites .....	12
E. Requests for Medical Support.....	12
F. Support Services and Infrastructure – Related Operations .....	12
G. Fatality Management .....	13
III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES.....	15
A. City of Los Angeles.....	15
B. County of Los Angeles.....	16
C. State of California .....	17
D. Federal Government.....	18
E. Other .....	18
IV. DIRECTION, CONTROL, AND COORDINATION .....	19
V. ADMINISTRATION, FINANCE, AND LOGISTICS .....	20
VI. AGREEMENTS AND UNDERSTANDINGS.....	21

VII. AUTHORITIES AND REFERENCES.....	22
Attachment F-1: Acronyms .....	25
Attachment F-2: Department of Health Services County of Los Angeles Disaster Resource Center (DRC) Designation and Mobilization.....	27
Attachment F-3: Department of Health Services County of Los Angeles Hospital – Adopt A Shelter Program .....	33
Attachment F-4: Department of Health Services County of Los Angeles Mobilization of Local Pharmaceutical Caches (LPCs) .....	37
Attachment F-5: Department of Health Services County of Los Angeles DRC Equipment Checklist for Items Deployed to Other Facilities.....	39

## **APPENDIX DEVELOPMENT AND MAINTENANCE**

This Appendix is developed in support of the City of Los Angeles Emergency Operations Plan EOP Mass Care and Sheltering Annex to facilitate response during incidents that require providing health and medical services in a mass care and sheltering situation.

This Appendix is developed in cooperation and with input from the City departments that have primary response or support activities, as well as input from appropriate non-City agencies with identified activities related to health and medical support in mass care and sheltering situations.

This Appendix is developed to describe overall citywide response functions and capabilities and is to be used by each department identified within this Appendix to develop their own standard operating procedures (SOPs) specifically for their department to direct tactical operations. When developing SOPs, each department is to take into consideration all of the activities identified in this plan directly related to their own department, as well as how those activities interact with, support, or require support from other departments identified within this plan. Departments must ensure that their SOPs are inclusive of planning for people with disabilities and others with access and functional needs. If, at any time, any department identifies a conflict in how their field response or support activities are performed in comparison to what is described in this Appendix, and/or identifies a conflict between their listed activities within this Appendix and how they relate to or support another department's listed activities, such conflict is to be immediately reported to the Emergency Management Department – Planning Division.

If, at any time, a department, agency, or stakeholder to this Appendix changes, develops, or amends any policy, procedure, or operation that will change or affect the contents of this Appendix, that entity is to immediately notify Emergency Management Department - Planning Division.

This Appendix is to be corrected immediately upon notification or observation of any operational errors or conflicts. Such corrections are reflected within the Record of Changes.

Every other year, a formal review of this Appendix will be conducted by departments and agencies that are identified within the Appendix, as well as any other departments or agencies that may need to be part of the review process. Emergency Management Department – Planning Division will lead such an effort. Upon completion of such formal review, all corrections to the Appendix will be reflected within the Record of Changes.

## APPROVAL AND IMPLEMENTATION

This document is a Functional Support Appendix to the City of Los Angeles EOP. It serves as either a stand-alone plan or companion document to an applicable Functional Support Annex to the EOP. The Appendix was developed with input from all applicable City of Los Angeles departments and allied stakeholders. Upon completion, it is reviewed by the City's Emergency Management Committee (EMC). When approved by the EMC, it presents the Appendix to the Emergency Operations Board (EOB) with a recommendation for approval. Upon review and approval by the EOB, the Appendix goes to the Mayor of the City of Los Angeles with a recommendation to approve and forward to the City Council for adoption.

This Appendix was developed with input from all applicable Los Angeles City departments. This Appendix is compliant with the Federal Emergency Management Agency (FEMA) *Comprehensive Preparedness Guide (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 2.0 (CPG 101 v.2)*<sup>1</sup>.

Upon formal approval by the Mayor and adoption by the City Council, this document becomes an official Appendix to the City of Los Angeles EOP.

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<sup>1</sup> *Developing and Maintaining Emergency Operations Plans. Comprehensive Preparedness Guide (CPG) 101*, version 2.0 ed. (n.p.: U.S. Department of Homeland Security, Federal Emergency Management Agency, 2010).



## CITY EMERGENCY OPERATIONS PLAN/ANNEX CROSS REFERENCE

During the response, the following functional support shall be used as deemed necessary:

- Throughout this document, where public information and communication with the public is referenced, see the **Emergency Public Information Annex**.
- Where internal communications systems is referenced, see the **Communications Annex**.
- Where early warning and notification is referenced, see the **Early Warning and Notification Annex**.
- Where sheltering, mass care, mass feeding and the provision of functional needs support services (FNSS) is referenced, see the **Mass Care and Sheltering Annex; Resettlement Processing Center Annex**; and the **Logistics Annex**.
- Where reference is made to evacuations, see the **Evacuation Annex**.
- Where reference is made to Federal, State, Local or Non-Governmental Organizations providing recovery information, see the **Local Assistance Center Annex** and **Recovery Annex**.
- Where reference is made to response and restoration of critical infrastructure, see the **Critical Infrastructure Annex**.
- Hazard Specific Annexes include the **Tsunami Annex, Earthquake Annex, Adverse Weather Annex, Brushfire Annex, Urban Flooding Annex, Off-Airport Major Aircraft Response Annex, Debris Flow Annex, Civil Disturbance Annex**, and the **CBRN Annexes (Chemical, Biological, Radiological, and Nuclear)**.
- All actions related to fulfilling the purpose of this Appendix will adhere to the City of Los Angeles Citywide American with Disabilities Act (ADA) guides, documents, and checklists.
- Where City departments have tasks assigned relative to this Appendix, please refer to that specific department's Standard Operating Procedures.

## **BACKGROUND**

The Health and Medical Care Appendix of the Mass Care and Sheltering Annex provides guidance on supporting health and medical care operations during the response and recovery phase of an emergency incident. This Appendix identifies the needed and available mass care capabilities and resources for the health and medical care of displaced people.

It is difficult to accurately determine the number of persons that will need health and medical support within a sheltering environment before, during, and after an emergency incident. It is possible, however, to plan and manage the mass care support and procedures needed to reduce the adverse impact of a threatened or actual event on the City. Any natural or man-made disaster may cause the displacement of people who require health and medical needs that is beyond the capacity of local medical facilities.

The City relies on the Los Angeles County Department of Health Services (LACDHS) to meet the health and medical needs of its residents. LACDHS is the agency having jurisdiction regarding health and medical services to the City. The City does not own or operate any medical facilities or services for the general populous. LACDHS has responsibility for providing policies, procedures, medical direction, and resources to support health and medical support, including Medical Shelters and Alternate Care Sites (ACS) as well as medical staff support and mental health services.

The operations described in this Appendix are designed to be used during the response and recovery phases of an emergency incident and are designed to be scalable.



## **I. PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS**

### **A. Purpose**

This Appendix details government’s responsibilities for the management of health and medical support resources in various mass care and sheltering situations. This Appendix can be used in conjunction with other plans designed for the protection of the population. Organizations, operational concepts, responsibilities, and procedures applicable to all locations and to all agencies, organizations, and personnel with health and medical responsibilities defined within this Appendix.

This Appendix has been developed to meet the following objectives:

- Describe the scalable health and medical operations strategy within the mass care environment to promote the general health and wellbeing of disaster survivors after a natural or human-caused disaster.
- Provide a coordinated health and medical operation within the mass care environment that is compliant with and integrates principles of the California Public Health and Medical Emergency Operations Manual (EOM), California Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and relevant City, County, State and Federal laws.

Daily health and medical services for the City’s population are provided by a vast and complex health system, which includes public and private hospitals, specialty institutions, clinics, skilled nursing facilities, in-home providers, first responders, and others. Following a disaster, health and medical services will continue to provide daily services in addition to the needs and demands from the impacted population affected by new illnesses and injuries resulting from the disaster.

### **B. Scope**

This Appendix is applicable to Los Angeles City departments with Emergency Operations Organization (EOO) responsibilities and other departments with essential resources. Of particular importance to this document are:

- City departments with emergency public safety functions.
- City departments having routine interaction with the public.
- City departments performing emergency services or other critical services.

### **C. Situation Overview**

#### **1. Characteristics**

##### **a) Location**

The City of Los Angeles covers 498 square miles with approximately 468 square miles of land (214 square miles of which are hills and mountains) and approximately 29 miles of water. The San Gabriel and Santa Susana Mountains bound the City on the North and the Santa Monica Mountains extend across the middle of the City. The Palos Verdes Hills and Pacific Ocean bound the City on the South and West, respectively.

## b) Demographics

According to the California Department of Demographic Research Unit's "*E-1 Population Estimates for Cities, Counties, and the State*"<sup>2</sup>, the 2016 population estimate for the City of Los Angeles is 4,030,904. This breaks down to approximately 8094 persons per square mile.

The City of Los Angeles is one of the most diverse cities in the world. Angelenos speak nearly 200 languages and are part of many different religious and belief systems. Community members who live, work, and play in Los Angeles include people with disabilities and others with access and functional needs.

This plan will use the phrase *people with disabilities and others with access and functional needs* to describe both those that meet the definition of disability as well as people who may or may not meet the definitions of civil rights laws or some of the 60 plus diverse definitions of disability<sup>3</sup>. The definitions for people with disabilities as well as others with access and functional needs are provided below:

### *People with Disabilities*

"Disability" in this context is a legal term rather than a medical one. It refers to a federally protected class under the 1990 Americans with Disabilities Act (ADA). Nationally, people with disabilities make up about 20% of the population. To be in compliance with the law, emergency managers must apply the concepts of accessibility, inclusion, and nondiscrimination in providing services to the general public which includes communication of public information and warnings, transportation, mass care and sheltering, and evacuations.

### *Others with Access and Functional Needs*

"Others with Access and Functional Needs" is a broad definition that includes anyone who might have additional needs before, during, or after a disaster in accessing services. This includes individuals that may or may not meet the definitions of disability under existing civil rights laws, such as people with limited or no English language proficiency, individuals that are institutionalized, women in late-term pregnancy, or those with limited or no access to transportation. With this broader definition, about 50% of the population is considered to have an access or functional need. Anyone with a disability has an access and functional need, but not everyone with an access and functional need has a disability.

## 2. Vulnerabilities

The City of Los Angeles has multiple, accessible, redundant warning and notification systems that it will utilize to reach the public for warnings, notification, and support.

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<sup>2</sup> California Department of Finance, E-1 Population Estimates for Cities, Counties, and the State, January 1, 2015 and 2016

<sup>3</sup> Los Angeles Department of Public Health, "Adult Disability in Los Angeles County." LA Health. Sept. 2006

The primary mode of notification will be the NotifyLA application. Other modes will include news releases and public service announcements to the media and directly through social media. Factors to consider are the type of disaster, the population density, and the terrain in areas of Los Angeles. In some instances, the consequences of a disaster along with terrain, and the geographical area, may impact the effectiveness of notification systems.

The City of Los Angeles recognizes that disasters may exhaust local resources. The City continues to develop, update and/or maintain Memorandum of Understandings (MOUs), Memorandums of Agreement (MOAs), and contract amendments with private vendors to increase response capability and available resources. In addition, the City of Los Angeles' Business Operations Center (BOC) maintains communication channels with the private sector who may provide donations in an emergency.

Due to the population density and terrain of the City of Los Angeles, the City recognizes that, despite a good faith effort, it may not have the capabilities or resources to reach every individual in terms of public warnings, notification, and/or support.

#### **D. Assumptions**

This Appendix was created to integrate the concepts and structure defined by NIMS, SEMS, and the National Incident Command System (ICS).

- All City, State, and Federal processes, procedures, and protocols reflected or referenced in this document were current as of the date of approval of this Appendix. Before implementing this Appendix, confirm that the processes, procedures, and protocols are unchanged. If necessary, before implementing, modify the Appendix to reflect updated processes, procedures, and protocols.
- Only departments that have a role in health and medical services and provide functional support are included in this Appendix. The departmental roles listed are limited to those applicable to the functional support.
- In any disaster, primary consideration is given to the preservation of life, then incident stabilization, and property preservation. Additionally, time and effort must be given to providing critical life-sustaining needs.
- In a catastrophic incident, damage control and disaster relief will be required from the State, Federal, and other local governments, as well as private organizations.
- The City Emergency Operations Center (EOC) may or may not be activated in support of an emergency or disaster event. EOC activation will be determined based on the scope and scale of the event.
- Electronic communications utilizing information technology systems will be compliant with Section 508 of the Rehabilitation Act.
- All printed public education material produced to support this Appendix for distribution to the general public shall be available in accessible formats.
- Many residential, commercial and institutional structures could be damaged; requiring a large Urban Search & Rescue/Heavy Rescue mobilization.

- Residents could be displaced; requiring shelter and social services. Sheltering activities could be temporary or long term depending on the severity of the incident.
- Vital infrastructure such as potable water supplies, electrical power, natural gas, and sewer services could be compromised. Re-establishment of these vital resources will be critical.
- Transportation infrastructure could be damaged and in limited operation. Vital vehicle and rail corridors could be damaged and impassible. Re-establishment of transportation infrastructure will be critical.
- Communications infrastructure could be damaged; causing disruption in land-line telephone, cellular telephone, radio, microwave, computer, and other communication services. Re-establishment of communications infrastructure will be critical.
- A catastrophic emergency or disaster event occurring with notice may destroy most of the health and medical infrastructure in the impact zone, but most of the population will be out of harm's way and will have access to unaffected or minimally affected health and medical infrastructure.
- A catastrophic emergency or disaster event without notice may destroy most of the health and medical infrastructure in the impact zone, leaving the population in the impacted zone vulnerable and with limited or no health and medical services.
- Health and medical needs of shelter residents can fluctuate. Currently, no shelters are designated explicitly for populations that have acute medical needs. Rather, people with acute medical needs are directed or transferred to hospitals. People with access and functional needs may be accommodated in any shelter. California statute precludes segregating access and functional needs populations within shelters; however, some population separation can occur, if appropriate and necessary, based on medical need.<sup>4</sup>
- Although every effort has been made by the City of Los Angeles to make general population shelters accessible to people with disabilities and others with access and functional needs, specific medical conditions requiring a high level of health and medical care cannot be provided in a general population shelter.
- Ideally, people with health and medical needs beyond the service capacity of the shelter will be transferred to a more appropriate level of care facility, such as a hospital. If the infrastructure and resources do not permit transfer, intervening strategies will be required.
- Medical facilities traditionally run close to maximum occupancy.
- A large scale disaster can cause injuries and illnesses that will stress the local medical system.
- People with injuries and illnesses stemming from the disaster will seek assistance in at a shelter.

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<sup>4</sup> Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, November 2010. FEMA.

<http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Documents/Guidance%20on%20Planning%20for%20Integration%20of%20Functional%20Needs%20Support%20Services%20in%20General%20Population%20Shelters.pdf>

- People with injuries and illnesses stemming from the disaster will arrive at a shelter and may not report injuries sustained from the event.
- People entering a shelter can develop new injuries or illnesses requiring treatment in the shelter.
- People entering a shelter can have pre-existing, non-event-related, injuries and illnesses that may require intervention in the shelter.
- People entering a shelter will require triage and transportation to a medical center due to injuries and illnesses.

## II. CONCEPT OF OPERATIONS

### A. Terminology

**Access and Functional Needs** – Access and functional needs as defined by the National Response Framework may be present before, during, or after an incident in one or more areas and may include, but are not limited to, maintaining independence, communication, transportation, supervision, and medical care. Utilize Emergency Support Function (ESF) #6 to coordinate assistance without regard to race, ethnicity, religion, nationality, gender, age, disability, English proficiency, or economic status of those who are seeking assistance as a result of a disaster.

**Disability** – A physical or mental impairment that substantially limits one or more of the major life activities of such individual. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**For a list of acronyms, see Attachment F-1.**

### B. Los Angeles County Department of Health Services (LACDHS)

LACDHS is the designated local public health agency for the City of Los Angeles. The City does not maintain a health department nor does the City maintain any health or medical services beyond the Emergency Medical Services (EMS) provided through the Los Angeles Fire Department (LAFD). In the event of a disaster requiring medical support, LACDHS will provide medical personnel and resources for health and medical operations. LACDHS has resources and programs, including but not limited to, Disaster Resource Center (DRC) designated hospitals, the “Adopt-a-Shelter” Program, and Local Pharmaceutical Caches (LPC) (See Attachments F-2 to F-5 for more information) that can be utilized in the event of an emergency requiring medical support of an evacuated population.

### C. Medical Shelters

Medical shelters are intended to address the medical needs of people who have been displaced from their place of residence as a result of a disaster and require temporary housing and medical support that is beyond what can be accommodated in a general population shelter. Populations requiring medical shelters include persons who receive at-home skilled care, care from skilled nursing facilities, continuous medical support, and palliative care, but who do not need hospitalization. If the City determines the potential need for a medical shelter, the Mass Care branch will contact LACDHS. Medical shelters will be operated and managed by non-City entities possessing the necessary resources, staffing, training, and legal authority to provide health and medical services.

#### **D. Alternative Care Sites (ACS)**

In the event of a disaster that results in a large population requiring medical needs that expands beyond the capability of local medical facilities or where significant damage to local medical facilities requires the transfer of individuals with acute medical needs, ACS may be required. The City does not own or operate any medical facilities and does not have access to medical resources necessary to operate any medical facility. ACSs will be deployed at the discretion of LACDHS. ACSs will be operated and managed by non-City entities possessing the necessary resources, staffing, training, and legal authority to provide health and medical services.

#### **E. Requests for Medical Support**

Additional resource requests, including medical support, will be made following SEMS and NIMS protocols.

#### **F. Support Services and Infrastructure-Related Operations**

##### **1. Emergency Prescription Assistance Program (EPAP)**

EPAP was created by the Federal government to provide prescription pharmaceuticals, medical supplies, and limited durable medical equipment (DME) to individuals affected by a disaster of national significance. EPAP allows individuals that do not have health insurance coverage to receive a one-time 30-day supply of pharmaceutical and medical supplies. EPAP allows disaster victims to continue treatment for acute conditions and chronic illnesses; continue using prescription pharmaceutical and medical supplies; and/or replace medical equipment lost as a direct result of the declared emergency or as a secondary result of loss or damage. The program provides resources to affected individuals from pharmacies enrolled in EPAP.

It is important to note that EPAP resources are only available to affected individuals who do not have any form of health insurance coverage. All others would continue to obtain pharmaceutical, medical supplies, and DME through their respective pharmacy coverage programs, including anyone that has Medicaid, Medi-Cal, Medicare Part D, or private insurance coverage.

##### **2. Supplies and Equipment**

The City of Los Angeles does not have the capacity to store medical equipment necessary to staff a medical shelter, ACS, or other medical-type facility. All medical-related requests will be deferred to LACDHS and other State and Federal agencies as appropriate.

The City maintains a limited cache of DME and Consumable Medical Supplies (CMS) for the purpose of mass care and sheltering to meet the needs of people with disabilities and others with access and functional needs.

- a) Durable Medical Equipment (DME)  
DME will be necessary on-site at general population shelters. Equipment may include accessible cots, beds, canes, shower chairs, and other items that can be decontaminated and potentially reused.
  - b) Consumable Medical Supplies  
Consumable medical supplies may be necessary on-site at the medical shelter. These supplies are usually disposable items meant for one-time use and may include antibacterial wipes, plastic bags, and latex gloves.
3. Mental Health  
Crisis counseling will be made available to help relieve grieving, stress, or mental health problems caused or aggravated by the incident. Mental health services may be required for both disaster survivors and staff. Mental health needs in City shelters will be coordinated through LACDMH through the Mass Care Branch in the City's EOC.
4. Decompensation and Transfer of Medical Care  
Previously healthy individuals may decompensate and develop new health and medical needs while in a general population shelter that cannot be accommodated. Medical shelter staff should be aware of the potential for a client to decompensate at any point during the operation of a shelter. Shelter staff should watch clients for signs of decomposition such as decreased alertness, shortness of breath, unusual elevated blood pressure, or blood sugar. Psychological health downturn signs and symptoms include withdrawal, decreased appetite, and signs of aggression. Any decompensating clients should be transported to a medical facility using medical transport services. Acute medical issues that require immediate transportation to a hospital will utilize the 9-1-1 system.

## **G. Fatality Management**

During a catastrophic incident/event, shelter residents may expire while within a shelter environment. Planners must take into account how remains and personal effects are to be handled when the Los Angeles County Department of Medical Examiner – Coroner (Coroner) office is unable to immediately retrieve them. Remains may need to be stored for long periods, and shelters will require guidance on how this is to be accomplished.

The specific regulations guiding the handling of remains are described in local and State statutes. Planners should contact the appropriate departments responsible for the handling and disposition of remains and personal effects to ensure they understand all applicable guidance, laws, and regulations. They should contact agencies responsible for sheltering to ensure that these agencies understand the requirements guiding their handling of remains and that they have planned for such contingencies.

The following is a brief list of considerations on handling of remains and personal effects in a shelter during an emergency or disaster event:

- Health safety



- Remains should be moved to a separate area of the shelter so that they are not near sources of food or water.
- The area should be as cool as possible to reduce decomposition. Remains are not to be put directly on ice.
- Privacy and respect
  - At a minimum, the body should be covered and handled with respect when moved to the storage area.
  - The affected population includes a great many cultures with different requirements and taboos when handling remains.
  - When possible, shelter staff should respect the wishes of the family members of the deceased.
- Legal considerations
  - When a shelter resident expires, there is a possibility that a legal investigation may need to take place. This can include the necessity to positively identify the remains (even if they self identified on entry of the shelter, this information may not be accurate) and to determine the cause of death.
  - In order to assist investigators, shelter staff will record observations about the circumstances of the death and keep all of the deceased's personal items including identification documents with them.
- Reporting
  - Shelters must have a system in place to report the death of a resident. This can occur in any number of ways using any of the communications systems discussed in other sections of this guide.

Jurisdictions should conduct mass fatality planning by following local policy and procedures. In most cases, this will be coordinated by the Coroner. Fatality management may require coordination with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects. Planning will be conducted to obtain certification for cause of death as well as access to mental/ behavioral health services for the family members, responders, and survivors of an incident.

### **III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

#### **A. City of Los Angeles**

##### **1. Emergency Management Department (EMD)**

- EMD Duty Officer and Duty Team will obtain situational awareness information from department resources.
- EMD Duty Officer will direct staff in collecting and consolidating ongoing reconnaissance information from field units, the Incident Command Post (ICP) and other available information sources.
- EMD will work with other departments to determine the scope of the incident and its impact on residents, as well as City functions and facilities.
- The EMD Duty Officer and Duty Team will coordinate and execute the process to activate the City EOC, if necessary, in accordance with EMD standard operating procedures.
- Los Angeles County Office of Emergency Management (OEM), the EOB, the Mayor, and other relevant stakeholders will be notified of the City EOC activation and the level of the activation. EMD Duty Officer will communicate with the LACOEM Duty Officer to monitor the incident.
- EMD Duty Officer will assist in the coordination with LAPD to initiate a NotifyLA message to the public.
- EMD will facilitate information sharing between departments. This is typically done via conference call initiated by the Duty Officer/Team.
- Continuously improve situational awareness by evaluating and disseminating information from field operations and relevant stakeholders.
- EMD will evaluate its ability to demobilize resources and personnel; determine intervals or timelines for demobilization of resources and personnel; and communicate plans to relevant departments.

##### **2. Fire Department, Los Angeles (LAFD)**

- As the situation warrants, LAFD assigns EMS assets to larger disaster shelters.
- LAFD will initiate requests to open shelters in events where the EOC is not activated.
- In the event County medical resources are impacted, LAFD makes EMS assets available to support shelter operations.
- Mobilize the City of Los Angeles FNSS caches.

##### **3. General Services, Department of (GSD)**

- GSD will provide logistical support when non-medical materials are needed for ACSs.

##### **4. Police Department, Los Angeles (LAPD)**

- As necessary or requested and as resources allow, LAPD will provide security for medical shelters, ACSs, and other emergency facilities.

**5. Sanitation, Bureau of (Sanitation)**

- Sanitation will conduct assessment of non-hazardous waste.
- Will coordinate removal of hazardous waste as needed.

**6. Transportation, Los Angeles Department of (LADOT)**

- As necessary or requested and as resources allow, LADOT will provide traffic control at medical shelters, ACSs, and other emergency medical sites.

**B. County of Los Angeles**

Although the City of Los Angeles has no authority to assign responsibilities to County departments, many County departments are the primary agencies responsible for providing certain services to the City of Los Angeles. Those County departments are listed below, along with the services they are responsible for providing during small animal support incidents.

**1. Emergency Management, Los Angeles County Office of (OEM)**

- During an EOC activation the City will work with the Los Angeles County EOC Liaison Officer for mass care requests including, health and medical support, mental health support, medical or disability related resources, and public health support/assessment.
- Coordinate evacuation transportation needs for people with health and medical needs when requested by the City EOC.
- Coordinate with Los Angeles County Department of Public Health (LACDPH) on potential public health impacts on people.

**2. Emergency Medical Services Agency, Los Angeles County (EMS Agency)**

- Coordinates and supports the County's emergency supplies and the County's emergency medical services system with hospitals, fire departments, ambulance providers, and other healthcare partners that provide emergency medical services.
- Serves as the lead for the emergency medical services system in the County.
- Responsible for coordinating all system departments and agencies in its jurisdiction, encompassing both public and private sectors.

**3. Health Services, Los Angeles County Department of (LACDHS)**

- Provides the healthcare services for the City's residents and encompasses clinics, the Emergency Medical Services Agency, rehabilitation services, and personal health services. The department runs four hospitals (three with emergency services), as well as multiple comprehensive health centers.
- Has mobilized command centers that automatically engage in the event of a natural or human-made disaster.

- In event of emergency, will communicate updated health information to residents via the news media and coordinate with local law enforcement and related federal agencies.
  - Will assess need for and operate medical shelters and ACSs.
4. **Medical Examiner- Coroner, Los Angeles County Department of (Coroner)**
- Inquires into and determines the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County.
5. **Mental Health, Los Angeles County Department of (LACDMH)**
- Coordinates all mental health response to the operational area and provides mental health services to community disaster victims and disaster emergency responders throughout the duration of the disaster and its recovery period.
  - Works the LACDPH and LACDHS by providing crisis counseling services, as requested, through the County EOC.
  - Provides the following disaster response functions:
    - Mental health liaisons to work at the Los Angeles City or County EOC in the Operations Branch to support ESF #8 and the coordination of county response.
    - Triage, education, assessment, and intervention of individuals impacted by disaster.
    - Assessment, evaluation, and crisis counseling to shelter residents as needed.
    - Maintains continuity of care for people with mental disorders receiving services prior to the disaster.
    - Mental health outreach and education to schools impacted by disasters as requested.
    - Deploys licensed staff to support mental health services in Red Cross shelters as requested.
    - Support for conducting crisis counseling with shelter and other emergency response personnel as needed.
    - Deploys licensed staff to requesting County and City departments.
    - Deploys trained staff to requesting hospitals.
    - Support for referrals and community resources.
    - Responsible for the coordinating community counseling resources. If County mental health resources become exhausted, the department will coordinate with its contract providers for additional resources. If further support is still needed, the mutual aid plan will be activated.

**C. State**

Although the City of Los Angeles has no authority to assign responsibilities to State of California departments, many State departments have primary or support responsibility for providing certain services to the City of Los Angeles.

#### **D. Federal**

Many Federal departments, such as FEMA, have primary or support responsibility for providing mass care and sheltering support services, including health and medical support, to the City of Los Angeles. Services can be requested to support City of Los Angeles Mass Care Operations.

#### **E. Other**

##### **1. Emergency Network Los Angeles (ENLA)/Voluntary Organizations Active in Disaster (VOADs).**

- Coordinates emergency assistance through Non-Governmental Organizations (NGOs) within the Operational Area (e.g., faith-based organizations and community-based organizations).

#### **IV. DIRECTION, CONTROL, AND COORDINATION**

This Health and Medical Appendix may be activated when the Mayor proclaims a local emergency or if the EMD Duty Officer, after consulting with the EMD General Manager or Assistant General Manager, determines the situation warrants a Level I, II, or III EOC activation and the implementation of the Annex's policies and procedures.

Some portions of this Appendix go into effect immediately following an emergency event. The remainder of this Appendix is only activated when the incident grows in scope to a point where activation of the Emergency Operations Center (EOC) is warranted. Activation of the EOC is not necessarily automatic or necessary with all incidents.

In advance of or simultaneous with the City plan activation, City departments and agencies will also activate their departmental emergency plans.

## **V. ADMINISTRATION, FINANCE, AND LOGISTICS**

Each department is required to have documented internal administrative procedures in place to track financial costs related specifically to the response and/or recovery of an incident. These procedures must include tracking all expenditures specifically related to the incident, including personnel costs such as straight and overtime payroll costs related specifically to the incident. Departments are also required to document internal administrative procedures for requesting, fulfilling and tracking internal, department to department (DOC-to-DOC), field to department (field-to-DOC), and department to EOC (DOC-to-EOC) resource requests. Each department is responsible for the tracking of their own resources, including the tracking of personnel.

If an incident meets designated thresholds for Proclamation or Declaration of a State and/or Federal Emergency or Disaster, the Department of the Chief Administrative Officer (CAO), acting as the City's Authorized Agent, will develop a method for collecting financial documentation from departments as needed for submission as part of the City's reimbursement application process.

**VI. AGREEMENTS AND UNDERSTANDINGS**

Currently, there are no Contracts, Memoranda of Agreements or Understandings for this Appendix.



## VII. AUTHORITIES AND REFERENCES

### A. Authorities

#### 1. Federal

- a) The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended. [https://www.fema.gov/media-library-data/1490360363533-a531e65a3e1e63b8b2cfb7d3da7a785c/Stafford\\_ActselectHSA2016.pdf](https://www.fema.gov/media-library-data/1490360363533-a531e65a3e1e63b8b2cfb7d3da7a785c/Stafford_ActselectHSA2016.pdf)
- b) Homeland Security Presidential Directive-5 (HSPD-5). <http://www.gpo.gov/fdsys/pkg/PPP-2003-book1/pdf/PPP-2003-book1-doc-pg229.pdf>
- c) National Incident Management System. Department of Homeland Security. December 2008. [http://www.fema.gov/pdf/emergency/nims/NIMS\\_core.pdf](http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf)

d) *National Response Framework. Department of Homeland Security. January 2008.*  
<http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>

- e) Emergency Support Functions (ESF). January 2008.
  - i. ESF #5 - Emergency Management.  
<http://www.fema.gov/pdf/emergency/nrf/nrf-esf-05.pdf>
  - ii. ESF #6 - Mass Care, Emergency Assistance, Housing, and Human Services  
<http://www.fema.gov/pdf/emergency/nrf/nrf-esf-06.pdf>
  - iii. ESF #8 – Public Health and Medical Services  
<http://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf>
  - iv. ESF #11 – Agriculture and Natural Resources.  
<http://www.fema.gov/pdf/emergency/nrf/nrf-esf-11.pdf>
- f) Americans with Disabilities Act Title II Regulations. 28 Code of Federal Regulations Part 35. Nondiscrimination on the Basis of Disability in State and Local Government Services. Department of Justice. September 15, 2010.  
[http://www.ada.gov/regs2010/titleII\\_2010/titleII\\_2010\\_regulations.pdf](http://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)
- g) Rehabilitation Act of 1973, Section 504.  
<http://www.dol.gov/oasam/regs/statutes/sec504.htm>
- h) United States Department of Justice, Americans with Disabilities Act 2010 Revised Requirements, Service Animals.  
[http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)

#### 2. State

- a) California Constitution.  
<http://law.justia.com/california/constitution/>

- b) California Emergency Services Act, 2006.  
<http://www.caloes.ca.gov/LegalAffairsSite/Documents/Cal%20OES%20Yellow%20Book.pdf>
- c) California Code of Regulations, Title 19, Division 2:
  - i. Chapter 1, Standardized Emergency Management System.  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IB04B06CEEA354CF78940961DF532ECA&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IB04B06CEEA354CF78940961DF532ECA&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
  - ii. Chapter 2, Emergencies and Major Disasters.  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IBA0BC182A32148B4A1865573E1C7A256&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=IBA0BC182A32148B4A1865573E1C7A256&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
  - iii. Chapter 6, Disaster Assistance Act Regulations.  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I3C59D61E3F68495894B4E7EF36056939&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I3C59D61E3F68495894B4E7EF36056939&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
- d) California Government Code, Sections 855.4, 8608, 11135, 26602, and 41601.  
<http://law.onecle.com/california/government/index.html>
- e) California Health and Safety Code, Sections 101029, 120585, 121680.  
<http://law.onecle.com/california/health/index.html>
- f) California State Emergency Plan 20017.  
[http://caloes.ca.gov/PlanningPreparednessSite/Documents/California State Emergency Plan 2017.pdf](http://caloes.ca.gov/PlanningPreparednessSite/Documents/California%20State%20Emergency%20Plan%202017.pdf)
- g) California Master Mutual Aid Agreement.  
<http://www.caloes.ca.gov/PlanningPreparednessSite/Documents/EMMA%20PlanAnnexes%20A-F,%202012.pdf>
- h) Emergency Management Assistance Compact (EMAC).  
[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140SB1417](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB1417)
- 3. County
  - a) Operational Area Emergency Response Plan.  
<http://lacoa.org/oaerp.htm>
- 4. City
  - a) City of Los Angeles Emergency Operations Plan

## B. References

1. Americans with Disabilities Act. The ADA and Emergency Shelters: Access for All in Emergencies and Disasters (2007).  
<http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>.
2. California Department of Public Health. California Public Health and Medical Emergency Operations Manual (2011).  
<http://swmhe.com/resources/FinalEOM712011.pdf>
3. FEMA. Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters (2010).  
<http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Documents/Guidance%20on%20Planning%20for%20Integration%20of%20Functional%20Needs%20Support%20Services%20in%20General%20Population%20Shelters.pdf>
4. Hagerty Consulting, Inc. and The Highlands Consulting Group LLC. Draft Guidance for Sheltering Persons with Medical Needs (2011). California Department of Public Health.  
<http://www.acphd.org/media/305546/guidanceforshelteringperson.pdf>

## ATTACHMENT F-1: ACRONYMS

<b>Acronym</b>	<b>Full Name</b>
ACS	Alternate Care Sites
ADA	Americans With Disabilities Act
CAO	City Administrative Officer
City	City of Los Angeles
CMS	Consumable Medical Supplies
Coroner	Los Angeles County Department of the Coroner
CPG	Comprehensive Preparedness Guide
DME	Durable Medical Equipment
DOC	Department Operations Center
DRC	Disaster Resource Center
EMC	Emergency Management Committee
EMD	Emergency Management Department
EMS	Emergency Medical Services
EMS Agency	Los Angeles County Emergency Medical Services Agency
ENLA	Emergency Network Los Angeles
EOB	City of Los Angeles Emergency Operations Board
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
EOO	Emergency Operations Organization
EOP	Emergency Operations Plan
EPAP	Emergency Prescription Assistance Program
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
GSD	Department of General Services
IC	Incident Command
ICP	Incident Command Post
ICS	Incident Command System
LACDHS	Los Angeles County Department of Health Services
LACDMH	Los Angeles County Department of Mental Health
LACDPH	Los Angeles County Department of Public Health
LADOT	Los Angeles Department of Transportation
LAFD	Los Angeles Fire Department
LAPD	Los Angeles Police Department
LPC	Local Pharmaceutical Caches
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding

NGO	Non-Governmental Organization
NIMS	National Incident Management System
OA	Operational Area
OEM	Los Angeles County Office of Emergency Management
Sanitation	Department of Public Works, Bureau of Sanitation
SEMS	California Standardized Emergency Management System
SOP	Standard Operating Procedure
VOAD	Voluntary Organizations Active in Disaster

**ATTACHMENT F-2: DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES DISASTER RESOURCE CENTER (DRC) DESIGNATION AND**

**Available with the City of Los Angeles**

# MOBILIZATION

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **DISASTER RESOURCE CENTER (DRC)  
DESIGNATION AND MOBILIZATION**

(HOSPITAL)  
REFERENCE NO. 1102

**PURPOSE:** To define the role of the Disaster Resource Center (DRC) in Los Angeles County emergency medical services system and to provide guidelines for the activation and mobilization of DRC resources during disasters.

**AUTHORITY:** Public Health Services Act, 42 U.S.C.247d, Section 319, Public Health and Social Security Emergency Funds  
Emergency Supplemental Appropriations for Recovery Form and Response to Terrorist Attacks on the United States Act, 2002, Public Law 107-117  
Hospital Bioterrorism Preparedness Program Expanded and Disaster Resource Center Agreement

**DEFINITION:** A DRC is one of a limited number of volunteer hospitals which, upon designation by the local Emergency Medical Services (EMS) Agency and upon completion of a written contractual agreement with the local EMS Agency, is responsible for developing plans, relationships and procedures to enhance hospital surge capacity for responding to a terrorist/disaster event in a geographical area. A DRC shall:

1. Be licensed by the State Department of Health Services as a general acute care hospital.
2. Have a special permit for basic or comprehensive emergency medicine service.

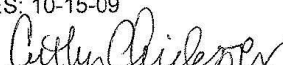
**PRINCIPLES:**


1. As a recipient of the National Bioterrorism Hospital Preparedness Program (NBHPP) Grant, the County of Los Angeles must work with healthcare entities to ready hospitals and supporting healthcare systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies. The DRC program was developed to enhance surge capacity through:
  - a. The provision of ventilators, pharmaceuticals, medical/surgical supplies and large tent shelters to provide treatment to victims of a terrorist event or other public health emergency.
  - b. Hospital planning and cooperation in a geographical area regarding the use of non-hospital space to shelter and treat mass casualties, and incorporate the role of local community health centers and clinics.
2. DRC resources or portions of its contents shall be deployed to care for disaster victims when the local healthcare system is overwhelmed. The use and deployment of DRC resources to the field and/or local hospitals shall be under the direction of the EMS

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REVISED: 06-01-14  
SUPERSEDES: 10-15-09

PAGE 1 OF 6

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

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Agency as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles.

3. If any or all of the DRC equipment and supplies are needed outside of the DRC's geographical area, the EMS Agency will coordinate the necessary transportation ensuring delivery to the impacted area.
4. Each DRC is responsible for maintaining the pharmaceutical cache and medical/surgical cache in a constant state of readiness. Replacement of the outdated items is the responsibility of each DRC.
5. The County of Los Angeles has designated the following eleven (13) hospitals as DRCs:
  - a. California Hospital Medical Center
  - b. Cedars Sinai Medical Center
  - c. Children's Hospital Los Angeles
  - d. Henry Mayo Newhall Memorial Hospital
  - e. Kaiser Foundation, Los Angeles
  - f. LAC Harbor/UCLA Medical Center
  - g. LAC+USC Medical Center
  - h. Long Beach Memorial Medical Center
  - i. Pomona Valley Hospital Medical Center
  - j. PIH Health Hospital- Whittier
  - k. Providence St. Joseph Medical Center
  - l. Ronald Reagan UCLA Medical Center
  - m. St. Mary Medical Center

**POLICY:**

- i. Specific DRC Responsibilities: A designated DRC shall:
  - A. Have a written contractual agreement with the local EMS Agency indicating concurrence of hospital administration, medical staff and emergency/disaster response staff to meet the requirements for program participation as specified in the Hospital Bioterrorism Preparedness Program Agreement in effect.
  - B. Identify a hospital DRC Coordinator who shall be responsible for the functions of the DRC and serve as a liaison by maintaining effective lines of communication with DRC personnel, the local EMS Agency, assigned umbrella hospitals, local clinics, EMS provider agencies and other healthcare entities.
  - C. Store, secure and maintain Personal Protective Equipment (PPE) and replace as needed to ensure constant state of readiness.
  - D. Develop a decontamination capability after consultation with the County that includes the following components:
    1. Identify hospital personnel for a decontamination team that provides coverage 24 hours a day, 365 days a year.
    2. Arrange for on-going training that will prepare the decontamination team to handle ambulatory converging patients requiring decontamination.



3. Identify a Safety Officer to provide for the safety of the decontamination team.
  4. Have a respiratory protection program meeting Occupational Safety and Health Administration (OSHA) requirements and provide medical monitoring of personnel to ensure safety of decontamination team members.
  5. Conduct team practice/refresher training on at least a quarterly basis involving all decontamination team members and conduct at least one (1) decontamination drill/exercise annually.
- E. Make decontamination capabilities available.
- F. Participate in exercises and drills in conjunction with County and annually participate in Statewide exercises to ensure hospital preparedness and maintain records of staff participation.
- G. Provide training to hospital staff in the areas of disaster preparedness with an emphasis on responding to terrorist events and maintain records of attendance.
- H. Participate in the hospital volume based surveillance program through the ReddiNet system.
- I. Identify a clinician contact to work with the County (e.g. Public Health), to ensure that the hospital is reporting communicable disease outbreak and/or bioterrorism incident.
- J. Establish policies and procedures for the use of tent shelters and related equipment and ensure staff training in the set-up of the tents and equipment.
- K. Maintain ongoing participation with community wide planning activities, to include cooperation with other hospitals, clinics and EMS provider agencies within geographical area. Planning will have an emphasis on responding to mass casualty terrorist events.
- L. Participate with the CHEMPACK Project and provide storage for a Hospital and EMS CHEMPACK cache.
- II. Operational Guidelines
- The following guidelines are provided to assist each DRC and assigned umbrella hospitals in anticipating the needs for successful deployment of DRC resources. These guidelines include direct medical care and ancillary functions necessary to support the medical mission.
- A. DRC Set Up
1. Supplies and Equipment: each DRC is equipped with the following:
    - a. Tent structure and support equipment to include:





- 
- iv. Identify and designate available hospital staff to be assigned to perform the above activities, including a site manager.
  - v. Provide security staff to control access to tent site.
  - vi. Identify resources needed from the County to support medical operations.
- b. The EMS Agency shall:
- i. Provide medical, paramedical and clerical staff, as needed, to support medical operation. This may include requesting the deployment of Disaster Medical Assistance Teams and/or military medical units.
  - ii. Provide additional equipment and supplies needed by DRC that is not available through medical facility.
  - iii. Provide security staff to DRC, if needed and available.
  - iv. Designate a liaison who will serve as the communication link between the DRC and DOC.
  - v. Assist with the placement and transport of patients from the DRC site to other health care locations.
3. DRC activation to mobilize DRC resources to another geographic area
- a. The DRC shall:
- i. Receive a list of requested supplies and equipment to be transported to the designated site.
  - ii. Prepare the requested supplies and equipment for deployment.
  - iii. Provide access to the equipment trailer.
- b. The EMS Agency shall:
- i. Coordinate transportation of requested supplies and equipment to designated site.
  - ii. Coordinate recovery of requested supplies and equipment from designated site to the DRC.

**CROSS REFERENCE:**

Prehospital Care Manual:

Ref. No. 1102.1, **Disaster Resource Centers in Los Angeles County**

Ref. No. 1102.2, **DRC Equipment Checklist for Items Deployed to Other Facilities**

# ATTACHMENT F-3: DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES HOSPITAL – ADOPT A SHELTER PROGRAM

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: HOSPITAL - ADOPT A SHELTER PROGRAM

(HOSPITAL)  
REFERENCE NO. 1116

**PURPOSE:** To provide support to meet the health needs of evacuees in established disaster shelters when the need exceeds available medical resources.

**AUTHORITY:** California Health and Safety Code Section 34070-34072  
California Health and Safety Code Section 101025, 101030  
The Federal Charter of the American Red Cross  
National Response Plan, Public Health and Medical Services Annex,  
Emergency Support Function (ESF) #8

**PRINCIPLE:**

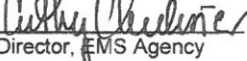
1. The primary responsibility for the general health of a community in a disaster rests with the local public health authorities and local medical, nursing, health, and hospital facilities. The American Red Cross (ARC) as part of the community's emergency response system supplements the existing service delivery system for community health care.
2. By congressional mandate and in accordance with its corporate policy, the ARC has a long-standing disaster relief mission. The ARC is a partner with government in helping to fulfill government's legal responsibility of providing care and shelter for its citizens in a disaster.
3. The Hospital - "Adopt a Shelter" program is designed to supplement existing health-related services, secure resources to meet the health needs of the evacuees, and mitigate disaster-related illness, injury and death. The role of the adopting hospital will include providing medical screening, first aid treatment, medical/nursing care, writing prescriptions/prescription refills, immunizations, TB testing and the like.
4. Although the adopting hospital personnel will be carrying out the aforementioned functions, the ARC will manage the overall shelter operation. Support services for mental health and social services will be provided by the various County departments. Evacuees who require more advanced health care that can not be provided at the shelter will be referred, preferably, to the adopting hospital's services or County services.
5. Participation with this program is voluntary. Hospitals that adopt a shelter are encouraged to meet the health needs of the evacuees and keep track of expenses incurred while participating in this program. The County of Los Angeles will work closely with state and federal agencies to seek assistance with regard to reimbursement.

**POLICY:**

- I. Role of the Adopting Hospital - the adopting hospitals will:

EFFECTIVE: 07-01-06  
REVISED: 5-1-12  
SUPERSEDES: 3-20-09

PAGE 1 OF 4

APPROVED:   
Director, EMS Agency

  
Medical Director, EMS Agency

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- A. Provide at least one Registered Nurse (RN) to staff the shelter (24 hours a day, 7 days a week) during the entire operation of the shelter. On-call response may be evaluated as an option as shelter operations progress.
  - B. Provide additional medical/health staff as needed (i.e., physicians to write prescriptions).
  - C. Hospital staff will be performing the following functions:
    - 1. Assessing and meeting immediate health needs, for example, giving minor first aid
    - 2. Interviewing evacuees to determine disaster-caused health needs such as lost medications, dentures, eye glasses, and the like
    - 3. Determine whether evacuees need assistance in replacing some or all of their lost health care items
    - 4. Working with public health personnel to provide education on communicable disease as well as administering immunizations and conducting TB testing
    - 5. Identifying and connecting evacuees with local resources who can help meet their disaster caused health needs
    - 6. Assessing and advocating for safety and sanitation issues in the shelter
- II. Role of the Department of Health Services (DHS) - DHS will:
- A. Arrange contact with representatives of the ARC to coordinate staff orientation.
  - B. Serve as a resource for any health issues that are beyond the capability of the shelter.
  - C. Assist with the planning for any extended medical care needs of shelter residents.
  - D. Assist with critical care transport and with other medical coordination needs in moving shelter residents.
  - E. Coordinate with the County Office of Emergency Management in providing recovery support.
  - F. Work with the State and Federal government to address reimbursement issues and attempt to secure funding for hospital activities.
- III. Role of the American Red Cross (ARC) - ARC will:
- A. Provide technical assistance and logistical support with shelter operations.

- 
- B. Assist with supply needs as ARC resources allow (cots, blankets, hygiene kits, meals, etc.).
  - C. Provide trained volunteers who will oversee the on-site shelter operations.
  - D. Provide an orientation to hospital staff. Areas of information to be covered include:
    - 1. Disaster Health Services Protocols which describes the parameters within which the licensed professional may deliver medical/nursing care
    - 2. Making effective referrals to local health care providers when the required care exceeds the scope of the protocols
    - 3. Identification and prevention of potential health problems
    - 4. Assessment of safety and sanitation issues in the shelter
    - 5. Appropriate documentation for continuity of care

IV. Support Agencies/Organizations

- A. County Office of Emergency Management (OEM) - OEM will serve as the coordinating body for all County departments.
- B. Department of Public Social Services (DPSS) - DPSS will oversee those mass care operations at the shelter that are non-medical, per its role as the lead agency for care and shelter at the Operational Area. DPSS will provide personnel as needed to assist with running the shelter infrastructure and to fill non-medical staffing needs – registration, arranging for mass feeding & snacks, disaster welfare inquiries, and securing general shelter supplies.
- C. Department of Mental Health (DMH) - DMH staff will assess mental health needs and arrange for disaster mental health services. They will also ensure the continuation of care and treatment for those clients within the mental health system who may be in the shelter.
- D. Security – The ARC will ensure security at the shelter site.

PROCEDURE:

- 1. DPSS, in collaboration with the ARC, will determine the sites for mass sheltering. If a need for medical personnel to assist with shelter operations arises, a request will be made through the County Emergency Operations Center (CEOC). The CEOC will forward the request to the Department of Health Services Department Operations Center (DOC). The EMS Agency as the Medical and Health Disaster Coordinator for the County of Los Angeles will manage resource requests forwarded to the DOC.
- 2. The DOC will work collaboratively with the Hospital Association of California (HASC) to solicit interest of hospitals in adopting a shelter. In general, hospitals located within the general geographic area of the shelter site will be contacted first.

3. Once a hospital has expressed its interest in adopting a shelter, the DOC will contact the hospital directly to coordinate activities between the hospital, DPSS and ARC.
4. The DOC will establish periodic communications with the adopting hospital and/or the shelter site to determine status of shelter operations and additional health needs.
5. During the recovery phase, the DOC will coordinate with all entities involved in this program to assist with the closure of shelter operations.



# ATTACHMENT F-4: DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES MOBILIZATION OF LOCAL PHARMACEUTICAL CACHES (LPCs)

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **MOBILIZATION OF LOCAL PHARMACEUTICAL  
CACHES (LPCs)**

REFERENCE NO. 1106

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PURPOSE: To provide guidelines for the release of LPCs to designated personnel during times of medical need.

PRINCIPLES:

1. The County of Los Angeles has established six (6) County owned and maintained pharmaceutical caches and has funded private hospitals to maintain eleven (11) additional pharmaceutical caches that are stored geographically throughout the County.
2. The authority to deploy LPCs or portions of its contents to the field, local hospitals, and/or dispensing sites rests with the Emergency Medical Services (EMS) Agency and/or the Disaster Medical Officer.

POLICY:

- I. In the event of a major event, emergency or disaster which results in a need for additional pharmaceuticals and medical supplies, or the need to begin mass prophylaxis due to exposure to a biological agent, EMS/hospital personnel shall request for the deployment of the LPC by contacting the EMS Agency via the Medical Alert Center (MAC) as follows:
  - A. In the event that pharmaceuticals are needed in the field due to a mass casualty event, EMS personnel shall contact the MAC by either telephone at (866) 940-4401, ReddiNet or HEAR. If unable to contact the MAC, EMS personnel shall contact the Fire Operational Area Coordinator (FOAC) – Los Angeles County Fire District (which is contacted through its Dispatch Center).  
  
See Ref. No. 1108, CHEMPACK Deployment for Nerve Agent Release.
  - B. In the event that pharmaceuticals are needed at a hospital due to a mass casualty event, hospital personnel shall contact the MAC via ReddiNet.
- II. The EMS Agency will contact the LPC storage facility to inform them of the need to release the cache and provide the following information:
  - A. Identify that you are from the EMS Agency and provide your name, employee number, and a phone number where you can be contacted;
  - B. Provide the name of the person(s) who will be picking up the LPC;
  - C. Provide an estimated time of arrival.
- III. The personnel who have been dispatched to pick up the LPC, upon arrival at the storage facility, will contact the designated facility personnel. Access will be provided to the LPC.

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REVISED: 1-15-14  
SUPERSEDES: 3-15-11

PAGE 1 OF 2

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

SUBJECT: **MOBILIZATION OF LOCAL PHARMACEUTICAL  
CACHES (LPCs)**

REFERENCE NO. 1106

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Personnel picking up the cache will provide their name and employee number to the storage facility personnel and sign the required form(s) acknowledging the receipt of the LPC.

IV. The LPC may be delivered directly to the field, to a hospital, or to a staging site.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 1106.1, **LPC Inventory List**

Ref. No. 1106.2, **LPC Photograph**

Ref. No. 1106.3, **LPC Checklist for Items Deployed**

Ref. No. 1108, **CHEMPACK Deployment for Nerve Agent Release**

# ATTACHMENT F-5: DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES DRC EQUIPMENT CHECKLIST FOR ITEMS DEPLOYED TO OTHER FACILITIES

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **DRC EQUIPMENT CHECKLIST FOR  
ITEMS DEPLOYED TO OTHER FACILITIES**

REFERENCE NO. 1102.2

PURPOSE: To provide a mechanism for Disaster Resource Centers (DRC) to track DRC resources deployed to other facilities.

POLICY: The DRC shall utilize this checklist to document items deployed to other facilities.

Item	Quantity On Hand	Number Checked Out
Blankets / Sleeping Bags	75	
CBRNE Monitoring Equipment	1	
Chairs	40	
Cots: Temps Beds	10	
Simpler Life	20	
Junkin Cots	10	
Disposable Linen	50 sets	
Electrical Cords	4	
Combine Chairs & various: Evacuation Equip	28	
EZ Up Tents	4	
Gas Cans with Fuel	2	
HAM Radio	1	
In-Line Heating System (For Tents)	2	
Isolation HEPA Filters	2 Units	
Medical/Surgical Supplies	Per List	
Miscellaneous Supplies (rope, barrier tape, work gloves, buckets, megaphone, etc.)	Various	
Outdoor Lighting	2	
Pharmaceutical Cache	Per List	
Portable Fans	4	
Portable Honda Generators	2	
Portable Sinks / Hand Washing Stations	2	
Portable Toilets	2	
Post- Decontamination Clothes	50 sets	

**SUBJECT: DRC EQUIPMENT CHECKLIST FOR  
ITEMS DEPLOYED TO OTHER FACILITIES**

REFERENCE NO. 1102.43-2

Item	Quantity On Hand	Number Checked Out
Tables (6-8 feet long)	4	
Tents (18x24)	4	
Tents (10x10)	2	
Tent Lighting	6 Units	
Towable generators (various types)	2	
Towing Vehicle	1	
Trailers	2	
Ventilators	22	
Vortran portable vents	50 adult, and 5 Event Cases	
Vortran portable vents	20 pediatric, and 2 Event Cases	
Weight Tubes	16	
Other Supplies:		
Communication Equipment – Walkie Talkies, Phones, etc.	Various	
Batteries – As need for each piece of equipment	Various	
Security Equipment – As needed per facility	Various	

Released by: \_\_\_\_\_ Date released: \_\_\_\_\_

Received by: \_\_\_\_\_ Facility: \_\_\_\_\_

Returned by: \_\_\_\_\_ Date returned: \_\_\_\_\_

Returned Items received by: \_\_\_\_\_

Revised: 06-01-14