



DISASTER RESOURCE CENTER CRITERIA

I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.220, 1798, and 1798.170; 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 107-11; Hospital Preparedness Program Disaster Resource Center Agreement; California Code of Regulations Title 22 (22 CCR), §7080522 CCR § 75057; State of California Emergency Medical Services Law Health & Safety Code Division 2.5 Statutes Chapter 3 Article 4. Medical Disasters [1797.150 - 1797.153], Resources for the Optimal Care of the Injured Patient, American College of Surgeons [CD 20.1-4]

II. APPLICATION:

This policy defines the requirements for designation as an Orange County Disaster Resource Center (DRC). The DRC is one of a limited number of designated hospitals to serve as an umbrella for a group of hospitals and non-hospital healthcare providers to ensure the effective management of emergency preparedness and response efforts for large scale disasters in Orange County. The DRC is responsible for developing emergency preparedness plans, relationships, and procedures to enhance hospital surge capacity for responding to terrorist and disaster events within a geographical area.

III. DESIGNATION

A. Initial Designation Criteria

1. Hospitals meeting Title 22 requirements and designated as an Emergency Receiving Center (ERC) that are in good standing and interested in designation as a Disaster Resource Center (DRC) should submit a request to OCEMS.
2. The hospital shall:
 - a. Submit a pre-review designation questionnaire
 - b. Maintain in good standing with the Agreement for Provision of Preparedness and Response Program County of Orange MOU.
3. Hospitals designated as Level I or II trauma centers according to OCEMS Policy #620.00 and #620.01 shall be designated as DRC's as part of their trauma designation.
4. OCEMS will evaluate the request and determine the need for an additional DRC. If such a need is identified, OCEMS will request the interested hospital to provide:
 - a. Policies, procedures, and agreements as described in Section VI of this policy.
5. OCEMS will review the submitted material, perform a site visit and meet with hospital representatives. In addition, the following information will be collected as applicable by OCEMS and considered in the designation process:
 - a. Emergency department and Trauma diversion statistics for the past three years.
 - b. Demonstration of collaboration related to emergency management with surrounding healthcare facilities.
 - c. Demonstration of active participation in the Health Care Coalition of Orange County.
6. Following review, the OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a DRC.
7. An approved DRC will have a written agreement as described in Section VI of this policy.
8. OCEMS will identify ERC's to be assigned to each of the DRC's (690.05 Attachment #1-Community (Spoke) Hospital Assignment to DRC (Hub) Hospitals.



B. Continued Designation

1. OCEMS will review each designated DRC for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director. A site visit may be required at the discretion of the OCEMS Medical Director.
2. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.

C. Change in Ownership/Change in Executive or Management Staff

1. In the event of a change in ownership of the hospital, continued DRC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. Change in hospital ownership may require re-designation by OCEMS.
2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key DRC personnel as identified in Section IV, (A) and (B) below.

D. Denial / Suspension / Revocation of Designation

1. OCEMS may deny, suspend, or revoke the designation of a DRC for failure to comply with any applicable OCEMS policy or procedure.
 - A. Failure to comply with data submission requirements for three (3) consecutive months will result in automatic suspension of DRC designation.
2. The process for appeal of suspension or revocation will adhere to OCEMS policy #640.00 and #645.00.

E. Cancellation of Designation by DRC

1. DRC designation may be cancelled by the DRC upon 90 days written notice to OCEMS.

IV. HOSPITAL LICENSING AND ACCREDITATION

- A. Hospital shall possess a current California Department of Public Health permit for basic or comprehensive emergency services
- B. Hospital shall maintain accreditation by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS).
- C. Hospital shall be designated as an Orange County Trauma Center and meet the requirements of OCEMS Policy #620.00 and/or #620.01.
- D. Hospital shall notify OCEMS verbally and in writing any time the hospital is not in compliance with any applicable federal and/or state laws, and/or OCEMS policies, indicating reason(s), date(s), and time(s) for non-compliance and corrective actions that are being taken.

V. DRC PERSONNEL

A. DRC Hospital Emergency Manager

1. The hospital will designate an emergency manager responsible for the coordination and implementation of emergency preparedness standards to facilitate a safe environment for



DISASTER RESOURCE CENTER CRITERIA

the hospital and its patients, staff, and visitors. The hospital emergency manager will facilitate planning, training, exercising, operational readiness, evaluation, and ongoing development of the DRC and will support the response activities of the Health Care Coalition of Orange County according to their plans. The hospital emergency manager shall have a direct reporting relationship with trauma or emergency department clinical leadership.

2. Responsibilities of the Hospital Emergency Manager include:
 - a. Provide emergency management leadership to the health care coalition of Orange County and serve as a liaison between OCEMS and medical directors/medical leadership at health care facilities, supporting entities (e.g. blood banks), and EMS agencies.
 - b. Develop and maintain emergency plans, policies and procedures for disasters identified in the HVA/ risk analysis and as defined in Section VI.
 - c. Conduct an annual hazard vulnerability assessment (HVA)/ risk analysis to determine the facility's risk for natural (e.g., hurricanes, floods, earthquakes), technological (e.g., nuclear power plant emergencies or hazardous materials spills), human-caused (e.g., active shooter or hostage situations), and other disasters.
 - d. Collaborate with the management team in the creation, development, education, training, and implementation of disaster plans that are in alignment with state and other regulatory agencies.
 - e. Know when to activate the facility's emergency operations plan and hospital command center and ensure appropriate staff are educated and informed accordingly.
 - f. Manage the development and expensing of the emergency preparedness budget.
 - g. Perform an education and training needs assessment and works collaboratively with staff development representatives to create, implement, and review safety/regulatory education and training requirements/ programs to meet the needs of staff (e.g., Hospital Incident Command System).
 - h. Coordinate the use, routine testing, and maintenance of all disaster-related equipment.
 - i. Develop relationships and collaborate with partners/ stakeholders, both internal and external to the organization, such as: other local hospital disaster coordinators, the area healthcare coalition, and emergency medical services, public health, fire, and law enforcement agencies to work on corrective action plans and improvement initiatives.
- B. DRC Clinical Coordinator
 1. Individual should be a licensed health care professional and currently clinically active. Involvement in emergency and/or trauma response activities is mandatory along with knowledge of medical and surgical surge issues, and basic familiarity with chemical, nuclear, explosives, trauma, burn, infectious and pediatric emergency response is required.
 2. Responsibilities of the DRC Clinical Coordinator
 - a. Provide clinical leadership to the health care coalition of Orange County and serve as a liaison between OCEMS and medical directors/medical leadership at health care facilities, supporting entities (e.g. blood banks), and EMS agencies.
 - b. Review and provide input on coalition plans, exercise, and educational activities to assure clinical accuracy and relevance.



DISASTER RESOURCE CENTER CRITERIA

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- c. Act as an advocate and resource for other clinical staff to encourage their involvement and participation in DRC activities.
 - d. Assure that the DRC casualty/surge plans provide for appropriate distribution (and redistribution) of patients to avoid overloading single centers whenever possible and work with healthcare facilities to understand their capabilities and capacity,

VI HOSPITAL SERVICES

- A. In addition to those services required of an Emergency Receiving Center, the DRC will provide the following:
 - 1. DRC's shall 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. 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, clinics and other healthcare partners.
 - b. DRC available resources or portions of its contents may 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 healthcare facilities as needed with assistance from OCEMS.
 - c. 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.
 - 2. Each DRC is responsible for collaborating with pharmacies on the pharmaceutical cache and medical/surgical cache to maintain them in a constant state of readiness. Replacement of the outdated items is the responsibility of each DRC.
 - 3. 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.
 - 4. Maintain ongoing relationship with spoke hospitals according to DRC Spoke and Hub assignment and participation in community wide planning activities. Planning will have an emphasis on responding to mass casualty events.
 - 5. Establish ability to respond to a surge in demand for health care services as a result of an emergency by establishing in advance Emergency Department and Inpatient Medical Surge Capacity and Capability areas.
 - 6. Maintaining a pre-established credentialed list of emergency staff available to respond to surge needs. DRCs are to outline a formal procedure for carrying out this process including suspension of accreditation requirements during a disaster. DRCs retain the obligation to verify competency and maintain oversight of health professionals and care delivered. The integrity of the usual credentialing and privileging process must be maintained.
 - a. Criteria for Activation of Disaster Privileges:



DISASTER RESOURCE CENTER CRITERIA

- i. Emergency operation plan has been activated
 - ii. DRC is unable to meet immediate patient needs with current staffing
 - iii. An individual(s) previously identified for activating pre-established disaster privileges initiates need.
 - iv. Activation of previously established mechanism (for example, direct observation, mentoring and clinical record review) to oversee the professional performance of volunteer health professionals who receive disaster privileges.
 - v. DRC review every 72 hours regarding continuation of the disaster privileges.
7. Prepare, plan and mitigate with spoke hospitals [as referenced in Spoke policy] who are responding to the surge situation, maintaining a robust network of communication and coordination that ensures smooth transfer of patients within the community, as needed, for delivery of care.
8. Maintain the following patient, clinical and service area standards during a surge event :

Emergency Department	Make beds and surge spaces rapidly available for initial triage and stabilization, and obtain additional staff, equipment, and supplies
General medical, general surgical, and monitored beds	Ensure at least 20 percent additional acute hospital inpatient capacity within the first four hours following an emergency by rapidly prioritizing patients for discharge, maximizing the use of staffed beds, and using non-traditional spaces (e.g., observation areas)
Critical Care	1) Rapidly expand capacity (for those facilities that provide it) by adapting procedural, pre- and post-operative, and other areas for critical care 2) Assess staff, equipment, and supply needs for these spaces to facilitate requests



DISASTER RESOURCE CENTER CRITERIA

Surgical intervention	Secure resources, such as operating rooms, surgeons, anesthesiologists, operating room nurses, and surgical equipment and supplies to provide time-sensitive, immediate surgical interventions to patients with life threatening injuries
Clinical laboratory and radiology	<ol style="list-style-type: none">1) Rapidly expand basic laboratory services (e.g., hematology, chemistries, Gram stain, blood cultures), including mechanisms for staff augmentation and rapid reporting2) Consider use of point-of-care testing3) Rapidly expand radiology services (e.g., diagnostic radiology, ultrasound, computed tomography [CT]), including mechanisms for staff augmentation and rapid reporting
Blood Bank	Rapidly expand blood bank capacity
Staffing	<ol style="list-style-type: none">1) Call back clinical and non-clinical staff; utilize staff in non-traditional roles2) Adjust staffing ratios and shifts as required, and implement staff sharing plans.



DISASTER RESOURCE CENTER CRITERIA

Health care volunteer management	<ol style="list-style-type: none"> 1) Identify situations that would necessitate the need for volunteers in hospitals 2) Identify processes to assist with volunteer coordination 3) Estimate the anticipated number of volunteers and health professional roles based on identified situations and resource needs of the facility 4) Identify and address volunteer liability issues, scope of practice issues, and third-party reimbursement issues that may deter volunteer use 5) Leverage existing government and non-governmental volunteer registration programs.
Equipment and supplies	Implement emergency equipment, supplies and stocking strategies.

VII. HOSPITAL POLICIES / AGREEMENTS:

- A. The hospital will have a written agreement with OCEMS indicating the concurrence of hospital administration and medical staff to meet the requirements for DRC program participation as specified in this policy.
- B. The DRC will have formal written policies which address the following:
 - 1. Standardized supplies and equipment
 - 2. Surge Capacity Policy
 - 3. Pre-established staff credentialing
- C. Define emergency management education and outreach program for the local community and assigned spoke hospitals to obtain the following objectives:
 - 1. Improve regional outcomes of major trauma and disasters by the dissemination of knowledge and expertise regarding the optimal care of injured patients
 - 2. Collaborate with regional agencies, organizations, and providers in to provide optimal care for patients in a surge events.



DISASTER RESOURCE CENTER CRITERIA

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3. Facilitate access to DRC resources such as educational and/or prevention programs, performance improvement, consultation and referrals.
 - D. A performance/quality improvement plan that is incorporated into the hospital's quality improvement program which monitors activities involving the DRC. A summary of QI findings relevant to the Orange County DRC system must be submitted annually to OCEMS by March 30 for the preceding calendar year.
 - E. Defined methods for collecting and reporting required DRC system data elements to OCEMS within the specified time frame.
- V. Activation and Mobilization of DRC resources
- A. Requests for the activation and mobilization of DRC resources shall be made to the County by contacting the EMS Duty Officer at OCHCA.com or (714) 415 8980. Hospital administration of the DRC and the EMS Agency will work collaboratively to accomplish this and make the site operational.
 - B. DRC activation to expand bed capacity in the DRC's geographic area
 - C. The DRC shall
 1. Identify location of the area on or adjacent to hospital site for the mobilization of tent structures.
 2. Ensure tent is approved for set-up by local fire authority and Licensing and Certification district office
 3. Identify hospital staff to set-up the tent structure and support equipment.
 4. Identify services being provided (level and type) of the tent site (triage, patient treatment, expanded isolation capacity, patient holding).
 5. Identify and designate available hospital staff to perform the following duties:
 - a. Clinical care
 - b. Management
 - c. Security
 6. Identify additional medical resources needed from the County to support medical operations using the Resource Request Medical and Health Form. Assist with coordination, communication and integration with spoke hospitals and Alternate Care Sites
 7. Initiate Emergency Staffing and Credentialing Procedures if necessary
 8. Coordinate and manage rapid discharge of appropriate patients to appropriate discharge facilities or home.
 9. Initiation of pre-established disaster management protocols within the DRC.
 10. Maintain ongoing communications with local emergency agencies to facilitate robust and ongoing transfer of information.
 - C. The EMS Agency shall:
 1. Assist in providing medical and paramedical staff, as needed, to support medical operation.
 2. Coordinate resource request when hospitals are unable to obtain needed supplies or equipment from their supply chain.
 3. Assist with the placement and transport of patients from the DRC site to other healthcare locations.
 4. Coordination of out-of-hospital medical care providers to assist with needs during disasters
 5. Coordination and integration with fire agency personnel, resources and emergency fire pre-hospital medical services
 6. Coordination of providers of non-fire based, pre-hospital emergency medical services
 7. Coordination of the establishment of temporary field treatment sites if necessary.
 8. Provision of medical and health public information and protective action recommendations.

Approved:



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