DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)
REFERENCE NO. 1102

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

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

APPROVED: Director, EMS Agency

Medical Director, EMS Agency

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:

i. Portable generator
ii. Table and chairs
iii. Beds/cots
iv. Heaters

b. Pharmaceutical cache

c. Medical surgical supply cache

d. Stockpile of ventilators

e. At least one EMS and one Hospital CHEMPACK

f. Other provisions set forth in the Hospital Bioterrorism Preparedness Program Expanded and Disaster Resource Center Agreement

2. Medical Personnel

These expanded operations are very labor intensive. Physicians and nurses are needed to triage, treat and monitor casualties. Transporters are needed to move patients into the hospital facility and/or to staging areas to await transportation to another facility. Staff is needed for all the logistical support functions. The County will provide personnel, as they are available, to meet these staffing challenges.

3. Human Services Support

Human services support functions are the functions required to sustain physical and mental health of staff and casualties, which includes:

a. Sanitation, including sanitary facilities

Hand washing stations or waterless antimicrobial gels must be provided. Sanitation facilities will be needed for solid and liquid human waste disposal.

b. Food and Water

Food and water will be needed for casualties and staff. Water will be critical if normal supplies are interrupted by the disaster. The lack of water will impact all health care activities. A minimum of two quarts of water per person per day should be provided to meet drinking and cooking requirements.

4. Logistical Support

a. Registration/Recordkeeping

A mechanism to document staff and patients should be established.

b. Communications

i. External - The external communications functions should ensure contact with the County Department of Health Services Department Operations Center (DOC). It is through this link that the hospital will request augmentation of supplies and personnel and report the status of operations.

ii. Internal - This internal communication function should ensure communication between and among the staff, including communication from the tent structures to the hospital Incident Command.

c. Non-medical equipment and supplies

Key items needed to support operations should include the following:

i. Blankets
ii. Food
iii. Water
iv. Fuel for vehicles and generators
v. Batteries for flashlights and radios
vi. Lighting
vii. Sleeping bags
viii. Rope
ix. Barrier tape

B. Activation and Mobilization of DRC resources

1. Requests for the activation and mobilization of DRC resources shall be made to the County by contacting the EMS Agency's Medical Alert Center or DOC at (866) 940-4401. Hospital administration of the DRC and the EMS Agency will work collaboratively to accomplish this and make the site operational.

2. DRC activation to expand bed capacity in the DRC's geographic area

a. The DRC shall:

i. Define the area on or adjacent to hospital site for the mobilization of tent structures.

ii. Activate hospital staff to set-up the tent structure and support equipment.

iii. Identify medical use of the tent site (triage, patient treatment, expanded isolation capacity, patient holding).

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**