

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Foundational Knowledge Training Guide



California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies

Foundational Knowledge

Volume I: Hospitals

Volume II: Government-Authorized Alternate Care Sites

Volume III: Payers

Volume IV: Licensed Healthcare Clinics (available 2008)

Volume V: Long-Term Care Facilities (available 2008)

Volume VI: Licensed Healthcare Professionals (available 2008)

Hospital Operational Tools Manual

Government-Authorized Alternate Care Site Operational Tools Manual

[Foundational Knowledge Training Guide](#)

Hospital Training Guide

Government-Authorized Alternate Care Site Training Guide

Payer Training Guide

Reference Manual

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Foundational Knowledge

What are the learning objectives of the Foundational Knowledge training course?

Foundational Knowledge

Learning Objectives



This training course is intended to serve as an overview of the content in the Foundational Knowledge Manual of the Surge Standards and Guidelines Manuals. It is designed to be used as tool for hospitals, local health departments, payers, clinics, long-term care facilities, healthcare professionals, and governmental agencies in developing training programs for healthcare surge planning. Users of this training should utilize this training course as a starting point and customize it to include specific surge planning objectives.

The objectives of the Foundational Knowledge training course include the ability to:

- Define basic terminology, such as surge, surge capacity, and standards of care (among others), as used in the context of the **Standards and Guidelines for Healthcare Surge During Emergencies** project
- Introduce existing waivers and provisions to regulations as they pertain to a health emergency situation, and be able to locate those provisions
- Describe the ethical and behavioral principles and practice guidelines required to be in place during a healthcare surge event
- Identify regulatory information and other resources for planning and implementing a response to healthcare surge

California Department of Public Health / 1

Foundational Knowledge

Introduction

California's Healthcare System Response to a Healthcare Surge Foundational Knowledge, Section 1



In *Emergency Management Principles and Practices for Healthcare Systems*, the Institute for Crisis, Disaster, and Risk Management has found that healthcare system response during emergencies demonstrates the following recurrent findings:

- Local response is primary
- Medical response is complex
- Coordinated response is essential
- Bridging the “public-private divide”
- Public health as an essential partner
- The need for robust information processing
- The need for effective overall management
- Medical system resiliency

An effective response will assure healthcare system resiliency as well as the most efficient care for victims given the severity of the event.

California Department of Public Health / 2

Reference



Emergency Management Principles and Practices for Healthcare Systems. The Institute for Crisis, Disaster, and Risk Management (ICDRM) at the George Washington University; for the Veteran's Health Administration, United States Department of Veteran's Affairs. Washington, D.C., June 2006. Available at <http://www1.va.gov/emshg/>

Foundational Knowledge

What are the Key Project Concepts?

Key Healthcare Surge Planning Concepts for California Foundational Knowledge, Section 1.3



1. During a catastrophic emergency, the movement from individual-based care to population outcomes challenges the professional, regulatory, and ethical paradigms of the health care delivery system.
2. There is a great deal of flexibility in current state statute and regulations to enable a move to population based health care response.
3. The coordination of healthcare surge, based on its definition and operational requirements, entails significant responsibilities for local government.
4. The intent was not to solve the challenges of the current healthcare delivery system but to operate within it.

California Department of Public Health / 3

Foundational Knowledge

What are the Key Project Concepts?

Key Healthcare Surge Planning Concepts for California Foundational Knowledge, Section 1.3 (*continued*)



5. Simplification in several areas such as professional scope of practice, recruitment of personnel, patient tracking for clinical and administrative purposes, emphasizes the operational necessities of a coordinated response in a catastrophic event.
6. There are practical ways that payers (government and commercial) can more effectively meet their obligations for their covered beneficiaries under the traditional third party payer system while hospitals can take proactive steps to preserve a revenue stream during a surge event.
7. Ultimately, effective surge response requires all stakeholders to accept new responsibilities, behave differently than they may have been trained, and cooperate with each other in unprecedented ways.

California Department of Public Health / 4

Foundational Knowledge

How is “Surge” defined for this Standards and Guidelines Manual?

Healthcare Surge Defined Foundational Knowledge, Section 2.1



*For the purposes of the use of this **Standards and Guidelines Manual**, the following definition of healthcare surge is used:*

“A healthcare surge is proclaimed in a local jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, long-term care facilities, community care clinics, public health departments, other primary and secondary care providers, resources and/or emergency medical services. The local health official uses the situation assessment information provided from the healthcare delivery system partners to determine overall local jurisdiction/Operational Area medical and health status.”

California Department of Public Health / 5

Additional Notes



A healthcare surge will directly impact a provider's ability to acquire and manage resources under their normal procedures. At the point that a surge situation is proclaimed for the jurisdiction or Operational Area, all healthcare providers must be integrated into a unified incident command management structure under SEMS/NIMS that coordinates the movement of patients, establishes priorities and allocates scarce resources, services and supplies among the healthcare providers. In this situation, the needs of all healthcare providers will be integrated into a single consolidated incident action plan that will result in optimum patient care for the community.

Guidance



Depending upon the jurisdiction, the designated official may be the director of emergency services, the director or medical director of the local emergency medical services agency, or medical health operational area coordinator.

Foundational Knowledge

**How is
“Surge”
defined for
this
Standards
and
Guidelines
Manual?**

Healthcare Surge Defined Foundational Knowledge, Section 2.1



What Surge is *NOT*...

- The frequent emergency department overcrowding experienced by healthcare facilities (for example, Friday/Saturday night emergencies)
- A local casualty emergency that might overcrowd nearby facilities but have little to no impact on the overall healthcare delivery system

California Department of Public Health | 6

Additional Notes



Healthcare providers and regulators have well-established procedures for addressing these routine fluctuations in the demand for emergency medical services. Local, regional and hospital emergency planners have emergency operations plans and procedures under Standardized Emergency Management System (SEMS) to address larger local emergencies and invoke mutual aid from adjacent jurisdictions, which can permit the timely augmentation of resources to respond to the increased demand.

Foundational Knowledge

How is community-based planning beneficial in enhancing surge capacity?

Developing Community-Based Surge Capacity Foundational Knowledge, Section 2.2.1



In a catastrophic event, healthcare facilities may lack the necessary resources and/or information to individually provide optimal patient care. Communities, therefore, must collaboratively develop community surge capacity.

- Community based planning will enable communities to better respond to an outbreak by defining the role of home health care and availability of personnel to support such care
- Community based planning would allow existing healthcare resources in the public and private sectors as well as other non-healthcare assets to be optimally leveraged
- It is important to recognize that many community healthcare assets do not have the management infrastructure or personnel necessary to establish complex processes for incident preparedness and response
- A critical component of community based surge capacity response is mutual aid—sharing personnel, facilities, equipment, or supplies
- The community based capacity may include healthcare and non-healthcare assets from multiple jurisdictions; this may be desirable especially in rural areas, where health and medical assets are scattered

California Department of Public Health | 7

Additional Notes



Community partners must collaboratively develop plans for increasing capacity. This does not preclude or diminish the need for individual healthcare facilities to have a comprehensive emergency management plan/program that addresses mitigation, preparedness, and response and recovery activities. However, efforts must extend beyond optimizing internal emergency management plans and focus on integrating with other healthcare and non-healthcare assets in the community, both public and private. An important element of the community-based capacity is inclusion and integration of public and private partners in the community.

Guidance



Communities should consider developing memoranda of understanding for transfer of patients from hospitals to skilled nursing facilities. Various existing healthcare facilities should be included in community planning efforts to identify their role during a healthcare surge.

Reference



The concepts, ideas and content in this section are based on guidance from other States' healthcare surge plans and references from a report by The CNA Corporation, *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies*, August 2004.

Foundational Knowledge

What is the role of hospitals in community-based surge capacity development?

The Role of Hospitals Foundational Knowledge, Section 2.2.3



Disaster response involves many different community resources—from police and fire to medical providers, engineers and transportation and housing experts.

The **Joint Commission's Environment of Care** provides guidance on standards for community based surge capacity. These standards will be effective January 1, 2008.

- EC.4.11: The organization plans for managing the consequences of emergencies
- EC.4.12: The organization develops and maintains an emergency operations plan. A successful response relies upon planning around the management of six critical areas: communications; resources and assets; safety and security; staffing; utilities; and clinical activities
- EC.4.14: The organization establishes strategies for managing resources and assets during emergencies

California Department of Public Health / 8

Guidance



Refer to **Foundational Knowledge, Section 2.2.3: Role of Hospitals** for additional detail regarding the Joint Commission's guidance on standards for community-based surge capacity.

Foundational Knowledge

What is the role of clinics, long-term care facilities and other non-hospital providers in community-based surge capacity planning?

Role of Clinics, Long-term Care Facilities & Other Non-Hospital Providers, Foundational Knowledge, Section 2.2.4



During a health care surge, community clinics, long-term care facilities and other non-hospital providers can play a critical role in the delivery of health care and it is important to integrate them into the overall surge planning activities. Key considerations during the planning phase include:

- Non-hospital facilities, including clinics and outpatient surgery centers, are equipped to respond to a variety of health related needs. When possible, patients can be directed to the most appropriate level of care, creating additional access at high demand hospitals.
- Certain emergencies, such as a biological agent release, may be prolonged in duration and generate patients who can be safely evaluated in these settings, thus relieving some of the burden on larger healthcare facilities.
- Urgent care centers, dialysis clinics, and other non-hospital facilities also provide essential medical services and should be considered when developing a disaster response.

California Department of Public Health / 9

Additional Notes



Non-hospital providers can also serve in different, non-traditional capacities during a disaster response. Alternative roles for non-hospital providers include:

- Stabilizing casualties who are injured prior to transfer to a more appropriate level of care
- Providing continuity of care to the ambulatory or resident patient base
- Creating a healthcare surge capacity resource for the treatment of stable, low-priority incident and/or non-incident patients
- Creating a venue to establish specialty disaster services, such as blood donation stations, worried well centers, and mental health services
- Providing assistance with recruiting medical personnel or volunteers to augment staff at other healthcare facilities or service sites
- Supporting community medical response through language services and outreach and information dissemination to limited-English proficient and isolated communities
- Rapidly restoring functions to provide services to its usual patient population

Guidance



Refer to **Foundational Knowledge, Section 2.2.4: Role of Clinics, Long-Term Care Facilities and Other Non-Hospital Providers** for additional details.

Foundational Knowledge

What are some strategies I might implement to increase surge capacity at my facility?

Surge Capacity Strategies for Healthcare Facilities Foundational Knowledge, Section 2.2.5



If a facility determines it is experiencing a healthcare surge it is to use the following guidelines to assess and prepare for the need to increase patient care capacity:

- **Rapidly discharge emergency department (ED) and other outpatients** who can continue their care at home safely
- **Cancellation of elective surgeries and procedures**, with reassignment of surgical staff members and space
- **Reduction of the usual use of imaging, laboratory testing, and other ancillary services**
- **Transfer of patients to other institutions** in the local area, interstate region, State or nationally
- **Facilitation of home-based care for patients** in cooperation with public health and home care agencies
- **Group like-patient types together to maximize efficient delivery of patient care**

Adapted from Health Systems Research Inc., *Altered Standards of Care in Mass Casualty Events*; an AHRQ Publication, April 2005 and *Guidelines for Managing Inpatient and Outpatient Surge Capacity*, State of Wisconsin, November 2005

California Department of Public Health / 10

Reference



Health Systems Research Inc., *Altered Standards of Care in Mass Casualty Events*, an Agency for Healthcare Research and Quality (AHRQ) publication, April 2005

Guidelines for Managing Inpatient and Outpatient Surge Capacity, State of Wisconsin, November 2005

Foundational Knowledge

What are some additional strategies I might implement to increase surge capacity at my facility?

Surge Capacity Strategies for Healthcare Facilities Foundational Knowledge, Section 2.2.5 (continued)



Additional Surge Capacity Strategies:

- **Expansion of critical care capacity** by placing select ventilated patients on monitored or step-down beds, or using pulse oximetry and/or ventilator alarms with spot oximetry checks
- **Conversion of single rooms to double rooms** or double rooms to triple rooms if possible
- **Designation of wards or areas of the facility** that can be converted to negative pressure or isolated from the rest of the ventilation system for cohorting contagious patients; or use of these areas to cohort those health care providers caring for contagious patients to minimize disease transmission to uninfected patients
- **Use of cots and beds in flat space areas** (e.g., classrooms, gymnasiums, lobbies) within the hospital for non-critical patient care
- **Avert elective admissions at hospitals** and discharge patients to rehab, long-term care facilities, or home healthcare
- **Use Obstetrics (OB) as a “clean” unit** (no infectious patients), and fill unit with other “clean” patients as a last resort

California Department of Public Health / 11

Additional Notes



Facilities need to identify wings, areas and spaces that could be opened and/or converted for use as patient/inpatient treatment areas. These potential treatment areas include such areas or spaces as:

- Outpatient clinics
- Waiting rooms
- Wings previously used as inpatient areas that can be reopened
- Conference rooms
- Physical therapy gyms
- Medical office buildings
- Temporary shelters on facility premises (including parking lots and cots in tents)

Guidance



Facilities should establish a hierarchy among areas as to which would best and first be used as patient/inpatient healthcare surge capacity treatment areas. This selection of areas to be used for healthcare surge capacity can best take place when the facility has an understanding of the intensity of the incident and the resulting number of healthcare surge patients that it may receive. Collaboration and the establishment of alert protocols with the emergency operations center, emergency medical services, and first responders will provide facilities with the necessary information to implement the appropriate number of outpatient/inpatient healthcare surge capacity.

Foundational Knowledge

How is emergency preparedness formally recognized in the California Emergency Services Act?

California Emergency Services Act Foundational Knowledge, Section 3.1



- The California Emergency Services Act recognizes the State's responsibility to mitigate the effects of natural, manmade or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property and the resources of the State, and generally to protect the health and safety and preserve the lives and property of the people of the State.
- To ensure adequate preparations to deal with emergencies, the Emergency Services Act confers emergency powers upon the Governor and upon the chief executives and governing bodies of political subdivisions of the State, provides State assistance for the organization of local emergency response programs and creates the Office of Emergency Services within the Office of the Governor.
- Further, the Emergency Services Act establishes State policy that all State emergency services functions are coordinated as far as possible with the comparable functions of its political subdivisions, the federal government, other States and private agencies of every type to make the most effective use of all staff, resources and facilities for dealing with any emergency that may occur.

California Department of Public Health / 12

Guidance



Refer to **Foundational Knowledge, Section 3.1: California Emergency Services Act** for additional details.

Reference



Government Code Section 8550

Foundational Knowledge

How is emergency preparedness formally recognized in the California State Emergency Plan?

State Emergency Plan Foundational Knowledge, Section 3.2



- The Governor is responsible for coordinating the State Emergency Plan.
- The Governor is also responsible for coordinating the preparation of local plans and programs, and for seeing that they are integrated into and coordinated with the State Emergency Plan and the plans and programs of the federal government (and of other States) to the fullest possible extent.
- As part of the State plan, the Governor can assign to a State agency any activity necessary for the mitigation of the effects of an emergency related to the existing powers and duties of the agency, including interstate activities.
- In accordance with the State Emergency Plan, the Governor can plan for the use of any private facilities, services, and property and, when necessary, and when in fact used, provide for payment for that use under the terms and conditions as may be agreed upon.

California Department of Public Health / 13

Guidance



Refer to **Foundational Knowledge, Section 3.2: State Emergency Plan** for additional details.

Reference



Government Code Section 8569

Government Code Section 8570

Foundational Knowledge

How does the concept of mutual aid apply to healthcare surge?

The Concept of Mutual Aid Foundational Knowledge, Section 3.3



- Mutual aid is a concept under which separate jurisdictional or organizational units share and combine resources in order to accomplish their mutual goals
- State and local government agencies are authorized to exercise mutual aid powers in accordance with the California Disaster and Civil Defense Master Mutual Aid Agreement, and local plans, ordinances, resolutions and agreements
 - The Master Mutual Aid Agreement requires that each party develop a plan providing for the effective mobilization of all its resources and facilities, both public and private, to cope with any type of disaster

California Department of Public Health / 14

Additional Notes



Public agencies are authorized by law to enter into joint powers agreements, and these agreements can be for the purposes of providing assistance to each other.

The Master Mutual Aid Agreement requires that each party develop a plan providing for the effective mobilization of all its resources and facilities, both public and private, to cope with any type of disaster. Under the Emergency Services Act, a duly adopted and approved emergency plan is deemed to satisfy this requirement.

The Emergency Management Assistance Compact is the primary legal tool that all states use to immediately send and receive emergency personnel and equipment during a major disaster.

Reference



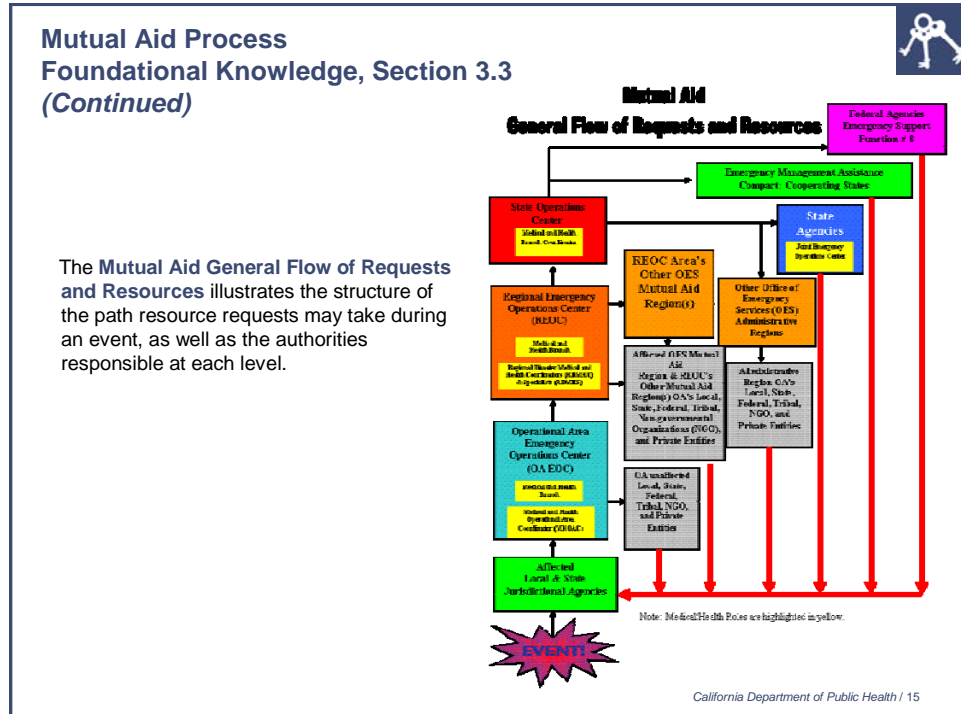
Government Code Section 6502

California Disaster and Civil Defense Master Mutual Aid Agreement

Government Code Section 8615

Foundational Knowledge

What does the general flow of mutual aid requests look like?



The Mutual Aid General Flow of Requests and Resources illustrates the structure of the path resource requests may take during an event, as well as the authorities responsible at each level.

Additional Notes



The mutual aid process is described in the above chart which shows that requests for mutual aid rise through the levels (i.e., Operational Area Emergency Operations Center, Regional Emergency Operations Center and State Operations Center) and resources flow back down to the affected local and State jurisdictional agencies and affected healthcare facilities. The positions at each level that play a medical/health role are identified.

Guidance



Refer to **Foundational Knowledge, Section 3.3: The Concept of Mutual Aid** for additional details.

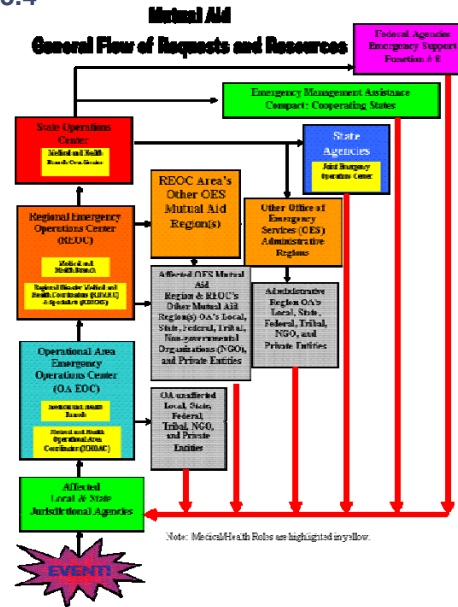
Foundational Knowledge

What is the role of CDPH?

The Role of the State Department of Public Health Foundational Knowledge, Section 3.4

The California Department of Public Health (CDPH)¹ is designated the lead for the public health component of the medical and health services operations set forth in the State Emergency Plan and participates with the Emergency Medical Services Authority in carrying out medical responsibilities.^{2,3} CDPH is the lead planning organization for the State's emergency response for pandemic influenza.

CDPH is also the agency with licensure and certification responsibility for acute care hospitals and other health-related facilities.⁴ During the early stages of an incident when acute care hospitals are reaching the limits of their capacity, healthcare facility administrators may contact the Licensing and Certification Division of CDPH in their region to obtain waivers of specific regulatory requirements.⁵



Additional Notes



In addition, CDPH, in conjunction with Emergency Medical Services Authority, is responsible for reporting on the public health situation status.

Reference



Health and Safety Code Section 100100, et seq.; effective July 1, 2007, the public health duties of the State Department of Health Services are transferred to the new State Department of Public Health

Health and Safety Code Section 131000, et seq.

California State Emergency Plan, 2005, p. 58

California State Emergency Plan, 2005, p. 56

Health and Safety Code Section 1200, et seq.

Health and Safety Code Section 1276

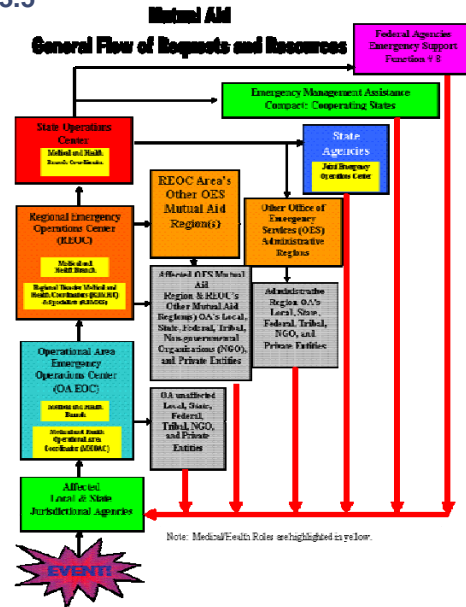
Foundational Knowledge

What is the role of the Emergency Medical Services Authority?

The Role of the Emergency Medical Services Authority Foundational Knowledge, Section 3.5

The Emergency Medical Services Authority is required by law to respond to any medical disaster by mobilizing and coordinating emergency medical services mutual aid resources to mitigate health problems. The State Emergency Plan designates the Emergency Medical Services Authority as the lead State agency for the medical response to an emergency.

Generally, any attendant in a publicly or privately owned ambulance must possess evidence of specialized training as set forth in the emergency medical training and educational standards for ambulance personnel established by the Emergency Medical Services Authority. However, this requirement does not apply in any state of emergency declared under the Emergency Services Act when it is necessary to fully utilize all available ambulances in an area and it is not possible to have the ambulance operated or attended by persons with the qualifications required by the Emergency Medical Services Authority.



Reference



- Health and Safety Code Section 1797.100, et seq.
- Health and Safety Code Section 1797.150
- California State Emergency Plan, 2005, p. 58
- Health and Safety Code Section 1797.160

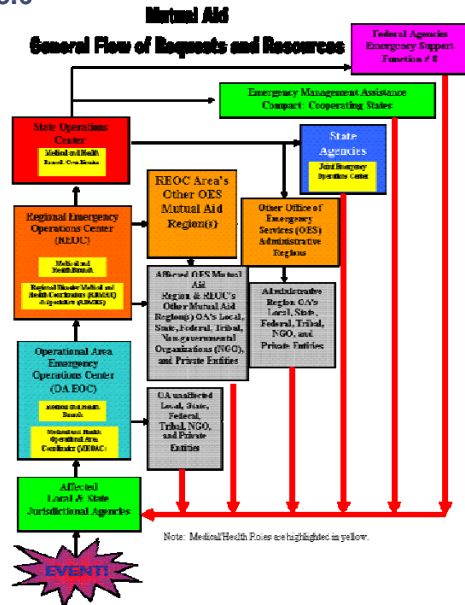
Foundational Knowledge

What is the role of the Governor's Office of Emergency Services (OES)?

The Role of the Governor's Office of Emergency Services (OES) Foundational Knowledge, Section 3.6

The Office of Emergency Services is established in the Governor's Office. The Governor is required to assign all or part of his powers under the Emergency Services Act to the Office of Emergency Services, but cannot delegate to the Office of Emergency Services his authority to issue orders and regulations.

The Office of Emergency Services has established three administrative regions: the Southern Region, the Coastal Region and the Inland Region. These administrative regions coordinate emergency management in the six mutual aid regions created by the Governor (see Section 3.3: The Concept of Mutual Aid).



California Department of Public Health / 18

Additional Notes



During a state of emergency or a local emergency, the director of the Office of Emergency Services is responsible to coordinate the emergency activities of all State agencies in connection with such emergency. The director does so through the State Operations Center and Regional Emergency Operations Centers.

Reference



- Government Code Section 8585
- Government Code Section 8586
- Government Code Section 8587
- California State Emergency Plan, 2005, pp. 8, 9

Foundational Knowledge

What is the role of the Governor?

Role of the Governor Foundational Knowledge, Section 3.7



- The Governor is given broad powers under the Emergency Services Act.
- The Governor has authority over all agencies of State government and the right to exercise all police power vested by law in the State within the area designated.
- The Governor can direct all State government agencies to utilize and employ State personnel, equipment, and facilities for the performance of any and all activities designed to prevent or alleviate actual and threatened damage due to the emergency.

California Department of Public Health / 19

Additional Notes



Some powers granted to the Governor have been previously discussed, for example, the power to make, amend and rescind orders and regulations having the force and effect of law, to suspend regulatory statutes and regulations, and the power to use and commandeer property and personnel.

The Governor is assisted by the California Emergency Council. Among other duties, the California Emergency Council must consider, recommend and approve orders and regulations that are within the province of the Governor to promulgate. This would include orders and regulations to suspend regulatory requirements or to alter standards of care.

The Governor is also assisted by the Emergency Response Team for State Operations, whose task is to improve the ability of State agencies to resume operations in a safe manner and with a minimum of delay if their operations are significantly interrupted by a business interruption.

Reference



Government Code Section 8567
Government Code Section 8571
Government Code Section 8572
Government Code Section 8627
Government Code Section 8628

Government Code Section 8575, et seq.
Government Code Section 8579(b)(1)
Government Code Section 8549.10
Government Code Section 8549.13

Foundational Knowledge

What defines a local emergency?

Local Emergency Plans and Local Disaster Councils Foundational Knowledge, Section 3.8



- Most emergencies begin at the local level. Section 3.9 defines the SEMS structure, which begins at the local level, and discusses the role of local government as it relates to healthcare surge.
- The Emergency Services Act defines “emergency plans” to mean those official and approved documents which describe the principles and methods to be applied in carrying out emergency operations or rendering mutual aid during emergencies.
- These plans include such elements as continuity of government, the emergency services of governmental agencies, mobilization of resources, mutual aid, and public information.¹ During a state of emergency, outside aid must be rendered in accordance with approved emergency plans, and public officials are required to cooperate to the fullest extent possible to carry out such plans.

California Department of Public Health / 20

Reference



Government Code Section 8560
Government Code Section 8616

Foundational Knowledge

What is the role of Disaster Councils?

Disaster Councils Foundational Knowledge, Section 3.8.1



- Cities and counties are authorized to create disaster councils by ordinance.
- The disaster council is responsible for developing emergency plans.
- The plans must meet any condition constituting a local emergency or state of emergency, including, but not limited to, earthquakes, natural or manmade disasters specific to that jurisdiction, or state of emergency, and the plans must provide for the effective mobilization of all of the resources within the political subdivision, both public and private.
- It is the legal duty of each organizational component, officer and employee of each political subdivision of the State to render all possible assistance to the Governor and to the director of the Office of Emergency Services in mitigating the effects of an emergency.
- Local public official emergency powers are subordinate to any emergency powers exercised by the Governor.

California Department of Public Health / 21

Additional Notes



A primary motivation for organizing a disaster council is that the disaster council can register disaster service workers. Under the Emergency Services Act, the Office of Emergency Services is authorized to adopt regulations for the classification and registration of disaster service workers. The regulations provide that a disaster service worker is a person registered either with the Office of Emergency Services, a State agency authorized to register disaster service workers, or a disaster council. Registered disaster service workers can be afforded workers' compensation benefits and liability protections for their acts and omissions during an emergency. If a volunteer is registered with an unaccredited disaster council, the volunteer arguably is not a disaster service worker for purposes of workers' compensation coverage.

Reference



Government Code Section 8610
Government Code Section 8585.5
19 CCR 2570.2
Government Code Section 8614

Foundational Knowledge

How does SEMS fit into the surge planning process?

Standardized Emergency Management System Foundational Knowledge, Section 3.9



- The **Standardized Emergency Management System (SEMS)** is a system for managing the response to multi-agency and multi-jurisdictional emergencies in California
- All **State agencies** are required to use SEMS to coordinate multiple jurisdiction or multiple agency emergency and disaster operations
- Every **local government agency**, in order to be eligible for any funding of response-related (i.e., personnel) costs under disaster assistance programs, must also use SEMS to coordinate multiple jurisdiction or multiple agency emergency and disaster operations
- SEMS integrates the **National Incident Management System (NIMS)**, the **Incident Command System (ICS)**, and the **support and coordination system**.
- SEMS recognizes five organizational levels for response (listed in order):
 - Field
 - Local
 - Operational Area
 - Regional
 - State

California Department of Public Health / 22

Additional Notes



The definitions for the five organizational levels are:

1. Field – where diverse local response organizations (law enforcement, fire, public health) use their own resources to carry out tactical decisions and activities
2. Local – where local governments, for example, cities, counties and special districts, manage and coordinate the emergency response and recovery
3. Operational Area– the entity consisting of all political subdivisions within a county that coordinates resources, the provision of mutual aid, emergency response and damage information
4. Regional – manages and coordinates resources and information among Operational Areas in a geographic area
5. State –responsible for statewide resource allocation; if State resources are inadequate, this level is integrated with federal agency resources

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for more information on the structure and function of SEMS.

Foundational Knowledge

How does SEMS fit into the surge planning process?

Standardized Emergency Management System Foundational Knowledge, Section 3.9 (continued)



- SEMS embraces the concept of mutual aid.
- SEMS addresses the concept of emergency communications by supporting networks to ensure that all levels of government can communicate during a disaster. Two systems have been established:
 1. The Response Information Management System – an electronic data management system that links emergency management offices throughout California
 2. The Operational Area Satellite Information System – a portable, satellite-based network that provides communication when land-based systems are disrupted

California Department of Public Health / 23

Additional Notes



It should be emphasized that under the Emergency Services Act, unless the parties to a **mutual aid** agreement expressly provide otherwise, the responsible local official in whose jurisdiction an incident requiring mutual aid has occurred remains in charge at such incident, including the direction of personnel and equipment provided through mutual aid. Thus, the fact that higher organizational levels become involved in coordinating resources and information does not mean that officials at that higher level take charge of the incident.

There are discipline-specific **communications systems**, such as the California Health Alert Network. The California Health Alert Network is the emergency alert and notification system used by the California Department of Public Health and many emergency preparedness stakeholders and partners associated with public health. The California Health Alert Network contains both an alerting system that provides rapid notification of emergencies to public health stakeholders and partners and a highly secure web-based document repository used for the creation and collaboration of information pertaining to preparation and/or response to various incidents or emergencies.

Reference



Government Code Section 8607(a)(3); 19 CCR 2415; See *Emergency Management in California*, Office of Emergency Services, 2003, p. 8

Government Code Section 8618

Foundational Knowledge

How does the Incident Command System fit into the surge planning process?

The Incident Command System Foundational Knowledge, Section 3.9.1



SEMS is based on the concept of the Incident Command System which organizes emergency management during an incident response through eight core concepts:

- **Common terminology:** the use of similar terms and definitions for resource descriptions, organizational functions, and incident facilities across disciplines
- **Integrated communications:** the ability to send and receive information within an organization, as well as externally to other disciplines
- **Modular organizations:** response resources are organized according to their responsibilities during the incident. Assets within each functional unit may be expanded or contracted based on the requirements of the event
- **Unified Command structures:** multiple disciplines and response organizations work through their designated managers within the Incident Command System to establish common objectives and strategies that prevent conflict and duplication of effort
- **Manageable span of control:** the response organization is structured so that each supervisory level oversees an appropriate number of assets such that effective supervision is maintained. The Incident Command System defines this as supervising no more than three to seven entities
- **Consolidated action plans:** a single, formal documentation of incident goals, objectives, strategies, and major assignments that are defined by the incident commander or by unified command

California Department of Public Health / 24

Additional Notes



Unified Command is a management concept under the Incident Command System that occurs when there is more than one agency with jurisdictional responsibility (for example, public health, law enforcement, and fire) for the emergency or when emergency incidents expand across multiple political boundaries. Agencies work through the designated members of the Unified Command located at an Incident Command Post to establish a common set of objectives and strategies and a single Incident Action Plan.

Reference



Government Code Section 8607(a)(1); 19 CCR 2401, 2402(l), and 2405

Foundational Knowledge

How does the Incident Command System fit into the surge planning process?

The Incident Command System Foundational Knowledge, Section 3.9.1 (*continued*)



- **Comprehensive resource management:** system processes to describe, maintain, identify, request, and track all resources within the system during an incident
- **Pre-designated incident facilities:** assignment of locations where expected critical incident-related functions will occur

The Incident Command System recognizes that every response, regardless of size, requires five management functions be performed:

Management – the function of setting priorities and policy direction and coordinating the response

Operations – the function of taking responsive actions based on policy

Planning/Intelligence – the function of gathering, assessing and disseminating information

Logistics – the function of obtaining resources to support operations

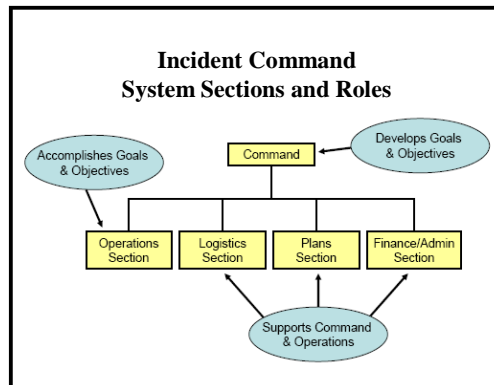
Finance/Administration – the function of documenting and tracking the costs of response operations

California Department of Public Health / 25

Foundational Knowledge

How does the Incident Command System fit into the surge planning process?

The Incident Command System Sections and Roles Foundational Knowledge, Section 3.9.1



- The primary person in charge at field level is the Incident Commander. During the initial phases of an event, or for a very small event, this person will fulfill all necessary roles. As the event size or scope increases, the Incident Commander will expand the Incident Command System and identify Chiefs for each of the Sections.
- As part of any event involving emergency management, local government agencies will use the Incident Command System as the method to organize and direct the field level tactical activities of the incident. This system has built-in flexibility that allows for any type of emergency. As an incident expands in scope, the Incident Command System expands and adapts with it.

California Department of Public Health / 26

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for more information on the Standardized Emergency Management System and the Incident Command System.

Reference



The Governor's Office of Emergency Services website, <http://www.oes.ca.gov> provides specific information regarding Operational Area planning.

Foundational Knowledge

What is Unified Command?

Unified Command Foundational Knowledge, Section 3.9.2



- Unified Command is a management concept under the Incident Command System that occurs when there is more than one agency with jurisdictional responsibility (for example, public health, law enforcement, and fire) for the emergency or when emergency incidents expand across multiple political boundaries.
- The 1999 Westley Tire Fire in Stanislaus County, an example of Unified Command and response, involved multiple jurisdictions, each with specific responsibilities for abatement of the emergency. What started as a large number of tires on fire led to a multitude of emergencies, including an adjacent wildfire threatening hundreds of acres of vegetation, traffic flow problems on Interstate 5 involving miles of backed-up traffic, environmental pollution from toxic runoff into a creek creating a threat to drinking water and fish and game, and an air quality problem from the plume of smoke entering the populated areas downwind. Each emergency involved different local, regional and state agencies.

California Department of Public Health / 27

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for more information on the Standardized Emergency Management System and the Unified Command.

Foundational Knowledge

What are Multi- Agency Coordination Groups?

Multi-Agency Coordination Group Foundational Knowledge, Section 3.9.3



- Multi-agency coordination groups establish policies and set priorities for management of the emergency response. The principle functions and responsibilities of the multi-agency coordination group typically include:
 - Ensuring situational awareness and resource status information among responsible agencies
 - Establishing priorities for resources between incidents in concert with the Incident Command or Unified Command involved
 - Acquiring and allocating resources required by incident management personnel in concert with the priorities established by the Incident Command or Unified Command
 - Anticipating and identifying future resource requirements
 - Coordinating and resolving policy issues arising from the incident(s)
 - Providing strategic coordination as required

California Department of Public Health / 28

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for more information on the Standardized Emergency Management System and Multi-Agency Coordination Groups.

Foundational Knowledge

Who is assigned responsibility for facilitating the activities of an Operational Area?

Operational Area Management Foundational Knowledge, Section 3.9.4



- The Operational Area consists of a county and all political subdivisions within the county area, and serves as an intermediate level of the State emergency response organization.
- An Operational Area is used by the county and the political subdivisions comprising the Operational Area for the coordination of emergency activities and to serve as a link in the communications system during a state of emergency or a local emergency.
- The responsibility for facilitating the activities of an Operational Area Emergency Operations Center during emergencies is assigned to each county government within the State. However, upon agreement, a city government may assume the functions of an Operational Area Emergency Operations Center, the Incident Command or Unified Command.

California Department of Public Health / 29

Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for more information on the Standardized Emergency Management System and Operational Area Management.

Foundational Knowledge

What is the responsibility of the Medical Health Operational Area Coordinator?

Operational Area's Medical and Health Disaster Plans Foundational Knowledge, Section 3.9.5



- Each Operational Area may appoint a Medical Health Operational Area Coordinator who may be the local health officer, local emergency medical services director, or an appropriate designee.
- The Medical Health Operational Area Coordinator or designee is responsible for the development of a medical and health disaster plan for the provision of medical and health mutual aid for the Operational Area.
- During a medical or health disaster, the Medical Health Operational Area Coordinator or designee is responsible for implementing this plan and coordinating with the Regional Disaster Medical Health Coordinator on the acquisition of resources or the movement of patients to other jurisdictions.

California Department of Public Health / 30

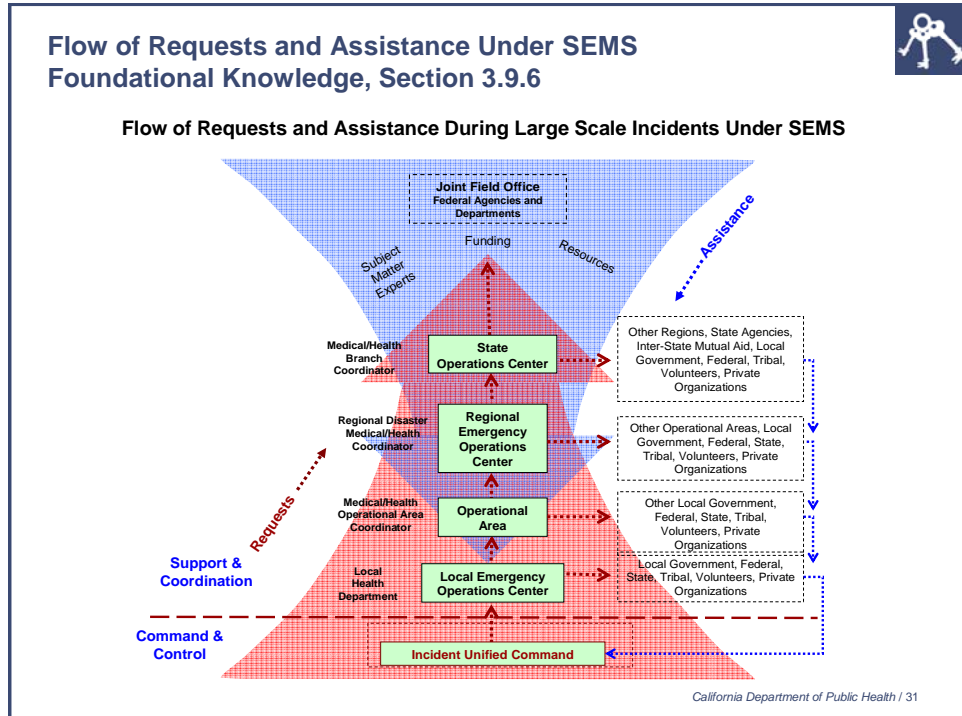
Guidance



Refer to **Foundational Knowledge, Section 3.9: Standardized Emergency Management System** for more information on the Standardized Emergency Management System and Operational Area's Medical and Health Disaster Plans.

Foundational Knowledge

What does the flow of requests for assistance and resources look like?



Additional Notes



SEMS is designed to foster the coordination of public and private sector resources at all levels of its structure. As such, requests for resources flow upward from the local level to the federal level and assistance to meet these request flows downward from the federal level to the local level. To facilitate the request and assistance for resources, it is imperative that each coordination level above the requesting level be contacted in order to effectively supply and account for available resources. The diagram depicts this flow of requests using SEMS during catastrophic emergencies.

Guidance



Refer to **Foundational Knowledge, Section 3.9.6: Resource Requesting and Assistance Under SEMS** for more information on the Standardized Emergency Management System.

Foundational Knowledge

What are the roles of local officials?

Persons Responsible for Local Emergency Healthcare Response Foundational Knowledge, Section 3.10



The following persons are responsible for local emergency response:

- Local Governing Body
- Local Health Officer
- County Director of Emergency Services
- Local Emergency Medical Services Agency / Medical Director
- County Director of Environmental Health
- Medical Health Operational Area Coordinator
- Healthcare Facility Incident Command System
- County Coroner

California Department of Public Health / 32

Additional Notes



Local Governing Body: The local governing body can be either the county board of supervisors or a city council. These bodies are authorized to proclaim a “local emergency.” By ordinance, they may also designate an official who can proclaim local emergencies. During a proclaimed local emergency, political subdivisions of the State have full power to provide mutual aid to any affected area in accordance with local ordinances, resolutions, emergency plans, or agreements, and State agencies are authorized to provide mutual aid in accordance with mutual aid agreements or upon direction from the Governor.

Local Health Officer: Each county is required to appoint a health officer. The county health officer is responsible to enforce and observe, in the unincorporated territory of the county, the orders and ordinances of the board of supervisors pertaining to the public health and sanitary matters, orders – including quarantine and other regulations – prescribed by CDPH and statutes relating to public health.

County Director of Emergency Services: Counties may appoint a county director of emergency services. In absence of this, by virtue of his or her office, the county sheriff serves in this role. The county director of emergency services has all the duties prescribed by State law and executive order, the California Disaster and Civil Defense Master Mutual Aid Agreement, mutual aid operational plans, and by county ordinances and resolutions.

Local Emergency Medical Services Agency / Medical Director: Each county is authorized to develop an emergency medical services program. Each county developing such a program must designate a local emergency management services agency. It may be the county health department or a separate agency established and operated by the county. It may also be an entity with which the county contracts or a joint powers agency created for the administration of

Foundational Knowledge

emergency medical services by agreement between counties.

County Director of Environmental Health: Some counties have separated the public health and environmental health responsibilities of the local health officer by creating a comprehensive environmental health agency. During a local emergency or a state of emergency, the county director of environmental health may be responsible for the coordination of emergency response under his or her jurisdiction. However, during a health emergency declared by the board of supervisors, or a county health emergency declared by the local health officer, the local health officer shall have supervision and control over all environmental health and sanitation programs and personnel employed by the county during the state of emergency.

Medical Health Operational Area Coordinator: Each Operational Area may appoint a Medical Health Operational Area Coordinator. The Medical Health Operational Area Coordinator may be the local health officer and the county emergency medical services coordinator acting jointly, or a separate person appointed by these officials. The responsibilities of the Medical Health Operational Area Coordinator or appropriate Operational Area designee include coordinating with inpatient and emergency care providers, assessment of medical needs, and coordinating disaster medical and health resources.

Healthcare Facility Incident Command System: In order to organize emergency response within a healthcare facility, it is recommended that each facility establish an Incident Command System. For example, many hospitals have adopted the Hospital Incident Command System (HICS). The Incident Command System can be scaled to meet the needs of the emergency. During an emergency, only the necessary incident command functions are activated.

County Coroner: Each county in California has a sheriff/coroner, a coroner or a medical examiner. His or her duty is to manage the remains of deceased persons within the county, their personal effects, if necessary, and to inquire into the causes of death under specified circumstances. In a catastrophic emergency also involving mass fatalities, this officer serves as the Operational Area Coroner Mutual Aid Coordinator. The State is divided into seven coroners' mutual aid regions, and each region has a Coroner's Regional Mutual Aid Coordinator.

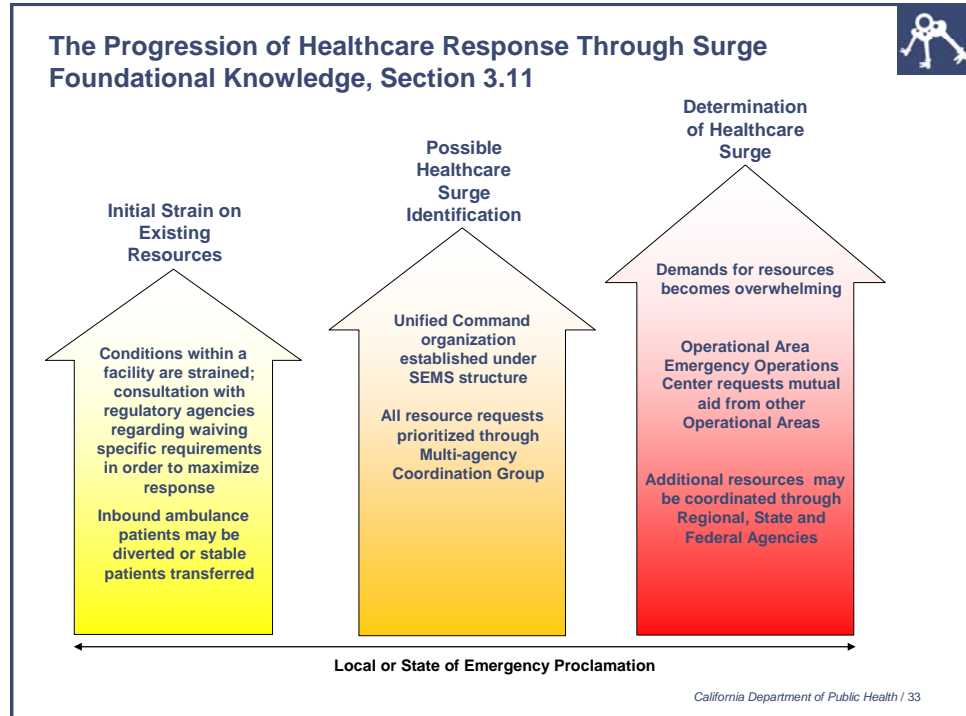
Reference



Government Code Section 8630	Health and Safety Code Section 101275
Government Code Section 8631	Health and Safety Code Section 101310
Government Code Section 8632	Health and Safety Code Section 1797.153
Health and Safety Code Section 101000	See Government Code Section 24000, 24010, and 24300
Health and Safety Code Section 101030	
Government Code Section 26620	Government Code Section 27460, et seq.
Government Code Section 26621	Government Code Section 27490, et seq. and 27520, et seq.
Health and Safety Code Section 1797.200	Coroners Mutual Aid Plan, OES, 2006, p. 11

Foundational Knowledge

What is the progression of a surge, and when does identification and determination of a surge occur?



Additional Notes



When a catastrophic emergency occurs, healthcare facilities would activate emergency operations plans and mobilize under its Incident Command System to manage the actual or anticipated influx of patients and the increased resource demand.

Guidance



Refer to **Foundational Knowledge, Section 3.11: Progression of Healthcare Response through Surge** for more information on the progression of healthcare response through surge.

Foundational Knowledge

What determines termination of an emergency?

Termination of the Emergency Foundational Knowledge, Section 3.12



- A local emergency proclaimed by a designated local official terminates by operation of law after seven days, unless the proclamation has been ratified by the local governing body.
- If a local emergency has been proclaimed by the local governing body, the governing body must review the need for continuing the local emergency at its regularly scheduled meetings until the emergency is terminated. The governing body must proclaim the termination of the local emergency at the earliest possible date that conditions warrant.
- Similarly, the Governor must proclaim the termination of a state of emergency at the earliest possible date that conditions warrant. All of the powers granted to the Governor under the Emergency Services Act for a state of emergency terminate upon the proclamation. Thus, to the extent that the Governor has suspended regulatory statutes or altered standards of care by regulation, those suspensions and alterations would automatically end when the Governor proclaims the termination of the state of emergency.

California Department of Public Health / 34

Guidance



Refer to **Foundational Knowledge, Section 3.12: Termination of the Emergency** for more information on the termination of an emergency.

Reference



Government Code Section 8630(b)
Government Code Section 8630(c)
Government Code Section 8630(d)
Government Code Section 8629
Government Code Section 8629

Foundational Knowledge

What types of authorities are granted to suspend regulatory statutes during surge?

Regulatory Standards as Potential Obstacles to Mitigating Medical Disasters, Foundational Knowledge, Section 4.1



- In a medical or health disaster, suspension of healthcare-related regulatory statutes and regulations could be used to increase the capacity of providers to render medical services which, under normal standards, might not be available.
- The Emergency Services Act (Government Code Section 8550, et seq.) authorizes the Governor during a “state of emergency” to suspend any regulatory statute, or statute prescribing the procedure for conduct of State business, or the orders, rules, or regulations of any State agency, where the Governor determines and declares that strict compliance would in any way prevent, hinder, or delay the mitigation of the effects of the emergency.
- The absence of specific regulatory restraints can remove barriers for persons to act beneficially to mitigate the effects of the emergency and generally to protect the health and safety and preserve the lives and property of the people of the State without fear of subsequent criminal, administrative or civil liability.
- Not all requirements, however, are indispensable under all circumstances to protect the consumer.

California Department of Public Health / 35

Reference



Government Code Section 8571

Foundational Knowledge

What types of immunities from liability are available in an emergency?

Immunities from Liability Available in an Emergency Foundational Knowledge, Section 4.2



- Several statutes provide qualified immunity to persons rendering aid during an emergency. These immunity provisions instruct the courts not to impose liability in specified emergency circumstances.
- Immunities available by law for emergency care must first be examined before examining more closely the authority and procedures for suspending regulatory statutes or promulgating emergency orders and regulations, or what regulatory statutes or State agency orders, rules or regulations, if suspended, would assist in the mitigation of the effects of a medical and health emergency.

Examples of such immunities can be related to the following general categories:

- Healthcare Services during a Proclaimed Emergency – *Section 4.2.1*
- Emergency Care at the Scene of an Emergency – *Section 4.2.2*
- Failure to Obtain Informed Consent under Emergency Conditions – *Section 4.2.3*
- Lawfully Ordered Services by Disaster Service Workers – *Section 4.2.4*
- Facilities Used as Mass Care Centers – *Section 4.2.5*
- Health Facilities with Inadequate Resources – *Section 4.2.6*
- Hospital Rescue Teams – *Section 4.2.7*
- Violation of Statute or Ordinance under Emergency Orders – *Section 4.2.8*

California Department of Public Health / 36

Guidance



Refer to **Foundational Knowledge, Section 4.2: Immunities from Liability Available in an Emergency** for more information.

Foundational Knowledge

How are regulations suspended or emergency regulations issued?

Suspension of Regulatory Statutes to Expand Availability of Care **Foundational Knowledge, Section 4.3**



For purposes of this discussion, it is assumed that the Governor has determined that, despite all the aid provided and the immunities available to healthcare professionals and facilities providing emergency care, extraordinary measures must be taken to suspend regulatory statutes as permitted under Government Code Section 8571 in order to facilitate or encourage providers of medical care to render emergency aid to individuals who otherwise might not receive it.

- In addition to the immunity protections, the standard of care expected under normal circumstances would shift to what a reasonable person would do under the disaster circumstances.
- Given the highly regulated nature of healthcare delivery and uncertain consequences for providing care in disaster situations, a Governor's suspension of regulatory requirements may be required to facilitate the willingness and ability to render emergency aid.
- The suspension would be implemented through an executive order of the Governor.
- The proclamation of a state of emergency alone is not sufficient to effectuate a suspension.
- Medical providers must ascertain the existence and scope of the proclaimed state of emergency, and extent and applicability of any suspension of regulatory requirements.

California Department of Public Health / 37

Additional Notes



It should be emphasized that until an executive order from the governor is issued subsequent to a proclamation of a state of emergency, no regulatory requirement is suspended (except to the extent that the regulatory agency has waived enforcement). Therefore, medical providers must ascertain the existence and scope of the proclaimed state of emergency, and extent and applicability of any suspension of regulatory requirements.

Reference



Health and Safety Code Section 1276

Foundational Knowledge

What types of authorities exist regarding commandeering facilities and personnel?

Commandeering of Facilities and Personnel Foundational Knowledge, Section 4.4



- During a proclaimed state of emergency, the Governor is authorized to commandeer or utilize any private property or personnel as deemed necessary in carrying out the responsibilities hereby vested in him or her as chief executive of the State.¹
- The power to commandeer exists only under a state of emergency, and may only be exercised by the Governor or an authorized designee. It is not available under a local emergency.² It must also be distinguished from other, more commonly used methods, such as contracts and agreements, to obtain necessary resources.

California Department of Public Health / 38

Guidance



A local health officer may take preventive measures to protect public health, including protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. This could, in limited circumstances, include control over vaccine distribution, but not commandeering of either the vaccine or personnel to administer it.

Reference



Government Code Section 8567(b)

Foundational Knowledge

**How is
“Standard
of Care”
defined
during a
healthcare
surge?**

Standard of Care Defined Foundational Knowledge, Section 5.1



For the purposes of this document, the definition of Standard of Care is:

“The standard of care during a healthcare surge is defined as the utilization of skills, diligence and reasonable exercise of judgment in furtherance of optimizing population outcomes that a reasonably prudent person or entity with comparable training, experience or capacity would have used under the circumstances.”

Guiding Principles:

The "standard of care" in California is based on what a reasonably prudent person with similar knowledge and experience would do under similar circumstances. As such, it is dependent to a certain degree on the type of provider and their respective scope of practice each provider is licensed or authorized to provide. The standard of care provides a framework to identify and evaluate objectively the professional responsibilities of licensed personnel, and permits individual licensed personnel to be rationally evaluated to ensure that is safe, ethical and consistent with the professional practice of the licensed profession in California.¹ Standard of care encompasses the diagnosis and treatment of patients and the overall management of patients.²

California Department of Public Health / 39

Reference



Adapted from Medical Board of California, Division of Licensing, Standard of Care for California Licensed Midwives. *Midwifery Standards of Care* (September 15, 2005). http://www.mbc.ca.gov/MW_Standards.pdf


Virginia Jury Instructions, Civil Instruction No. 35.000. Steven D. Gravely, Troutman Sanders LLP. *Altered Standards of Care: An Overview*. http://www.vdh.State.va.us/EPR/pdf/Health_and_Medical_Subpanel.pdf

Note: In The Supreme Court Of The State Of Hawaii, In the Matter of the Publication and Distribution of the Hawaii Standard Civil Jury Instructions, Instruction No. 14.2: Standard Of Care: “It is the duty of a [physician/nurse/specialty] to have the knowledge and skill ordinarily possessed, and to exercise the care and skill ordinarily used, by a [physician/nurse/specialty] practicing in the same field under similar circumstances. A failure to perform any one of these duties is a breach of the standard of care”.

Foundational Knowledge

How do I use color-coded descriptors of the healthcare delivery system?

Surge Monitoring Guidelines Foundational Knowledge, Section 6.1



GREEN	Local system is operational and in usual day-to-day status; no assistance required
YELLOW	Most healthcare assets within the local health jurisdiction are experiencing a surge and are able to manage the situation within their organizational frameworks; no assistance required
ORANGE	The healthcare assets in the local health jurisdiction require the participation of additional healthcare assets within the health jurisdiction to contain the situation
RED	Local health jurisdiction is not capable of meeting the demand for care, and assistance from outside the local jurisdiction / Operational Area is required
BLACK	Local health jurisdiction is not capable of meeting the demand for care, and significant assistance from outside the local health jurisdiction / Operational Area is required

California Department of Public Health / 40

Additional Notes



During a healthcare surge, the authorized local official will use color-coded descriptors to designate the status of the local healthcare jurisdiction/Operational Area's healthcare delivery system. Healthcare surge status does not necessarily connote a specific emergency proclamation, but represents the condition of the healthcare delivery system in a continuum from normal daily operations to a significant healthcare surge. The designations of the color descriptors will be made using the professional judgment of the authorized local official, and will provide other Operational Areas, the Regional Disaster Medical Health Coordinator and/or Regional Disaster Medical Health Specialist, and State agencies a clear understanding of the local healthcare status.

Guidance



The Surge Monitoring Approach provides a systematic methodology for healthcare surge in order to measure the movement away from "normal" operations to an overall systematic surge on the local, regional, and state level.

This approach should serve as a guideline for healthcare personnel to understand the progression of surge from the effective management of day-to-day operations to exceeding state-wide resources in order to address the increased demand for healthcare capacity.

Foundational Knowledge

What is the relationship between the level of surge and the enabling authorities for response?

Surge Monitoring Guidelines
Foundational Knowledge, Section 6.1
(Continued)

Surge Monitoring Guidelines Table

Surge Level	Local Surge Emergency					Regional Level Surge	Statewide Surge Level
	Green	Yellow	Orange	Red	Black		
Enabling Authorities	Regulatory/ Accrediting Agency Waiver	Regulatory/ Accrediting Agency Waiver	Regulatory/ Accrediting Agency Waiver/ Local Emergency Proclamation	Local Emergency Proclamation	Local Emergency Proclamation	State of Emergency Declaration	Federal Emergency Declaration

The chart illustrates the relationship between the level of healthcare surge and enabling authorities to implement relative surge response activities. The chart includes the five levels of a local surge emergency, as well as a regional level healthcare surge and statewide level healthcare surge.

California Department of Public Health / 41

Additional Notes



There is a direct correlation between the level of surge and the related trigger to initiate the authority to provide the appropriate regulatory and statute flexing.

Tools



For additional information regarding potential regulatory waivers and statute flexing, reference **Foundational Knowledge, Section 9: Foundational Knowledge Operational Tools**.

Foundational Knowledge

What are standby orders?

Suspensions of Specific State and Federal Laws and Regulations during a Healthcare Surge, Foundational Knowledge, Section 7



It is inevitable that, during a healthcare surge, individuals providing healthcare services in licensed healthcare facilities and Alternate Care Sites may be unable to fully adhere to statutes, regulations and professional standards of practice relating to patient rights and professional ethics. As such, it is anticipated that the legal requirements concerning such rules will be waived or suspended by government authorities.

The Governor may suspend those regulatory requirements perceived to be an obstacle to the emergency response effort. The suspension would be implemented through an executive standby order of the Governor.

Standby orders are directions issued by the Governor that make, amend, or rescind certain state laws that prescribe the conduct of state business that may in any way prevent, hinder, or delay the mitigation of the effects of the emergency. A standby order must be approved by the Emergency Council and then issued during a proclaimed state of emergency.

California Department of Public Health / 42

Additional Notes



In some cases, standby orders delegate responsibilities to a specific State official, for example the director of the Office of Emergency Services, the Emergency Medical Services Authority or CDPH, the authority to suspend requirements consistent with the Governor's authority to do so. The proclamation of a state of emergency alone is not sufficient to effectuate a suspension of regulatory requirements, unless those requirements have a provision enabling their automatic activation upon such a proclamation. The proclamation would need to include a standby order or the Governor would need to issue a separate executive order issuing the standby order.

Guidance



Refer to **Foundational Knowledge, Section 7 Suspensions of Specific State and Federal Laws and Regulations during a Healthcare Surge** for additional information regarding surge orders and suspensions.

Tools



For tables that highlight specific State and federal laws and a description of their emergency provisions regarding potential waivers and statute flexing, reference **Foundational Knowledge, Section 9: Foundational Knowledge Operational Tools**.

Foundational Knowledge

When are standby orders issued?

Suspensions of Specific State and Federal Laws and Regulations during a Healthcare Surge, Foundational Knowledge, Section 7 (continued)



It should be emphasized that until such a standby order is issued subsequent to a declaration of a state of emergency, no regulatory requirement is suspended (except to the extent that the regulatory agency has waived enforcement). Therefore, medical providers must ascertain the existence and scope of the declared state of emergency, and extent and applicability of any suspension of regulatory requirements.

A regulatory statute can only be waived or suspended during a State of Emergency upon a determination and declaration by the Governor. Government Code Section 8571 states that that a regulatory statute is one designated to protect public health and safety. The intent of such statutes is to accomplish government's objective by mandating certain affirmative acts. Although criminal sanctions are relied upon, the primary purpose of the statute is regulation rather than punishment or correction.

The Governor may also request a Federal disaster declaration or relief by Federal agencies of specific compliance requirements during the declared disaster. The Federal government may also waive or temporarily suspend certain federal requirements in order to facilitate healthcare operations and response during a declared disaster.

California Department of Public Health / 43

Additional Notes



Pursuant to Government Code Section 8571, the Governor shall suspend such regulatory statutes, or statutes prescribing the procedure for the conducting of State business, or the orders, rules, or regulations of any State agency where the Governor, or authorized designee, determines and declares that strict compliance with the statute, order, rule or regulation would in any way prevent, hinder or delay the mitigation of the effects of the emergency.

Guidance



Refer to **Foundational Knowledge, Section 7 Suspensions of Specific State and Federal Laws and Regulations during a Healthcare Surge** for additional information regarding surge orders and suspensions.

Tools



For tables that highlight specific State and federal laws and a description of their emergency provisions regarding potential waivers and statute flexing, reference **Foundational Knowledge, Section 9: Foundational Knowledge Operational Tools**.

Foundational Knowledge

How will provision of care change in a surge environment?

Transitioning from Individual Care to Population-Based Care Foundational Knowledge, Section 8



- As discussed in the Standard of Care section, the delivery of care during a healthcare surge will shift from an individual-based care to a population-based care
- A challenge for health care providers will not only be in their ability to make such an operational shift but also in their ability to understand the consequences of such a decision
- This following slides discuss surge related ethical principles, caring for special needs population, guidelines for population-based outcome principles and scarce resource allocation to assist with the transitioning from individuals care to population-based care during a healthcare surge.

California Department of Public Health / 44

Additional Notes



Translated from the traditional Greek version, the Hippocratic Oath States that a physician should “above all, do no harm” to the patients he or she serves. An excerpt from this oath reads, “I will remember that I remain a member of society, with special obligations to all my fellow human beings.” In the current state of medicine, each licensed provider of care has an overarching obligation to treat every individual patient to the best of his or her abilities.

During catastrophic emergencies the demand for medical care may exceed available resources to deliver that care. Healthcare surge capacity planning for such resource-poor environments must therefore consider a departure from the individual patient-based outcomes that physicians have been long conditioned to uphold in favor of an approach that saves the most lives. In other words, “clinicians will need to balance the obligation to save the greatest possible number of lives against that of the obligation to care for each single patient.” To the fullest extent possible, this migration of a provider’s obligation from individual responsibility to population outcome should adhere to the longstanding principles of ethical practice. Those rendering care must be informed of surge status in their community so that they can adjust their practices accordingly.

Reference



NYS Workgroup on Ventilator Allocation in an Influenza Pandemic, NYS DOH / NYS Task Force on Life & the Law. *Allocation of Ventilators in an Influenza Pandemic: Planning Document - Draft for Public Comment*. New York, 15 March 2007

Foundational Knowledge

What are the surge-related ethical principles and obligations I should know?

Healthcare Surge-Related Ethical Principles Foundational Knowledge, Section 8.1



Principle #1:

The authorized local official has an ethical obligation to utilize all readily accessible information in a responsible way and in a timely manner in making a determination that a healthcare surge situation exists. The health and medical aspects of system response to a healthcare surge should be coordinated and informed by considerations of ethics.

Adapted from the Public Health Leadership Society's
Principles of the Ethical Practice of Public Health

California Department of Public Health / 45

Reference



The four principles described on this and the next three pages have been adapted from such publications as the Public Health Leadership Society's *Principles of the Ethical Practice of Public Health*, AHRQ's *Altered Standards of Care in Mass Casualty Events*, and AHRQ's *Providing Mass Medical Care with Scarce Resources: A Community Planning Guide*.

Foundational Knowledge

What are the surge-related ethical principles and obligations I should know?

Healthcare Surge-Related Ethical Principles Foundational Knowledge, Section 8.1 (continued)



Principle #2:

To the fullest extent possible under the circumstances of a healthcare surge, the authorized local health official and those working under his or her direction and authority should provide those in the community with accurate information pertaining to the nature of the healthcare surge and the responses to it with reasonable frequency.

Adapted from the Public Health Leadership Society's
Principles of the Ethical Practice of Public Health

California Department of Public Health | 46

Additional Notes



To further ensure adherence to this principle, the following points should be kept in mind:

- Moving to a population-based set of treatment protocols represents a radical departure from patient-based decision making. It is essential that efforts be made well in advance of a healthcare surge to generate public understanding and acceptance for the change.
- Messages should be as consistent and timely as possible at all stages.
- Official health and medical care messages should be delivered to the public through public media by the local health officer (or other local physician (e.g., hospital or medical group chief of staff) whom the public perceives to have knowledge of the emergency and the area), the California State public health officer, a representative of the Centers for Disease Control and Prevention, or the United States Surgeon General, depending on the level of communication necessary.
- Spokespersons at all levels (local, State, regional, federal) should coordinate their messages.
- Modes of communication should be tailored to the type of information to be communicated, the target audience for which it is intended and the operating condition of media outlets which may be directly affected. Attention to the need to use languages other than English and the use of alternative communication channels outside of usual media outlets are examples of specific concerns. Also, specificity and details within messages should vary by target population.

Foundational Knowledge

What are the surge-related ethical principles and obligations I should know?

Healthcare Surge-Related Ethical Principles Foundational Knowledge, Section 8.1 (continued)



Principle #3:

In planning for a healthcare surge, healthcare personnel should aim to maintain functionality of the healthcare system and to deliver a quality of care that is optimal under current circumstances. Those persons involved in formulating and implementing the response to a healthcare surge should pursue the goal of preserving as many lives as possible. In pursuit of this goal, those persons should strive, to the fullest extent possible, to respect individual rights and community norms, including, but not limited to, the following circumstances:

- In establishing and operationalizing an adequate framework for the delivery of care
- In determining the basis on which scarce resources will be allocated

Adapted from the Public Health Leadership Society's
Principles of the Ethical Practice of Public Health

California Department of Public Health / 47

Additional Notes



The goal of saving as many lives as possible is thus infused with an aim to respect the individual rights of the patient wherever and whenever possible. While apparently contradictory, it describes the ethical challenge of providing care during a healthcare surge. At a time when resources are scarce and time is compromised, reasonable exercise of clinical judgment must still come into play when making decisions.

While the ethical challenge of principle No. 3 rests on the shoulders of those implementing the response during a healthcare surge, principle No. 4 emphasizes the responsibility of the healthcare community as a whole.

Foundational Knowledge

What are the surge-related ethical principles and obligations I should know?

Healthcare Surge-Related Ethical Principles Foundational Knowledge, Section 8.1 (continued)



Principle #4:

Reasonable accommodations should be made for the personal needs and commitments of those healthcare and other personnel responding to the healthcare surge.

Adapted from the Public Health Leadership Society's
Principles of the Ethical Practice of Public Health

California Department of Public Health / 48

Additional Notes



Examples of the reasonable accommodations that should be made include the provision of housing, food, transportation, child care/pet care or mental health support needed by healthcare and other personnel in order to effectively respond to a healthcare surge.

Foundational Knowledge

What populations do I need to consider with regard to special needs?

Caring for Populations with Special Needs Foundational Knowledge, Section 8.2



Caring for populations with special needs during a healthcare surge poses many challenges. Community-based organizations should be involved in the planning, response and recovery of healthcare surge emergency.

This includes, but is not limited to, the following individuals:

- Infants and small children under the age of 3
- Women who are pregnant
- Elderly people (age 65 and older)
- the Obese
- the Bedridden
- the Mentally Ill
- Those with cognitive disorders or medical conditions, or require life-saving medications
- Who are chemically dependent non-English speakers
- Those who are geographically, culturally or socially isolated

California Department of Public Health / 49

Reference



Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers. California Governor's Office of Emergency Services, 2000.

Foundational Knowledge

What specific needs for special populations do I need to consider?

Caring for Populations with Special Needs Foundational Knowledge, Section 8.2 (continued)



When planning for a healthcare surge, it is essential that the special needs of several groups within the general population be taken into consideration.

These needs may vary and include but are not limited to:

- Communicating disaster information in a variety of languages; having translators available at intake centers
- Providing mental health assessment resources within the healthcare setting
- Delivering emergency food, health care and counseling
- Providing alternative housing for displaced persons
- Providing shelter facilities with appropriate support services
- Providing for alternate means of decontamination for babies and other non-ambulatory persons or those unable to sufficiently decontaminate themselves due to developmental or mobility limitations
- Ensuring vulnerable persons have services for an effective recovery
- Addressing long term recovery issues
- Recognizing and incorporating cultural and/or religious beliefs into the delivery of services

California Department of Public Health / 50

Reference



Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers. California Governor's Office of Emergency Services, 2000.

Foundational Knowledge

What specific needs for special populations do I need to consider?

Caring for Populations with Special Needs Foundational Knowledge, Section 8.2 (continued)



"Community-based organizations provide a direct link to the local communities and the vulnerable people that CBOs [community-based organizations] serve." Community-based organizations can provide valuable assistance in emergency management because they:

- Have pre-established networks for delivering services
- Have access to communities the government may not be able to reach
- Understand the needs of their clients with special needs
- Have the ability to respond quickly to local issues
- Enhance the cultural competency of government to meet needs
- Have the ability to often provide information to people in their own languages

California Department of Public Health / 51

Additional Notes



An individual's underlying medical condition, such as a physical or development disability, may affect his or her survivability, and therefore may be considered negatively when using the acceptable criteria for resource allocation among patients. However, community-based organizations bring expertise in delivering services to accommodate people and communities with language, cultural, and accessibility needs. The most effective way to provide the greatest good to the greatest number of individuals with special needs is to have community-based organizations active in the response and recovery plan. It is suggested that memoranda of understanding with community-based organizations be established in planning for a healthcare surge.

Reference



Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers. California Governor's Office of Emergency Services, 2000.

Foundational Knowledge

What guidelines exist to assist with population-based outcomes during a surge?

Guidelines to Promote Population-Based Outcomes Foundational Knowledge, Section 8.3



During a healthcare surge, individuals providing healthcare services in licensed healthcare facilities and alternate care sites may be unable to fully adhere to statutes, regulations and professional standards of practice relating to patient rights and professional ethics. The guidelines below are intended to release healthcare facilities and providers of certain legal obligations that could not appropriately be met during a healthcare surge.

Guideline No. 1: Informed Consent during a Healthcare Surge

Guideline No. 2: Advanced Healthcare Directives during a Healthcare Surge

Guideline No. 3: Communicating with Legal Representatives for Healthcare Decisions during a Healthcare Surge

Guideline No. 4: Providing Services to Individuals with Special Needs during a Healthcare Surge

Guideline No. 5: Provision and Withdrawal of Care

Guideline No. 6: Disposal of Human Remains during a Healthcare Surge

California Department of Public Health | 52

Additional Notes



These guidelines are meant to alleviate legal liability but not to dismiss each caregiver's ethical obligations to individuals wherever possible.

Guidance



Refer to **Foundational Knowledge, Section 8.3: Guidelines to Promote Population-Based Outcomes** for detailed information regarding the guidelines listed above.

Foundational Knowledge

What are the criteria to use when determining resource allocation decisions for population-based care?

Scarce Resource Allocation Foundational Knowledge, Section 8.4



The provision of care in the setting of a large-scale disaster must be a sliding scale of care appropriate to the resource demands of the emergency. Healthcare facilities and providers managing a large excess of demand over supply of services during a healthcare surge will likely need to allocate resources in ways that are unique to the surge emergency.

Appropriate Criteria for Resource Allocation among Patients

- Likelihood of Survival
- Change in Quality of Life
- Duration of Benefit
- Urgency of Need
- Amount of Resources Required

Inappropriate Criteria for Resources Allocation among Patients

- Ability to Pay
- Perception of Social Worth
- Patient Contribution to Disease
- Past Use of Resources

California Department of Public Health / 53

Additional Notes



The practice guidelines outlined above and described in more detail in the next several pages have been adapted from the American Medical Association's *Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources among Patients*.

These guidelines aim to equip healthcare facilities and providers with both the acceptable and the inappropriate criteria for making ethically appropriate treatment decisions regarding the allocation of scarce resources during a healthcare surge.

Reference



Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients. (*Arch Intern Med.* 1995; 155: 29-40). © 1993 American Medical Association.

Foundational Knowledge

What are the appropriate criteria to use when determining resource allocation decisions for population-based care?

Acceptable Criteria for Resource Allocation among Patients Foundational Knowledge, Section 8.4.1



- **Likelihood of Survival**
 - During a healthcare surge, priority of resource allocation and treatment should be given to patients with a greater likelihood of survival. This is an essential component in maximizing best outcomes and saving the most number of lives.
- **Change in Quality of Life**
 - The benefit of the population of patients during a healthcare surge will be maximized if treatment is provided to patients who will have the greatest improvement in quality of life. Quality of life can be defined by comparing functional status with treatment to functional status without treatment.
- **Duration of Benefit**
 - The length of time each patient will benefit from treatment is an appropriate consideration in allocating scarce medical resources during a healthcare surge. By giving higher priority to patients who will benefit longer than other patients, scarce resources will be directed to patients who will benefit the most.
- **Urgency of Need**
 - Prioritizing patients according to how long they can survive without treatment can often maximize the number of lives saved. However, urgency of need should only be applied to patients who have presented themselves during a healthcare surge, not to hypothetical patients that a healthcare facility or provider forecasts receiving. Resources should not be denied to patients because other patients with more urgent need may soon present.
- **Amount of Resources Required**
 - In a situation where resources are limited, it will be necessary to treat patients who will need less of a scarce resource rather than patients expected to need more. This will maximize the number of patients who will benefit.

California Department of Public Health / 54

Reference



Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients. (*Arch Intern Med.* 1995; 155: 29-40). © 1993 American Medical Association.

Foundational Knowledge

What criteria are inappropriate to use when determining resource allocation decisions for population-based care?

Inappropriate Criteria for Resource Allocation among Patients Foundational Knowledge, Section 8.4.2



- **Ability to Pay**
 - During a healthcare surge, healthcare facilities and providers should not systematically deny needed resources to patients simply due to their lower economic status.
- **Perception of Social Worth**
 - A patient's contribution to society, or his/her social worth, should not be a factor in resource allocation decisions during a healthcare surge. A social worth criterion undermines the focus on the welfare of the patient and prohibits achievement of the overall goal to maximize the best outcome for the greatest number of patients.
- **Patient Contribution to Disease**
 - This criterion assigns a lower priority to patients whose past behaviors are believed to have contributed significantly to their present need for scarce resources. Examples include heart transplant candidates whose high fat diets may have contributed to their condition. Using judgments about patients' morals to allocate healthcare is inappropriate and inconsistent.
- **Past Use of Resources**
 - It may be argued that during a healthcare surge, patients who have had considerable access to scarce medical resources in the past should be given a lower priority than equally needy patients who have, up to the time of the surge, received relatively less of that resource. Because past use is irrelevant to present need, it should not factor into allocation decisions.

California Department of Public Health | 55

Reference



Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients. (*Arch Intern Med.* 1995; 155: 29-40). © 1993 American Medical Association.

Foundational Knowledge

How do the scarce resource allocation guidelines apply to ventilators?

Allocation of Ventilators for Pandemic Influenza Foundational Knowledge, Section 8.4.3



An example of guidelines for scarce resource allocation is the policy on Allocation of Ventilators for Pandemic Influenza issued in draft by the New York State Task Force on Life and the Law, March 2007.

- **Duty to Care:** The ethical rationing system for allocation of ventilators must support the fundamental obligation of health care professionals to care for patients. While ventilator allocation decisions may involve the choice between life and death, to the fullest extent possible, physicians must strive to ensure the survival of each individual patient.
- **Duty to Steward Resources:** During a healthcare surge, clinicians will need to balance the obligation to save the greatest possible number of lives against their longstanding responsibilities to care for each single patient.
- **Duty to Plan:** Planning is not a recommendation but an obligation. The absence of guidelines would leave important allocation decisions to be made by exhausted providers, which would result in a failure of responsibility toward both patients and providers.
- **Distributive Justice:** The same allocation guidelines should be used across the State. These allocation guidelines must not vary from private to public sector. They need to remain consistent throughout the community at hand.
- **Transparency:** Any just system of allocating ventilators will require robust efforts to promote transparency. Proposed guidelines should be publicized and translated into different languages as necessary.

California Department of Public Health / 56

Reference



NYS Workgroup on Ventilator Allocation in an Influenza Pandemic, NYS DOH / NYS Task Force on Life & the Law. Allocation of Ventilators in an Influenza Pandemic: Planning Document - Draft for Public Comment. New York, 15 March 2007

Foundational Knowledge

How do the scarce resource allocation guidelines apply to ventilators?

Allocation of Ventilators for Pandemic Influenza Foundational Knowledge, Section 8.4.3 (continued)



Guidelines Related to the Withdrawal / Restriction of Ventilator Support

- During a healthcare surge, as the demand for mechanical ventilation increases, the supply of each facility's ventilators will naturally decrease
- Criteria for ventilator allocation should be implemented in a tiered fashion to provide a scalable framework for restriction. Withholding and withdrawing ventilatory support are ethically indistinct, and are thus listed together:
 - **First-Tier Criteria:** The first tier would eliminate access to ventilators for patients with the highest probability of mortality.
 - **Second-Tier Criteria:** If resources continue to decrease during a healthcare surge, the second tier would deny ventilatory support to patients with respiratory failure as well as a high use of additional resources. This tier includes patients who have a pre-existing illness with a poor prognosis.
 - **Third-Tier Criteria:** When resources continue to decrease, a third tier of criteria would need to be implemented. This criteria lacks the specificity of the first two, as Hick et al. suggest that this may need to be a real time decision on criteria to be used.

Adapted from *Concept of Operations for Triage of Mechanical Ventilation in an Epidemic*, Hick, et al.

California Department of Public Health / 57

Reference



NYS Workgroup on Ventilator Allocation in an Influenza Pandemic, NYS DOH / NYS Task Force on Life & the Law. Allocation of Ventilators in an Influenza Pandemic: Planning Document - Draft for Public Comment. New York, 15 March 2007

Adapted from *Concept of Operations for Triage of Mechanical Ventilation in an Epidemic*, Hick, et al.

Foundational Knowledge

Foundational Knowledge Wrap Up

Foundational Knowledge Wrap Up



Now that you have completed this training course, you should:

- Be able to define basic terminology, such as surge, surge capacity, and standards of care (among others), as used in the context of the **Standards and Guidelines for Healthcare Surge During Emergencies** project
- Be familiar with current, existing waivers and provisions to regulations as they pertain to a health emergency situation, and be able to locate those provisions
- Be able to articulate the ethical and behavioral principles and practice guidelines required to be in place during a healthcare surge event
- Be able to locate and utilize regulatory information and other resources for planning and implementing a response to healthcare surge

California Department of Public Health / 58