

Regional Disaster Medical Health Specialist (RDMHS)

FY 2019/2020 and 2020/2021 Contract Scope of Work

The Regional Disaster Medical and Health Specialist (RDMHS) is the component of the Regional Disaster Medical and Health Coordination (RDMHC) Program that directly supports regional preparedness, response, mitigation and recovery activities. Activities to assist in accomplishing this shall include:

1. Continue to support the implementation of the California Public Health and Medical Emergency Operations Manual (EOM).
 - 1.1. Conduct and/or participate in local and Regional EOM trainings. When possible, work with new EOM instructors to co-facilitate trainings.
 - 1.1.1. Invite state partners that are based locally to participate, when appropriate, in EOM trainings.
 - 1.2. Provide input as requested on the EOM during the update process, including improvement to the Situation Report and Resource Request Form. Seek input from local partners on EOM improvement opportunities during the update process.
 - 1.3. Provide input and collaboration in the development or revision of the Medical/Health Mutual Aid/Assistance Plan.
2. Assist in the development of a comprehensive Medical Health Operational Area Coordination (MHOAC) program in each operational area within the region.
 - 2.1. Conduct training for Medical Health Operational Area Coordination Programs (MHOAC) and other medical and health partners in the operational areas as needed.
 - 2.1.1. Provide Medical/Health Operations Center Support Activities training annually.
 - 2.2. Assist the Emergency Medical Services Administrators' Association of California (EMSAAC), EMSA and CDPH with the update of a MHOAC Program Guide.
 - 2.3. Assist operational areas in developing contact lists to support the functions of a MHOAC program.
 - 2.4. Provide updated MHOAC contact list to Emergency Medical Services Authority (EMSA) and CDPH Program Lead on a monthly basis.
 - 2.5. Assist operational areas in developing local Situation Report distribution procedures consistent with the EOM.

- 2.6. Assist operational areas in developing local resource requesting procedures consistent with the EOM.
3. Continue to develop the Regional Disaster Medical and Health Coordination (RDMHC) Program.
 - 3.1. Develop and maintain RDMHC Program response procedures. Procedures to include contact lists, medical and health agreements within region (i.e., automatic aid agreements, cooperative assistance agreements).
 - 3.2. Conduct at least three medical and health regional planning meetings per year for the purpose of planning, coordination, training, and information sharing.
 - 3.3. Participate in the local Mutual Aid Regional Advisory Committee (MARAC) meetings and represent the RDMHC Program as requested (ongoing).
 - 3.4. Represent the RDMHC Program in coordination with the state, region and OA level at emergency management, mental/behavioral health, environmental health, public health and medical meetings. Continue to coordinate with regional coordinators as appropriate.
 - 3.4.1. California Hospital Association Regional Coordinators
 - 3.4.2. California Governor's Office of Emergency Services regional staff.
 - 3.4.3. California Department of Public Health Emergency Preparedness Office Contract Managers
 - 3.4.4. Emergency Medical Services Authority's Senior Emergency Services Coordinators
 - 3.5. Participate in assisting as a "buddy" RDMHS during a disaster and attend one (1) "buddy" RDMHS Regional meeting per contract year as funding is available.
 - 3.5.1. Region I and IV will assist each other
 - 3.5.2. Region II and V will assist each other
 - 3.5.3. Region III and VI will assist each other
4. Assist EMSA and the Emergency Medical Services Administrators' Association of California (EMSAAC) in the development, implementation and evaluation of the California Statewide Patient Movement Plan.
 - 4.1. Participate in Patient Movement Workgroups to assist with specific tasks or content development as requested.
 - 4.2. Review and provide feedback on the published Patient Movement Plan

- 4.3. Solicit input as requested from operational areas within the region on the Patient Movement Plan.
- 4.4. Train operational areas on the Patient Movement Plan.
- 4.5. Participate in exercise of plan.
5. Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.
 - 5.1. Participate on the monthly MCM and Local Health Department (LHD) Emergency Preparedness conference calls (ongoing).
 - 5.2. Review LHD SNS Operational Readiness Review (ORR) annual self-assessments and provide feedback to the LHD as appropriate. Participate in the Cities Readiness Initiative (CRI) ORR assessments and assist EPO in review and analysis of all LHD SNS preparedness activities within the mutual aid region.
 - 5.3. Promote Regional CHEMPACK training to include dissemination of training flyers provided by CDPH EPO and encourage participation of emergency dispatchers and CHEMPACK host site representatives. Participate in the planning and conduct of annual regional CHEMPACK training.
 - 5.4. Develop and/or update regional CHEMPACK Plans annually and distribute to partners as appropriate.
 - 5.4.1. Maintain current CHEMPACK host site point-of-contact lists.
6. Coordinate operational area participation in catastrophic planning projects, such as the Southern California Catastrophic Earthquake Response Plan, the Bay Area Earthquake Response Plan and the Cascadia Subduction Zone Earthquake and Tsunami Response Projects.
 - 6.1. Develop template to collect medical and health data from operational areas (as requested). Schedule meetings as needed with operational areas to discuss plan development and next steps.
 - 6.2. Conduct meetings with operational areas in conjunction with EMSA, CDPH and United States Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR).
 - 6.3. Collect data to enhance plan.
 - 6.4. Exercise plan in conjunction with EMSA, CDPH and ASPR.
7. Coordinate inter-State collaboration workgroups, such as the California/Nevada Border Counties Workgroup

- 7.1. Conduct at least one meeting annually of the California/Nevada Counties Workgroup (ongoing).
- 7.2. Maintain point-of-contact lists for participants in the California/Nevada Border Counties Workgroup (ongoing).
- 7.3. Region III, IV, and VI to participate in the workgroup
8. Participate in regional and statewide exercises and other significant medical and health related training and exercises authorized by EMSA and/or CDPH.
 - 8.1. Participate in regional planning and post-exercise evaluation activities for the Statewide Medical and Health Exercise and the Cal OES exercises (annually).
 - 8.1.1. Participate in the Statewide Medical and Health Exercise performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid.
 - 8.1.2. Participate in the CalOES exercise performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid.
 - 8.2. Participate in the Diablo Canyon Nuclear Generating Station exercises. Participate in the CDPH/EMSA Emergency Preparedness Training Workshop annually.
 - 8.3. Attend conferences as requested by EMSA or CDPH-EPO, as budget allows.
9. Respond in accordance with the EOM to medical and health events in the region (ongoing).
 - 9.1. Maintain incident logs and data related to response. Data to be provided in quarterly reports.
 - 9.2. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from within the region.
 - 9.3. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from outside the region.
 - 9.4. Report number of times that medical and/or health mutual aid or mutual assistance requests required reimbursement coordination.
 - 9.5. Report number of times the RDMHC Program polled the operational areas within the region to assess available resources for a potential request.
 - 9.5.1. Report number of times RDMHC Program assisted operational areas with completing the Medical and Health Situation Report or Flash Report

or completed the Situation Report or Flash Report for the operational area

- 9.5.2. Report number of times the RDMHC Program assisted operational areas with completing the Medical Health Resource Request form.
- 9.5.3. Report the number of meetings attended.
- 9.5.4. Report the number of presentations delivered.
- 9.5.5. Report number of times the RDMHC Program is contacted by the state for additional information regarding unusual events of emergency system activation within the region.
- 9.5.6. Report the number of times the RDMHC Program is requested to act as a conduit to share information with operational areas within the region.
 - 9.5.6.1. Number of times operational areas from within the region request the RDMHC program to share material/information with all operational areas within the region.
 - 9.5.6.2. Number of times the State requests the RDMHC program to share material/information with all operational areas within the region.
 - 9.5.6.3. Report the number of ambulance strike teams sent to assist another region.
 - 9.5.6.4. Report the number of ambulance strike teams provided to your region.

10. Additional Provisions

- 10.1. Participate in the RDMHC Program quarterly onsite meetings and monthly conference calls convened by EMSA.
- 10.2. Submit quarterly reports to the EMSA RDMHC Program Lead.
- 10.3. Submit agendas for meetings held by RDMHSs to EMSA RDMHC program Lead.
- 10.4. Represent the RDMHC Program as a participant on working/advisory committees as authorized by EMSA in conjunction with CDPH. Committee assignments reviewed annually and subject to change based on RDMHS workload and availability. Potential committee assignments include:
 - 10.4.1. BioWatch program planning and response
 - 10.4.2. State workgroup for annual Statewide Medical and Health Exercise

10.4.3. EOM workgroup.

10.4.4. Ambulance Strike Team Project Advisory Committee.

10.4.5. Emergency Function (EF) 8 Technical Workgroup.

10.4.6. California Disaster Mental Behavioral Health Statewide Plan Development workgroup.

10.4.7. HPP/PHEP Grant Guidance workgroup.

10.4.8. Pediatrics Surge workgroup

11. If additional activities are identified during this contract period, the RDMHS will work with the EMSA RDMHC Program Lead to evaluate current workload and responsibilities and determine how the additional activities support the tasks identified in this SOW. Both parties will agree on the appropriateness of the assignment prior to it becoming a requirement.