

## Department Operation Centers

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### Position: Department Operation Center—Liaison

**Position Responsibility:** Coordinate with assigned Department Operation Centers (DOCs) activated on campus during a disaster or major emergency. Serves as a communications link between the campus EOC and the Department Operation Centers.

**Duty—Checklist:**

- ◆ Report to the campus EOC.
- ◆ Obtain briefing from EOC Director.
- ◆ Establish communications for liaison with assigned Department Operation Centers.
- ◆ If power outage, develop alternative communications system; i.e., runners, etc.
- ◆ Obtain status reports from Department Operation Centers; i.e., injuries, damage, status of facilities, etc.
- ◆ Maintain log, including messages, significant events, resources allocated, etc.
- ◆ Secure operations and forward the necessary messages, reports and logs to the assigned Section Chief.

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### Student Affairs Department Operation Center (DOC)

The Student Affairs DOC is responsible for coordinating activities to assist students in establishing vital communications with family and loved ones when campus emergencies occur. The Student Affairs DOC is responsible for pre-emergency planning to ensure the campus is prepared to meet student needs when emergencies occur as well as post-emergency activities to coordinate those activities needed to establish normalcy to the lives of students.

Position: **Students Affairs DOC Director**

**Position Responsibility:** Coordinate emergency activities within Student Affairs area to assist students in vital communications with family and loved ones; coordinate needs of students who are displaced due to emergency or disasters; coordinate with other campus functions to establish normalcy to lives of students.

**Duty—Checklist:**

- ◆ Report to Student Affairs DOC.
- ◆ Assign a staff person to campus EOC (Liaison).
- ◆ Obtain briefing from EOC.
- ◆ Continually update EOC liaison of student body status.
- ◆ Coordinate with EOC-PIO regarding announcements of status and immediate plans.
- ◆ Maintain records and logs.
- ◆ Identify needs of students.
- ◆ Establish communications capabilities to both ingoing and outgoing.

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**Plant Operations Department Operation Center (DOC)**

The Plant Operations DOC will be responsible for coordinating the inspection, maintenance and emergency repair of campus facilities and for coordinating emergency debris clearance.

**County and City**

County and City Construction and Engineering Coordinators are responsible for coordinating operations, including debris clearance and route recovery, within their jurisdiction. They will provide available resources to support the campus in response to requests through the mutual aid system.

**Operational Area**

The Operational Area Construction and Engineering Coordinator will have the overall responsibility for coordinating county-wide construction and engineering operations, and will provide relevant information and submit all requests for support to the Mutual Aid Region Construction and Engineering Coordinator.

**Mutual Aid Region**

The Mutual Aid Region Construction and Engineering Coordinator will have the overall responsibility for coordinating construction and engineering operations within the region, and will provide relevant information and submit all requests for support to the State Construction and Engineering Coordinator.

**State**

The State Construction and Engineering Coordinator will have overall responsibility for coordinating State-wide construction and engineering operations and requirements.

**Private Sector**

The Associated General Contractors (AGC) of America and the Engineering and Grading Contractors Association (EGCA) are directly available to any legally constituted authority, or authorities, undertaking emergency operations.

The Structural Engineers Association of California (SEAOC) has a large number of volunteers who may be made available to support governmental efforts directed toward damage assessment and determination of the serviceability of damaged buildings. Through the Association, other types of engineers (civil, mechanical, electrical, safety, etc.) may be obtained.

The Concrete Sawing and Drilling Association of California may provide assistance in heavy-duty rescue operations.

### **Post-Event Inspection of Facilities and Structures**

The post-event inspection of facilities and structures to determine serviceability will be conducted in accordance with the Damage Assessment Plan for Volunteer Engineers and the Damage Assessment Plan for California Building Officials (published and issued separately by the State Office of Emergency Services).

### **Route Recovery**

Field employees of governmental agencies will survey damage to freeways, roads and streets in their vicinity and report information to their appropriate headquarters.

Priorities will be given to:

- ◆ A quick assessment of damage to highways, roads and streets, and immediate access/egress needs.
- ◆ The identification, establishment and operation of alternate routes.
- ◆ The reestablishment of service on essential highways, roads and streets.
- ◆ Facilitating the earliest possible recovery.

Plant Operations DOC will also be responsible for determining available transportation resources for personnel and supplies, coordinating their use in accordance with policies and priorities established by the EOC Director, and

providing adequate maintenance for transportation resources. Duties will include:

- ◆ Determining status and location of all campus-owned vehicles and drivers.
- ◆ Determining status of fuel storage, pumps, and if emergency power is required.
- ◆ Establishing repair schedule for damaged vehicles.
- ◆ Determining status of buses. Establish if some or all should be used for transport of casualties (injured and dead), or volunteers.
- ◆ If evacuation is directed, dispatching buses/vans to staging areas, day care centers and morgue.
- ◆ If available, staging buses at Care Centers.
- ◆ Determining probable requirement for additional vehicles over sustained operational period (72 hours or more).
- ◆ Arranging for vans and/or school buses to be used for transport of injured to off-campus casualty collection points or medical facilities.
- ◆ Determining if additional maintenance/repair services will be required.
- ◆ Arranging for temporary use of private vehicles of campus community as necessary.
- ◆ Requesting additional transportation resources through County EOC.
- ◆ Monitoring staff action planning for different transportation.

Plant Operations DOC will be the primary point of contact with off-campus providers of utilities. Responsibilities will include:

- ◆ Obtaining initial reports on utility outages, problems and estimates of service restoration by location and time.
- ◆ Notifying EOC Director and Operations Section of reported dangerous areas:
  - Transformer leaks.
  - Downed power lines.
  - Electrical substation damage.
  - Ruptured gas mains.
  - Ruptured water mains.
- ◆ Arranging for posting announcements specifying dangerous areas.
- ◆ Establishing contact through the (city/county) EOC with the following utilities as required:
  - Telephone Company.
  - Electric and Gas Utility.
  - Water/Sanitation Districts.
- ◆ Acting as an on-going point of contact for information flow between campus and local utilities on problems and repair progress.
- ◆ Keeping EOC Director informed of estimates for utility service restoration.

Position: **Plant Operations DOC Director**

**Position Responsibility:** Coordinate the inspection, maintenance and repair of campus facilities. Coordinate emergency debris clearance and when necessary, assist in search and rescue.

**Duty—Checklist:**

- ◆ Activate Plant Operations Emergency Plan.
- ◆ Report to the Plant Operations Department Operation Center.
- ◆ Assign staff person to campus EOC as liaison.
- ◆ Obtain briefing from EOC Director and Operations Section Chief.
- ◆ Assign field teams to survey campus and affected areas for damage, hazards and debris problems. Report problems and status to EOC Operations Section Chief.
- ◆ Maintain records/logs of calls, assignments and actions.
- ◆ Advise Operations Section Chief of information reported from field personnel.
- ◆ Determine resources required for emergency repair and debris clearance.
- ◆ Request aid and assistance if necessary.
- ◆ Assist in development of an action plan.
- ◆ Arrange for contractor assistance through Logistics Section.
- ◆ If campus closure is ordered, implement campus closure procedures.
- ◆ Provide Finance Section and Planning Section with estimated damage/loss costs to facilities, roads and other property.
- ◆ Secure operation and forward necessary reports/logs to Operations Section manager.
- ◆ Participate in the development of an after-action report and recovery plan.

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### Medical Department Operation Center (DOC)

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The Campus Medical DOC will be responsible for:

- ◆ Assessing the extent of casualties on campuses and reporting the situation to local medical authorities through established channels.
- ◆ Requesting disaster medical assistance as needed through established channels.
- ◆ Directing the activities of campus medical and health personnel to assist local responders on campus.
- ◆ Coordinating with the County Health officer concerning disaster medical operations on campus and the transportation of casualties to medical facilities.

If available resources are not sufficient to respond to campus needs because of the severity of the disaster situation, the Campus Medical DOC, in coordination with the County Health officer, will be responsible for:

- ◆ Directing campus personnel and volunteers to provide casualty care as feasible.
- ◆ Establishing temporary casualty care facilities.
- ◆ Arranging for transportation of casualties to medical facilities and casualty collection points by expedient means.

### County and City Disaster Medical Coordinators

The County Disaster Medical Coordinator (County Health Officer or designee) is responsible for coordination of disaster medical operations throughout the county. City Disaster Medical Coordinators, where designated, will coordinate operations within their jurisdictions in support of the County Disaster Medical Coordinator.

### Operational Area

The Operational Area Disaster Medical Coordinator (County Health Officer, or designee) may direct the county-wide disaster medical care program or, by prior agreement, support a multi-county emergency medical services program adapted for disaster purposes. Responsibilities at the Operational Area level include, but are not limited to:

- ◆ Coordinating disaster medical care operations within the county or multi-county area.
- ◆ Coordinating the procurement and allocation of critical public and private medical and other resources required to support disaster medical care operations in affected areas.
- ◆ Coordinating means of transporting casualties and medical resources to health care facilities, including Casualty Collection Points (CCPs) within the area, and to or from other areas as requested.
- ◆ Responding to requests from the Regional Disaster Medical/Health Coordinator (RDMHC) to provide disaster medical care assistance, as conditions permit.
- ◆ Maintaining liaison with the appropriate American Red Cross Chapter, volunteer service agencies and such sub-area representatives within the county as may be designated.
- ◆ Ensuring that the existing county or multi-county medical care system for day-to-day emergencies is augmented in the event of a disaster requiring utilization of medical mutual aid resources.
- ◆ Communicating with the RDMHC on matters requiring assistance from other counties, state or federal governments.
- ◆ Coordinating the activities of his/her staff or agents who perform these duties on a sub-area/district/municipal basis.

**Mutual Aid Region**

The Regional Disaster Medical/Health Coordinator will:

- ◆ Coordinate the acquisition and allocation of critical public and private medical and other resources required to support disaster medical care operations in affected areas.
- ◆ Coordinate medical resources in unaffected counties in the Region for acceptance of casualties.
- ◆ Request assistance from the Emergency Medical Services Authority (EMSA) and/or State Department of Health Services (DHS) as needed.

**State**

The Emergency Medical Services Authority (EMSA) is the lead agency for state-wide disaster medical response in coordination with the State Department of Health Services and OES.

The following state departments and agencies will be responsible for supporting disaster medical care services:

- ◆ Health Services.
- ◆ Military.
- ◆ Finance.
- ◆ Forestry.
- ◆ General Services.
- ◆ Youth Authority.
- ◆ California Conservation Corps.
- ◆ Social Services.

**Managing Disaster Medical Care Options**

Overall management of local disaster medical care operations will be the responsibility of the County Public Health Officer, who will be supported by:

- ◆ Campus and city Disaster Medical Coordinators.
- ◆ Local rescue teams.
- ◆ Field rescue and transport services provided by local fire forces and local paramedics.
- ◆ Emergency medical services personnel.

Expedient medical care and first aid services for injured persons will be provided through a network of CCPs and first aid stations operated by County Public Health and supported by local medical personnel. Inter-county hospital services will be coordinated by the County Public Health Officer, with inter-county hospital services being coordinated by the duly appointed RDMHC.

In the event local medical resources are unable to meet the medical needs of disaster victims, the County Health Officer may request assistance from neighboring jurisdictions through the RDMHC or OES Regional Office. The RDMHC will coordinate the provision of medical resources to the affected county and the distribution of casualties to unaffected areas as conditions permit. If a state response is indicated, the functions of the affected Region's RDMHC will be subsumed under the overall state medical response.

### **Reconnaissance and Information**

The following information will be required for managing disaster medical operations:

- ◆ The number, by triage category, and location of casualties.
- ◆ The location and helicopter accessibility of CCPs on or near campus.
- ◆ Route information to determine accessibility to campus and from campus to medical facilities and CCPs.
- ◆ The resource needs of the campus.

- ◆ Location and capabilities of operational medical facilities in and around the campus.

Information will be exchanged with the county (Operational Area) level.

### **Transportation of Casualties**

Transportation of the injured to local medical facilities, CCPs and from damaged to operational medical facilities will primarily be the responsibility of local government. In the event that available ambulances are not sufficient, expedient means of transporting minimally injured casualties may be required, including the use of buses, trucks and automobiles. To the extent feasible and consistent with triage priorities, patients requiring immediate transportation will have priority for ambulance transportation, with other transportation used for less seriously injured.

Mutual aid channels will be used for requesting additional medical transportation resources if local resources are insufficient.

Casualty transportation resources will be in great demand; therefore, it is vital that casualties be transported on the basis of medical triage priorities.

### **Disaster Triage Procedures**

In situations involving numerous casualties, available personnel and resources may not be sufficient to treat or transport all casualties immediately. In such situations, it will be necessary to triage (or prioritize) casualties. During such conditions, the rule of “the greatest good for the greatest number” will be the guiding principle. Triage procedures used on campus will be in accordance with procedures adopted by neighboring jurisdictions.

### **Special Disaster Medical Operations and Procedures**

A major area-wide disaster creating mass casualties that overwhelm local capabilities (Level III disaster) will require activation of disaster medical operations not normally used in emergency medical care. These special operations include

Casualty Collection Points, activated by the county, and Disaster Support Areas, activated by the State.

### Multi-Casualty Incident Plan

Incidents such as fires, explosions and transportation accidents may cause multiple casualties but, depending on their magnitude, may not require activation of the full emergency management system. Medical management of such incidents will be in accordance with the locally adopted Multi-Casualty Incident Plan.

## Disaster Triage Procedures

### Triage Standards and Color Codes

- Red:* Most urgent—immediate transport.
- ◆ Criteria—all three of the following criteria must be met for designation in this category:
    - Injury that is life-threatening; shock and/or hypoxia is present or imminent.
    - Patient can be stabilized without need for constant or labor-intensive care.
    - Patient has increased probability of survival if given immediate care and rapidly transported.
- Yellow:* Catastrophically injured. May be the most urgent, but because of poor prognosis, are not in the Red category. The purpose of triage is to save as many persons as possible.
- ◆ Criteria are the type of injury and the age of the victim which will decrease chances of survival.
- Prime:*
- ◆ Injuries have systemic implication not yet life-threatening.
  - ◆ Patients who appear to be able to withstand up to one hour's wait in the field without immediate life risk.

- ◆ These patients require frequent checking and may be reclassified as necessary.

*Green:* Not urgent.

- ◆ Localized injury without systemic implications.
- ◆ Able to wait several hours for care.
- ◆ Conditions requiring minimum of care or no care.

*Black:* Dead.

- ◆ Professional opinion will be sought where needed. The dead will be completely covered with a sheet, blanket and other available opaque material. They should be moved out of the immediate casualty sorting area by the County Coroner as soon as practicable.

*Panic-stricken* persons, or those psychologically disturbed, who might interfere with casualty handling, should be isolated from the incident scene as soon as possible. Sedation and/or restraints may be used as indicated.

### Factors Influencing Triage

- ◆ Nature and urgency of patient's need.
- ◆ Appearance.
- ◆ General state of health as able to be determined in the field.
- ◆ Age:     Less than 15  
              16 – 45  
              46 – 65  
              Over 65
- ◆ Number and nature of injuries.

### Casualty Collection Point Operations

#### *Purpose*

The purpose of this section is to provide guidance to campus authorities for the designation, activation and operation of Casualty Collection Points (CCPs). Since CCPs will be the principal state/local operational response to a catastrophe, inter-jurisdictional consistency in CCP operations is important.

### *General*

CCPs are sites pre-designated by county officials for the congregation, triage, austere medical treatment and stabilization for evacuation of casualties during a major disaster. They will be utilized to provide only the most austere medical treatment directed primarily to the moderately/severely injured or ill who will require later definitive care and who have a substantial probability of surviving until they are evacuated to other medical facilities. CCPs should not be viewed as first aid stations for the minimally injured, although provisions may be made to refer them to a nearby site for first aid. Nor should CCPs be viewed as only short-term staging areas because evacuation of casualties from the CCP may be delayed due to limited availability of transportation. Given the uncertainty of the flow of casualties, the availability of supplies and personnel, and the timeliness and rate of casualty evacuation, managers of CCPs must be cautious in the allocation of resources (especially during the first twenty-four hours of operation).

### *Designation of CCPs*

The designation, establishment, organization and operation of CCPs are the responsibilities of county government. Regional and state resources will be available to re-supply and augment CCP operations, but are generally unavailable to activate a CCP during the initial response phase. Counties should designate two categories of CCPs:

- ◆ Category A CCPs are those the county is reasonably sure it will activate in case of a major disaster involving mass casualties.
- ◆ Category B CCPs are those that may be activated depending on the number of location of casualties, the resources available and their accessibility.

In selecting CCP locations, consideration will be given to proximity to areas most likely to have large numbers of casualties, distribution of locations in potential high-risk areas throughout the affected area, ease of access for staff, supplies and casualties, ease of evacuation of air or land, and the ability to secure the area.

### *Medical Care*

The flow of casualties into a CCP is unpredictable, depending on its distance from casualties, the success of public information efforts, its accessibility and the pace of search and rescue operations.

- ◆ If delay is lengthy, reconsideration of triage of the seriously injured and a higher level of pre-hospital care at CCPs may be needed.
- ◆ Supplies from outside the disaster area to the CCPs may be delayed.
- ◆ Water, power and other resources may be scarce, limiting the type of medical treatment feasible at a CCP.
- ◆ Inclement weather and other atmospheric conditions may hinder helicopter delivery of personnel and supplies and evacuation of casualties.

The public, fire and police agencies will be notified by county officials of the location of functioning CCPs.

Status reports will be made by each CCP to the County Health Officer or Operational Area Disaster Medical Coordinator, describing numbers and triage category of casualties, medical supply needs, personnel status and needs, and accessibility by helicopter and ground transportation.

Patient tracking will begin at CCPs, using a Patient Tracking Tag, which will be attached to the patient during triage operations. This tag will remain with the patient until the final medical treatment facility has been reached.

### **Disaster Support Area (DSA) Medical Operations**

The DSA will serve as a medical staging area through which casualties requiring hospitalization for substantial care are transported for dispersal to medical facilities in uninvolved areas. A “leapfrog” concept will be used in evacuating casualties and providing mutual aid resources. Under this concept, casualties will be evacuated from Casualty Collection Points (CCPs) in the affected area to the DSA, then to a more distant medical facility for definitive care. Human and material resources will then be transported from the DSA to the affected area on the return trip. The movement of casualties and resources will be coordinated with all appropriate levels of government and medical response and emergency medical agencies in the affected area by the State Disaster Medical Coordinator (Director, EMSA). In general, only minimal medical stabilization services aimed at preserving life will be performed at the DSA.

The DSA will also serve as the site for the receipt, storage and disbursement of medical resources into unaffected areas.

Satellite medical operations (medical DSAs) may be created by the Emergency Medical Services Authority (EMSA) at other locations, depending on the location of large pockets of casualties and the amount of responding resources available.

The Campus Medical DOC will also be responsible for:

- ◆ Coordinating with the County Health Officer concerning preventive health services on campus, including the control of communicable diseases.
- ◆ Coordinating the inspection of damaged buildings for health hazards.
- ◆ Identifying public health and sanitation problems on campus and taking remedial actions as feasible.
- ◆ Requesting assistance from the County Health Officer.
- ◆ Coordinating with the Campus Public Information Officer and County Health Officer concerning provision of information on public health matters to the campus community.

Position: **Medical DOC Director**

**Position Responsibility:** Coordinate emergency campus on-scene triage and emergency medical care services. Oversee efforts of volunteer medical support at casualty collection point(s). Coordinate with county health officer and off-campus emergency responders. Coordinate with the county coroner/medical examiner concerning operations on campus.

**Duty—Checklist:**

- ◆ Activate the medical emergency plans.
- ◆ Alert medical personnel, including volunteers of situation and where to report.
- ◆ Report to the Medical Department Operation Center.
- ◆ Assign staff person to campus EOC as liaison.
- ◆ Obtain briefing from EOC Director.
- ◆ Request injury/medical status assessment from public safety field units and rescue teams.
- ◆ Through Operations Section Chief, coordinate medical operations with city and/or county EOC.
- ◆ Coordinate traffic control for incoming medical resources with EOC Operations Section.
- ◆ Determine ongoing needs, request additional resources as necessary and resolve logistical problems.
- ◆ Participate in the preparation for an Incident/Emergency action plan.
- ◆ Complete accurate records on all treatment and movement of injured.
- ◆ Assign volunteers to locations and assignments (on campus).

- ◆ Brief Operations Section Chief and EOC Director on casualty and medical operational status.
- ◆ Estimate long-term logistical needs.
- ◆ Log all reports of fatalities.
- ◆ Dispatch qualified medical personnel to sites for confirmation.
- ◆ Report fatalities to county coroner through EOC.
- ◆ Assist in identification.
- ◆ Ensure appropriate handling pending arrival of coroner unit.
- ◆ Assist in establishing temporary morgue.
- ◆ Maintain records and personal effects of victims at a secure location.
- ◆ Ensure that no unauthorized public disclosure of names occurs.
- ◆ Secure operations and forward the necessary messages, reports and logs to the Operations Section Chief.
- ◆ Participate in the development of an after-action report.
- ◆ Assign on-campus medical personnel to assist injured on site and at the health center.
- ◆ Initiate call-back procedures for health center personnel, if necessary.