

Section VI

Resource Management

Updated: May 2018

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I. Purpose

The ability of public health and medical entities to conduct operations and perform essential services during emergencies may be affected by a lack of available resources. In such a scenario, a variety of mechanisms may then be employed. This chapter describes Tuolumne County’s access and management of emergency resources, which may include supplies, equipment, and personnel.

II. Definitions

- A. California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA) Obligates each signatory entity to provide aid during an emergency without expectation of reimbursement, although no participant is required to unreasonably deplete its own resources, facilities and/or services in furnishing mutual aid. It specifically addresses mutual aid between the State’s political subdivisions (e.g., cities, counties, districts) and the State of California.
- B. Emergency Management Assistance Compact (EMAC) A nationally recognized state-to state mutual aid compact that facilitates sharing of resources across state lines.
- C. Jurisdictions Political subdivisions within the State of California, such as a county, a city, tribal land or special district.
- D. MOU Memorandum of Understanding: A signed agreement between public or private agencies and organizations that clarify how resources could be shared in a disaster/emergency and usually includes financial reimbursement processes.
- E. Mutual Assistance Agreements May involve jurisdictional agencies (e.g., Public Health, Environmental Health or Emergency Medical Services), non-governmental organizations, public and private entities. The assistance may be non-reimbursed, provided at a pre-established rate, or require the requesting entity to reimburse the providing entity. Specific expendable supplies and materials may require reimbursement or replacement to make the assisting or cooperating agency whole. These agreements are often structured as memoranda of understanding (MOUs).
- F. Operational Area Tuolumne County borders define the Operational Area where this plan is in effect, and includes all jurisdictions within its borders.
- G. Region IV Mutual Aid Region that includes Tuolumne County and is a part of the Inland Administrative Region of CalOES. See California Regions Map below.
- H. RDMHC Regional Disaster Medical and Health Coordinator: coordinates public health and medical information and resources during emergencies. The RDMHC interacts with State agencies and other Operational Areas to provide critical resources, technical expertise and information coordination during emergencies.

C. Supplies available

Requests can be made for medical and health resources, e.g. medical equipment and supplies, medical transportation, or personnel. Non-medical resources may also be requested, such as power generators or potable water.

D. Request to include:

1. Describe current situation. (*SitRep*)
2. Describe the requested mission. This correlates with sections H, I and J on the *SitRep*. A mission or “current action” might include the *ability to transport 20 critically injured pediatric patients*.
3. Describe needed equipment, supplies, personnel, etc. and acceptable alternatives. This information is recorded on the *Resource Request: Medical and Health (Resource Request)*, found in Appendix D of the Emergency Operations Manual (EOM).
4. Provide contact information and specific delivery location with a common map reference. A place for recording this information is present at the bottom of each Order Sheet that accompanies the *Resource Request*, from Appendix D of the EOM.
5. Indicate if logistical support is required (e.g., food and shelter for personnel, fuel for Equipment)
6. Indicate urgency of need (E= Emergency or High, U= Urgent or Medium or S= Sustainment or Low) under *Priority* in the Order Sheet.

E. Roles & Responsibilities to meet requests

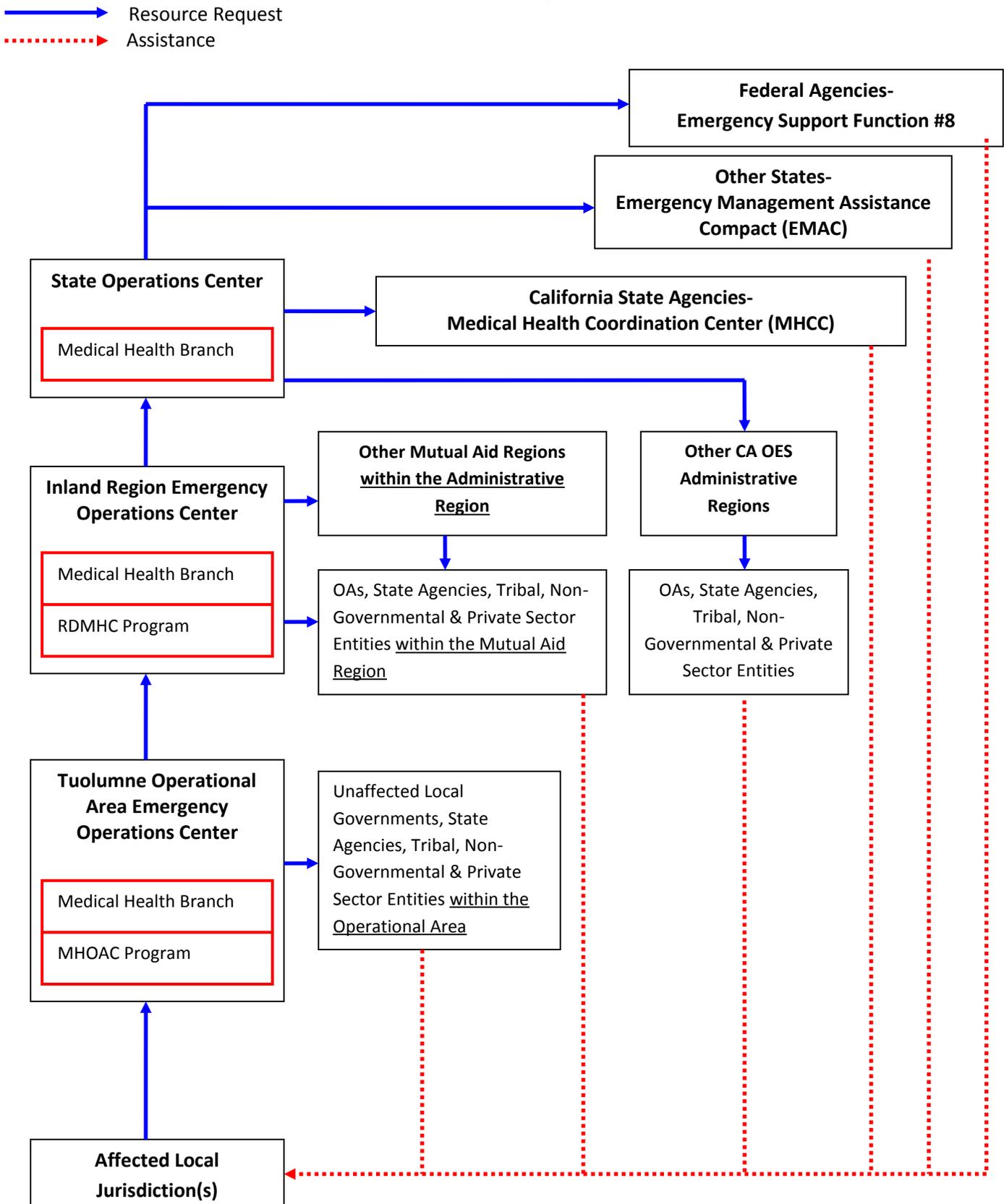
Table 1: Agency roles and responsibilities

Entity-Agency	Resource Management Process
Field-Level Entities (e.g. Pharmacies, Tuolumne Utilities District (T.U.D.))	If medical and health resources are needed that cannot be obtained through existing agreements, request local resources through the MHOAC Program. <ol style="list-style-type: none"> 1. Include logistical support, such as food, lodging and fuel. 2. If non-medical and health resources are needed, request through the appropriate local agency (for example, potable water from T.U.D.) 3. Resource requesting and status may be tracked through the Web EOC system via the MHOAC program.
Local Public Health, Environmental Health or Emergency Medical Services Agencies, Fire, or Law Enforcement	If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC to the RDMHC. <ol style="list-style-type: none"> 1. Include logistical support, such as food, lodging and fuel. 2. If non-medical and health resources are needed, request through the appropriate local agency (for example, potable water from T.U.D.) <p><u>CHEMPACK</u>- If an incident such as a chemical spill or exposure occurs which indicates the need for contents of the CHEMPACK (a State-owned resource), the MHOAC should be notified immediately and he/she will contact the MHOAC for Stanislaus County or other neighboring county which houses a CHEMPACK, to facilitate the transport of materiel to Tuolumne County. https://chemm.nlm.nih.gov/chempack.htm</p>

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Entity-Agency	Resource Management Process
MHOAC Program	<p>Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, MOUs, or other emergency assistance agreements, such as a neighboring Operational Areas). The MHOAC will use her/his discretion when determining the prioritization of resources based on need, potential impact, etc. If unable to supply the request, MHOAC will:</p> <ol style="list-style-type: none"> 1. Submit a Resource Request, including the minimum data elements to the RDMHC Program 2. Confirm RDMHC Program received the resource request 3. Confirm request received and entered into the Web EOC system 4. Ensure that situational information is provided to the RDMHC Program. 5. Notify the requestor of the outcome of the request and delivery details if the request is filled. 6. In collaboration with CDPH, establish priorities when available resources are less than requested amounts. (See References, regarding ethics in resource allocation.)
RDHMC Program	<ol style="list-style-type: none"> 1. Assist the requesting MHOAC in refining the resource request and/or identifying alternative resources within the Operational Area. 2. Immediately begin the process of filling the request by coordinating with the unaffected Operational areas within the Mutual Aid Region. 3. Coordinate with CA OES Regional Duty Officer 4. Notify CDPH and/or EMSA Duty Officer that a resource request is being processed
Health Care Coalition	<ol style="list-style-type: none"> 1. Coalition healthcare partners report their status and request resources through the Status eReport. This process is described in Chapter 5, Communications and Information Sharing. 2. Assist the Medical Health Operational Area Coordinator (MHOAC) with de-conflicting when resource requests exceed availability.

Figure 1: Flow of Resource Requests and Assistance



IV. Demobilizing Resources

- A. Non-personnel resources should be demobilized according to plans, policies and procedures, which include the return of resources to vendors, suppliers, warehouses, storage facilities, or other originating sources.
- B. Personnel provided to the incident should be demobilized and follow checkout procedures according to incident-specific ICS plans, briefings, and instructions. The proper demobilization/check-out process for personnel is important to ensure the safety and health of responders.
- C. Resources (personnel and non-personnel) may be tracked through the Web EOC system. Demobilization should include the update of resource status in this system.

V. Tuolumne County Public Health Inventory (local) Management

A. Public Health supplies

The Public Health department maintains supplies for supplementing health care delivery during a medical and health event.

B. Medical and health supplies include:

1. *Go Bags:* A self-contained package of supplies that is available for use at a designated mass care shelter (first aid level care delivered in a shelter), or an EMS Field Treatment Site.
2. *Shelter supplies:* A limited supply of cots, linens and equipment, such as wheelchairs or commodes, to set up a mass care or Alternate Care Site such as at the Mother Lode Fairgrounds or a school gymnasium.
3. *Health Department Emergency Response Unit (HDERU):* A mobile incident command and/or treatment trailer stocked with first aid and logistical supplies.
4. *Mobile Vaccination Station:* Supplies for mass vaccination/prophylaxis distribution
5. *Tuolumne County Health Department Medical Prophylaxis Cache:* A limited supply of pharmaceuticals supplied from CDPH that can be dispensed in response to a pandemic or emergency biologic event. Inventory management of this cache, including monitoring and replacing of medications when expiration dates approach a three-month time period, is the responsibility of the PHEP Coordinator.
6. *Strategic National Stockpile and Chempack:* Access is maintained through the MHOAC Program (Figure 1).
7. *CDPH Cache Supplies:* An Alternate Care Site (ACS) cache redistributed from CDPH storage to Tuolumne County storage. These would be incident-specific arrangements, such as neuraminidase inhibitor supplies during a pandemic influenza response.
8. *Tuolumne County Health Department Storage:* Non-medical resources, such as stanchions, an emergency generator and other logistical items to maintain Public Health services or provide alternate site set-up.

C. Inventory of medical and health supplies

1. Medical supplies and equipment inventories for locally stored supplies are maintained in the web-based system, Sydion iCAM.
2. Data entry is maintained by the PHEP, HPP and EMSA Coordinators with access privileges for assisting clerical staff as needed or requested.

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3. Sydion iCAM includes tracking of purchased equipment and supplies.
4. Expirations are entered into iCAM, with automated expiration reports.
5. Expired and expended inventory items are replaced as funds are available and per grant guidance.
6. A Sydion iCAM inventory report will be run, saved on a USB flash drive every 6 months, and stored with emergency preparedness staff supplies as a redundant resource-inventory backup.
7. When requesting local Public Health supplies, an inventory form is utilized (see *Tuolumne County Public Health Resource [Chain of Custody Log, Attachment 1](#)*). The form is used to check out and check in equipment and supplies. When supplies are requested during an emergency event or exercise, the form is submitted and processed through the Incident Command System.
 - a. If supplies are needed for a day-to-day or unusual event, requests are directed to the PHEP Coordinator. The PHEP Coordinator consults with the MHOAC and, if approved, distributes the supplies.
8. The TCPH Resource Chain of Custody Log is also used in Chain of Custody situations, such as mass prophylaxis pharmaceuticals. Pharmaceuticals are directly handed to the receiving party and their signature is required on the Chain of Custody form. Supplies may be transported by a third party (for example, County maintenance, fire, transportation, law enforcement etc.) if needed, and in such circumstances the Chain of Custody form will be used by these transporting agencies .

Note: Reimbursement in a disaster - see [Continuity of Operations, Recovery](#)

References:

1. [Framework for Public Health Ethics and Their Application to the Statewide Allocation of Resources in Novel H1N1 Influenza](#) (The Institute for Medical Humanities University of Texas Medical Branch)
2. [Mass Medical Care With Scarce Resources](#): The Essentials, Public Health Emergency Preparedness Research, AHRQ, 2009

Tuolumne County Public Health Resource Chain of Custody Log

INCIDENT/EVENT: _____ DATE & TIME REQUESTED: _____ REQUESTOR: _____

Date & Time Checked Out	Resource Description	Quantity Checked Out	From (Location, include transporting agency if needed)	Receiving Party Name & Contact Information	Date & Time Returned/ Checked In	Quantity Returned	Returning Party Name & Contact Information	Public Health Staff Processing Return
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	(Signature required for pharmaceuticals)				
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	(Signature required for pharmaceuticals)				
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	(Signature required for pharmaceuticals)				
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	(Signature required for pharmaceuticals)				
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	(Signature required for pharmaceuticals)				

AUTHORIZATION Print Name: _____ Signature: _____ Date & Time: _____

UPDATE IN INVENTORY SYSTEM PHEP or HPP Coordinator Signature: _____ Date & Time: _____

Purple- Inventory OUT
Blue- Inventory IN