

AMENDED IN SENATE AUGUST 21, 2006

AMENDED IN SENATE JUNE 14, 2006

AMENDED IN SENATE MAY 17, 2006

AMENDED IN ASSEMBLY MAY 26, 2005

CALIFORNIA LEGISLATURE—2005—06 REGULAR SESSION

ASSEMBLY BILL

No. 586

Introduced by Assembly Member Negrete McLeod

February 16, 2005

An act to add Section 1797.153 to the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 586, as amended, Negrete McLeod. Medical disaster mobilization.

Pursuant to the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is established within the California Health and Human Services Agency to administer the emergency medical services system to coordinate and integrate effective and efficient emergency medical services throughout the 58 counties of the state.

The EMS Act, in part, requires that the authority develop planning and implementation guidelines for emergency medical services systems, receive implementation plans from local EMS agencies, assess each EMS area, and provide technical assistance to local agencies for the purpose of developing the components of the EMS systems.

The EMS Act provides for coordination of services with other state agencies, establishes the Interdepartmental Committee on Emergency Medical Services to advise the authority, provides personnel standards, and provides for local administration of county EMS programs.

Existing law requires the authority, in consultation with the Office of Emergency Services, to respond to any medical disaster by mobilizing and coordinating emergency medical services mutual aid resources to mitigate health problems.

Existing law, the California Emergency Services Act, subdivides the state emergency services organizations into mutual aid regions, as defined, for the purpose of facilitating the coordination of mutual aid and other emergency operations. The law defines an operational area for this purpose as an intermediate level of state emergency services organization, consisting of a county and all political subdivisions within a county.

This bill would authorize the county health officer and the local EMS agency administrator to jointly act as the medical health operational area coordinator. It would, if an operational area has a medical health operational area coordinator, designate the medical health operational area coordinator, in cooperation with various agencies, as the entity responsible for ensuring the development of a medical and health disaster plan, and would set forth the contents of the plan. The bill would authorize appointment of another person to perform that role, if the county health officer and the local EMS agency are unable to do so. ~~The bill would require the State Department of Health Services and the Emergency Medical Services Authority to adopt related regulations.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1797.153 is added to the Health and
2 Safety Code, immediately following Section 1797.152, to read:
3 1797.153. (a) In each operational area the county health
4 officer and the local EMS agency administrator may act jointly
5 as the medical health operational area coordinator (MHOAC). If
6 the county health officer and the local EMS agency administrator
7 are unable to fulfill the duties of the MHOAC they may jointly

1 appoint another individual to fulfill these responsibilities. If an
2 operational area has a MHOAC, the MHOAC in cooperation
3 with the county office of emergency services, local public health
4 department, the local office of environmental health, the local
5 department of mental health, the local EMS agency, *the local fire*
6 *department*, the regional disaster and medical health coordinator
7 (RDMHC), and the regional ~~mutual aid coordinator~~ *office* of the
8 Office of Emergency Services (OES), shall be responsible for
9 ensuring the development of a medical and health disaster plan
10 for the operational area. The medical and disaster plans shall
11 follow the Standard Emergency Management System and
12 National Incident Management System. The MHOAC shall
13 recommend to the operational area coordinator of the Office of
14 Emergency Services a medical and health disaster plan for the
15 provision of medical and health mutual aid within the operational
16 area.

17 (b) For purposes of this section, “operational area” has the
18 same meaning as that term is defined in subdivision (b) of
19 Section 8559 of the Government Code.

20 (c) The medical and health disaster plan shall include
21 preparedness, response, recovery, and mitigation functions
22 consistent with the State Emergency Plan, as established under
23 Sections 8559 and 8560 of the Government Code, and, at a
24 minimum, the medical and health disaster plan, policy, and
25 procedures shall include all of the following:

- 26 (1) Assessment of immediate medical needs.
- 27 (2) Coordination of disaster medical and health resources.
- 28 (3) Coordination of patient distribution and medical
29 evaluations.
- 30 (4) Coordination with inpatient and emergency care providers.
- 31 (5) Coordination of out-of-hospital medical care providers.
- 32 (6) Coordination and integration with fire agencies personnel,
33 resources, and emergency fire prehospital medical services.
- 34 (7) Coordination of providers of nonfire based prehospital
35 emergency medical services.
- 36 (8) Coordination of the establishment of temporary field
37 treatment sites.
- 38 (9) Health surveillance and epidemiological analyses of
39 community health status.
- 40 (10) Assurance of food safety.

- 1 (11) Management of exposure to hazardous agents.
- 2 (12) Provision or coordination of mental health services.
- 3 (13) Provision of medical and health public information
- 4 protective action recommendations.
- 5 (14) Provision or coordination of vector control services.
- 6 (15) Assurance of drinking water safety.
- 7 (16) Assurance of the safe management of liquid, solid, and
- 8 hazardous wastes.
- 9 (17) Investigation and control of communicable disease.

10 (d) In the event of a local, state, or federal declaration of
 11 emergency, the MHOAC shall assist the OES operational area
 12 coordinator in the coordination of medical and health disaster
 13 resources within the operational area, and be the point of contact
 14 in that operational area, for coordination with the RDMHC, the
 15 OES, the OES mutual aid regional coordinator, the State OES,
 16 the regional office of the OES, the State Department of Health
 17 Services, and the authority.

18 ~~(e) By June 30, 2008, the State Department of Health Services,~~
 19 ~~the OES, and the authority shall adopt regulations and guidelines~~
 20 ~~by which medical and health disaster preparedness, response,~~
 21 ~~recovery, and mitigation functions are to be evaluated and carried~~
 22 ~~out consistent with the emergency medical services and public~~
 23 ~~health component of the State Emergency Plan as established~~
 24 ~~pursuant to Section 8560 of the Government Code.~~

25 ~~(f) The regulations shall include, but not be limited to,~~
 26 ~~establishment of an advisory committee to advise the State~~
 27 ~~Department of Health Services, the OES, and the authority, on all~~
 28 ~~matters relating to medical and health disaster preparedness,~~
 29 ~~response, recovery, and mitigation activities.~~

30 ~~(g)~~

31 (e) Nothing in this section shall be construed to revoke or alter
 32 the current authority for disaster management provided under
 33 either of the following:

- 34 (1) The State Emergency Plan established pursuant to Section
- 35 8560 of the Government Code.
- 36 (2) The California standardized emergency management
- 37 system established pursuant to Section 8607 of the Government
- 38 Code.

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